



THE EXPERTS' GET-TO-SLEEP-QUICK TRICKS

Everyone has trouble sleeping from time to time, even the scientists who spend every waking hour studying it. So, what steps do the experts take when they can't drop off?

By JACQUI THORNTON

Can't sleep? You're likely to be one of the 852 million people around the world who struggle to drop off, with more than 414 million of them suffering severe insomnia. Around a third of adults in Western

countries experience sleep problems at least once a week and a meta-analysis from 2023 found that a quarter of adults are tired all the time.

You might not expect the world's leading sleep researchers to have trouble reaching the land of nod, but they too have

nights when getting some shut-eye seems impossible. The difference is, they know more about what's likely to be preventing them from nodding off and what to do about it. Here's what the sleep experts say you should try if you find yourself awake in the wee small hours...



STAY AWAKE

I don't have insomnia, but even good sleepers have occasional nights when they can't sleep due to the stresses of the day. The key is never to *try* to get to sleep, but only ever *enable* yourself to fall asleep. Contrary to what you might expect, if you want to fall asleep and can't, one solution is to try and stay awake.

The technical term for this is paradoxical intention – intending to remain awake in order to fall asleep. All you need to do is keep your eyes open – only then, you'll find yourself unable to keep them open for very long.

There's another technique that I included in my *Clinician's Guide* and which I've, personally, found useful on the rare occasions when I can't sleep because my mind is racing. It involves miming the word 'the' over and over, each for a few seconds – I never say it out loud, but I make all the lip and mouth movements.

It's based on articulatory suppression, a form of thought-blocking. Although there's limited empirical evidence for it clinically, this suppression of unwanted thoughts has a scientific basis in Prof Alan Baddeley's seminal work on working memory. I believe it can help reduce the 'thinking about thinking' that people with insomnia experience and I've used it successfully with patients in the clinic. More research is needed to confirm its efficacy, however.



COLIN ESPIE Professor of Sleep Medicine, Nuffield Department of Clinical Neurosciences, University of Oxford and author of *The Clinician's Guide to Cognitive and Behavioural Therapeutics for Insomnia*.

DON'T LIE DOWN

I'm a little disappointed that the field has mostly just told people to put their screens down an hour before bedtime, because, as a behavioural scientist, that's an unhelpful recommendation: nobody is going to follow it. Since the invention of fire, humans have gathered around light sources at night – those sources became the TV, tablets and smartphones.

For my bedtime routine, I approach sleep as a commute to the next day. My evening routine is built around the goal of getting to sleep at a certain time.

Once I know that time, I stop doing any intensive work on any device that requires brain power, about an hour before. Then about half an hour later, I ask myself: if an alarm went off right now and I was told to put the device down, could I? If the answer is yes, I'm probably fine. If the answer is, 'I need five more minutes', then I shouldn't be on the device. That's a signal that it's too mentally engaging.

There's another technique I use to help me wind down. If I'm using a device during my bedtime routine, I'll sit on the edge of the bed – not lie on it. (For some people, even that's too close – they'll need to stand.) Whether sitting or standing, there'll come a point when I want to lie down. That's my body telling me I'm ready to sleep. If I were laying down in bed, I wouldn't get that signal. This is part of what's known as stimulus control and a recent meta-analysis of its use for insomnia concluded it was efficacious.



DR MICHAEL GRANDNER Clinical psychologist and Director of the Sleep and Health Research Program at Arizona College of Medicine – Tucson.



ADD SOME CHERRIES TO YOUR DIET



One of my research topics is the link between diet and sleep. My research has found the importance of a healthy diet, particularly fibre, to assist sleep, which was confirmed in a major review. More recently, we found that going from eating no fruit and veg to the recommended five a day reduced sleep fragmentation, an index of sleep quality, by 16 per cent in young adults.

I eat a Mediterranean diet with fresh fruits and veg, whole grains and nuts. Some things can particularly help with sleep: sesame seeds, walnuts and pistachios – all of which are good sources of fibre, phytemelatonin (the plant version of melatonin, which is important for sleep) and magnesium, which can help you sleep longer, get better quality sleep and feel less tired.

After the Sleepy Girl Mocktail [a mix of tart cherry juice, magnesium powder and soda water] went viral on TikTok, there has been a lot of noise about tart cherry juice aiding sleep – and there's quite a bit of research on the effect it has, particularly in older adults with insomnia. I think it's a viable option and worth including in your diet if you're dissatisfied with your sleep. I personally don't drink the juice, but cherries are one of my favourite fruits.



DR MARIE-PIERRE ST-ONGE Professor of Nutritional Medicine and founding Director of the Center for Sleep and Circadian Research at Columbia University, New York, and author of *Eat Better Sleep Better*.



TAKE A PHOTON SHOWER

For so many of us, it's not that we have a sleep problem, it's that we have an anxiety or stress issue, which prevents us from getting to sleep or, if we wake up, getting back to sleep.

I follow all the common sleep hygiene advice such as no caffeine after 2 or 3pm, but one thing I particularly make an effort with is walking to work around 8am and getting my morning light exposure, to stabilise my internal body clock.

I walk for about 30 minutes to a particular café and have a cup of coffee there, which boosts my alertness and my ability to function. I always drink my coffee outside, unless it's raining, so that's 40 minutes in total. I like to call it my 'photon shower' and it's a lovely way to set my body clock.



PROF RUSSELL G FOSTER Co-Director of the Sir Jules Thorn Sleep and Circadian Neuroscience Institute and Head of the Nuffield Laboratory of Ophthalmology at the University of Oxford.

DON'T STRESS ABOUT SPLIT SLEEP

People aren't aware of what a big deal consistent bed- and rise times are. They're more important than the amount of sleep you get. A paper published in the journal *Sleep* last year showed that sleep regularity (your sleep and waking times) was a stronger predictor of all-cause mortality than how long you sleep for. This is a relatively new theory and a law I try to live by now – I'm consistently awake by 5.30am and asleep by 9.30pm.

The other thing I keep in mind is the old practice of first and second sleep –

known as biphasic sleep. There's a lot of historical evidence that, before the invention of artificial light, many people slept in two blocks punctuated by an hour or two.

A fascinating, but unreproduced, study in the *Journal of Sleep Research* in 1992 'recreated' a time before artificial light by restricting people to 10 hours of light per day. They found that after four weeks, the participants in the study no longer slept in one continuous bout, but in two halves of similar length, with a 1–3-hour period of wakefulness in the middle.

Patients find it fascinating, particularly those who have middle-of-the-night insomnia. It could be an evolutionary hangover for these people – it's a great way to reframe people's thoughts about their sleep, reduce their anxiety and, thus, improve their insomnia.



DR TOM CHAMBERS Anaesthetist and sleep researcher, member of the Royal Society of Medicine Sleep Medicine Council.

“STUDIES SHOW COUNTING SHEEP IS TOO EASY AND YOU CAN STILL HAVE THOUGHTS RACING IN THE BACKGROUND”



COUNT DOWN IN SEVENS

I don't have trouble getting to sleep any more, although I had insomnia during my undergraduate degree. It only resolved once I finished university and settled into a regular work routine. It's one of the reasons I became interested in sleep.

Now, if I wake up in the night and have racing thoughts, I count backwards from 1,000 in sevens – you have to concentrate, but it's also boring. It's a distraction technique and there's evidence that others work too, such as visualising yourself going for a relaxing walk on a route you know well, preferably in nature, and trying to absorb all the senses (it shouldn't be your commute to work, because then you might end up thinking about work). Studies show counting sheep is too easy and you can still have thoughts racing in the background.

I don't nap, but if you do, I would suggest keeping them under 30 minutes and before 3pm. During longer naps you enter deep sleep, which can make you feel groggy when you wake up.



DR ANNA JOYCE Chartered Psychologist and Cognitive Behavioural Therapy for Insomnia and Nightmares Practitioner, who is also Assistant Professor at Regent's University London.

ALAMY, GETTY IMAGES ILLUSTRATIONS: JOE WALDRON

MAGNESIUM AND DAYDREAMS

If I wake up during the night, I use magnesium spray on my calves, not just to prevent cramp, but also to help me get back to sleep. There's evidence to suggest magnesium improves sleep quality and duration. I prefer the spray to the tablets as I don't want to load my gut too much. If you prefer, you can get magnesium flakes, or Epsom salts, and have a hot, relaxing bath in the evening.

After using the spray, I go back to bed and try not to get frustrated. Rather than thinking, 'Oh, why can't I go to sleep?' I say to myself, 'You know what? I'm going to lie here and use this time. I'm just going to relax and let my mind wander.' It's a time to daydream.

For peri- and menopausal women, it's important to consider hormone replacement therapy (HRT), but particularly micronised progesterone, which is molecularly identical to our own. A Canadian study published in *Nature* showed that giving only the micronised progesterone part of HRT to perimenopausal women who were experiencing poor sleep and hot flushes was effective in dealing with both symptoms.



DR NICKY KEAY Honorary Clinical Lecturer Medicine, University College London, specialist in exercise endocrinology and author of *Hormones, Health and Human Potential*.



KEEP THE LIGHTS OFF

I've never been a good sleeper, which is probably part of why I got into studying sleep. Nowadays, I'm very careful about not having caffeine after 11am and I'm obsessive about my blackout blinds and eye mask.

If I wake up in the night, I keep it dark or use a dim nightlight. If I have trouble getting to sleep, I use a meditation that involves picturing myself on a mountaintop writing huge numbers in the sky with fire – the numbers count down from 200 and I rarely make it past 185. If this doesn't work, then I consider what's

making me uncomfortable. If I'm hungry, I have a non-sugary snack: some warm milk or cereal with milk, made and eaten in the dark (your eyes will adjust to the darkness surprisingly quickly, but if you're worried about accidents, use a dim nightlight).

Sometimes I have a warm shower – cooling from that often helps the body to go to sleep. If I'm obsessing on a particular thought, I distract myself – I might listen to a story or just think about something that makes me happy (like snuggling my sleeping four-year-old).

I always remind myself that I can work fine with a few hours less sleep, so it isn't a big deal. Stressing about it won't help and often makes the problem worse.



PROF PENNY LEWIS Leader of the Neuroscience and Psychology of Sleep Research Lab at Cardiff University and host of *Sleep Science Podcast*.

FIND A DULL PODCAST

I've had insomnia, on and off, for 15 years. I tried techniques based on acceptance and commitment therapy (ACT), which is recommended by some insomnia specialists, but they didn't work for me. Now, if I can't sleep, I read a book or listen to a podcast to help me get back to sleep.

Rumination is a primary reason why most people can't get to sleep at night. There's probably not a lot of empirical evidence for listening to podcasts to help sleep, but there is evidence that audible mindfulness meditation apps can help reduce pre-sleep arousal. These apps include techniques that focus on your breathing or scanning your body for tension, which shifts your focus away from obtrusive or repetitive thoughts.

Listening to a podcast with a calm, narrative format can create a more relaxed mental state, but choose carefully. Listening to a show that you find mentally stimulating – one that's funny or very interesting – will keep you awake. Any topic is fine unless you're deeply engaged with it.

Most podcast providers recognise that people listen in bed, as they have a sleep timer that you can set to turn the podcast off. It's important to set the timer, otherwise it'll continue playing the next episode, which could wake you up. I usually set it for 15 minutes.



PAUL HOUGH Lecturer in Sports and Exercise physiology at the University of Westminster, London, and researcher into how sleep influences physical performance.



by **JACQUI THORNTON**
Jacqui is an award-winning health journalist who writes for The Lancet, The BMJ, Nature and others.