THE LYCEUM CLINIC · SLEEP GUIDE

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# Sleep: a practical guide for better rest

Evidence-led support for understanding sleep, easing unhelpful patterns, and knowing when to seek more help.

Educational guide only. It does not replace personalised medical advice or diagnosis

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A CALMER STARTING POINT

# Four helpful things to know about sleep

You do not need to achieve a perfect night. The aim is to understand your pattern, support your body clock, and seek the right help when sleep remains difficult.

01

## Sleep is active, not wasted time.

Your brain and body are busy regulating memory, mood, metabolism, and recovery.

02

## Small, steady routines matter.

Regular timing, light exposure, and enough sleep opportunity are high-value foundations.

03

## Ongoing insomnia can be treated.

Cognitive behavioural therapy for insomnia, or CBT-I, is a recommended first-line treatment.

04

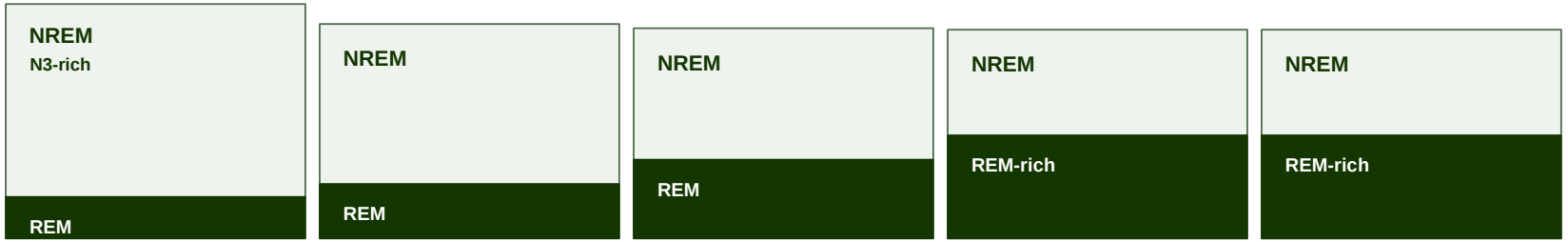
## How you feel in the day matters.

Restoration, alertness, and safety are more meaningful than a wearable score.

HOW SLEEP IS ORGANISED

# Sleep moves through several connected stages

Most nights include repeated NREM and REM periods. The pattern changes across the night, and varies naturally from person to person.




Earlier: relatively more slow-wave NREM sleep

Later: relatively more REM sleep

**WHAT IS NORMAL**

Adults often move through four to six cycles. Both NREM and REM have important roles.

**A HELPFUL REASSURANCE**

“90-minute cycles” are averages, not a rule for planning alarms or cutting sleep short.

Educational guide only · Sources: AASM scoring standards; Scammell, Arrigoni & Lipton (2017).

# Two systems shape when we feel ready for sleep

Sleep is not controlled by willpower alone. Your growing need for sleep and your body clock work together, and sometimes fall out of step.

PROCESS S

## Sleep pressure

The longer you are awake, the more your body builds a need for sleep. This pressure eases when you sleep, particularly during deeper NREM sleep.

**Think: how long you have been awake.**

PROCESS C

## Your body clock

A small part of the brain responds to light and helps time alertness, temperature, hormones, and sleepiness over roughly 24 hours.

**Think: when your body expects sleep.**

THE “TIRED BUT WIRED” EXPERIENCE

You can feel exhausted and still struggle to sleep if your body clock, stress response, light exposure, or routine is signalling wakefulness. This is common and treatable.

Educational guide only · Sources: Borbély (1982); Scammell et al. (2017).

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LOOKING AT SLEEP AS A WHOLE

# There is more to a good night than duration

Use these areas to notice patterns over time, not to judge yourself after one difficult night.

| AREA | HELPFUL GUIDE | WHY IT MATTERS |
|---|---|---|
| **Duration** | **Usually 7+ hours for adults aged 18–60** | A public-health guide, not a personal pass-or-fail line. |
| **Continuity** | **Sleep feels reasonably settled** | Frequent long periods awake can leave you feeling unrefreshed. |
| **Regularity** | **Similar sleep and wake times most days** | Consistency helps the body clock predict when to become alert and sleepy. |
| **Timing** | **Fits your life and body clock as far as possible** | There is no single “correct” bedtime for everyone. |
| **Daytime function** | **Feeling safe and reasonably alert** | How you feel and function during the day is an important outcome. |
| **Sleep disorders** | **No signs of an untreated condition** | Snoring, apnoeas, dream enactment, leg symptoms, or persistent insomnia need proper assessment. |

**A wearable score cannot diagnose a sleep disorder, and a low “deep sleep” score is not a diagnosis.**

Educational guide only · Sources: AASM/SRS adult sleep-duration consensus; AHA sleep-health statement.

# Poor sleep affects the next day and, when persistent, wider health

Sleep loss is not a moral failure. Understanding its effects can help you decide what support you need.

WHAT RESEARCH SHOWS IN THE SHORT TERM

## The next-day effects

**Attention and safety:** tiredness can slow reactions, reduce concentration, and increase mistakes.

**Mood and stress:** disrupted sleep can make emotions feel more intense and coping feel harder.

**Pain and decision-making:** sleep loss can increase pain sensitivity and make choices feel more difficult.

WHAT MATTERS IF IT CONTINUES

## Longer-term patterns

**Metabolic and immune pathways:** repeated restriction can affect appetite, insulin sensitivity, and inflammatory signals.

**Heart and brain health:** ongoing short or fragmented sleep is associated with higher health risk, although many links are observational.

**The good news:** identifying the underlying pattern can help guide effective treatment.

**One difficult night does not cause permanent harm. It is the pattern over weeks and months, and how you function, that matters most.**

Educational guide only · Sources: Van Dongen et al. (2003); Besedovsky et al. (2019); Tasali et al. (2022).

# Sleep can be an important part of recovery

Sleep difficulties and low mood, anxiety, or trauma symptoms often influence one another. Supporting sleep can sit alongside the care you are already receiving.

EVIDENCE ACROSS STUDIES

## Improving insomnia can ease related symptoms

### CBT-I has strong sleep effects

Digital CBT-I trials also show average reductions in depression and anxiety symptoms. It is not a replacement for specialist mental health treatment.

TRAUMA-FOCUSED CARE

## Sleep treatment can support therapy

### Promising RCT evidence

In a study of people with PTSD, CBT-I before cognitive processing therapy improved sleep, depression, and PTSD outcomes compared with a control sequence.

IMPORTANT DISTINCTION

## CBT-I is more than sleep hygiene

### Structured therapy matters

CBT-I addresses conditioned wakefulness, worries about sleep, and unhelpful routines. General hygiene advice alone does not treat chronic insomnia.

**If sleep problems are affecting your mood, daily life, or therapy, it can be helpful to raise this directly with a qualified clinician. You do not have to solve it alone.**

Educational guide only · Sources: Lee et al. (2023); Pigeon et al. (2022); Manber et al. (2008); AASM (2021).

# How to separate useful support from sleep hype

There is a lot of sleep advice online. This guide highlights where evidence is stronger, where context matters, and where caution is sensible.

## WELL SUPPORTED

**Enough sleep opportunity**
Making room for sleep is foundational.

**Regular timing**
Similar wake times help stabilise your body clock.

**Light, caffeine and alcohol timing**
Daylight and avoiding late stimulants or alcohol can help.

**CBT-I for chronic insomnia**
A recommended structured treatment.

## DEPENDS ON YOUR SITUATION

**Naps**
Brief and earlier naps may help some people.

**Relaxation practices**
Can reduce arousal but do not replace sleep.

**Melatonin**
More useful for some body-clock concerns than chronic insomnia.

**Room temperature**
Comfort matters; there is no universal ideal setting.

## BE CAUTIOUS

**Rigid “90-minute” alarms**
Sleep cycles vary night to night.

**Supplement stacks**
Evidence and product quality are often limited.

**Mouth taping for suspected apnoea**
Not a substitute for testing or treatment.

**“Brain detox” promises**
Sleep science does not validate consumer shortcuts.

**A good rule: if sleep is persistently difficult or you have worrying symptoms, seek a qualified assessment rather than adding more rules.**

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STARTING WITH THE BASICS

# Four foundations that can support better sleep

These are flexible starting points, not rules to follow perfectly. Choose one or two that feel realistic for your life.

FOUNDATION 01

## Make enough room for sleep

For most adults, a regular opportunity for at least seven hours is a useful public-health guide. Start by protecting the time rather than forcing sleep.

FOUNDATION 02

## Keep a steady rhythm

A reasonably consistent wake time can help your body clock. Aim for gentle regularity, not a rigid timetable.

FOUNDATION 03

## Make the bedroom supportive

Darkness, quiet, comfort, and a temperature that feels right can reduce avoidable disruption.

FOUNDATION 04

## Lower late-day stimulation

Experiment with reducing late high-dose caffeine, using alcohol less as a sleep aid, and creating a quieter wind-down.

**Progress is usually about consistency, not control. If a strategy makes you more anxious about sleep, simplify it and consider professional support.**

Educational guide only · Sources: AASM/SRS consensus; AHA sleep-health statement; caffeine and alcohol reviews.

# Start with understanding, not optimisation

A clear picture of your sleep over several days can help you and a clinician decide what may be most useful next.

STEP 1

## Keep a two-week sleep diary

**Notice:** when you go to bed and get up, wake periods, naps, caffeine or alcohol, and how restored you feel during the day.

The aim is to spot patterns, not record every detail perfectly.

STEP 2

## Use a brief questionnaire if helpful

**Common tools:** the Insomnia Severity Index (ISI), Epworth Sleepiness Scale (ESS), and PSQI can support a conversation with a clinician.

A score can guide discussion, but cannot diagnose you on its own.

STEP 3

## Get targeted testing when needed

**Specialist tools:** actigraphy can show timing patterns; sleep studies can assess concerns such as sleep apnoea or unusual sleep behaviour.

Testing is chosen to answer a specific clinical question.

**Wearables can be useful for observing trends in timing and duration. They are not reliable enough to diagnose insomnia, sleep apnoea, or a “deep sleep” problem.**

Educational guide only · Sources: AASM assessment guidance; Buysse et al. (1989); Johns (1991); Morin et al. (2011).

WHEN TO SEEK PROFESSIONAL ASSESSMENT

# Some sleep concerns need more than self-help

If any of these apply, a GP, sleep service, or qualified clinician can help identify the right next step.

BREATHING AND DAYTIME SAFETY

## Possible sleep-disordered breathing

**Loud snoring, gasping, or witnessed pauses in breathing**

These can be signs of obstructive sleep apnoea.

**Waking with headaches, dry mouth, or persistent fatigue**

These symptoms are worth discussing, especially when combined with snoring.

**Unplanned dozing or drowsy driving**

Do not drive when very sleepy. Seek urgent advice if safety is at risk.

MOVEMENT, BEHAVIOUR, AND INSOMNIA

## Other symptoms to discuss

**Dream enactment or injury during sleep**

Thrashing or acting out dreams needs clinical review.

**An urge to move the legs at night**

Restless legs symptoms can be assessed and treated.

**Persistent insomnia with daytime impact**

If difficulty sleeping lasts three months or more, CBT-I may be appropriate.

A SAFE NEXT STEP

Mouth taping, positional gadgets, and tracker scores are not treatments for suspected sleep apnoea. Objective testing is needed to guide safe care.

# CBT-I is the recommended first-line treatment for chronic insomnia

Cognitive behavioural therapy for insomnia is a structured treatment that helps change the patterns which can keep sleep difficult over time.

## FOUR PARTS OF CBT-I

### Stimulus control
**REBUILD THE BED-SLEEP LINK**

Helps reduce time spent awake, worrying, or working in bed.

### Sleep-window work
**STRENGTHEN SLEEP PRESSURE**

Adjusts time in bed carefully to make sleep more settled.

### Working with sleep thoughts
**REDUCE SLEEP ANXIETY**

Tests catastrophic beliefs and perfectionistic rules about sleep.

### Calming the body
**LOWER AROUSAL**

Uses approaches such as relaxation or paced breathing as helpful adjuncts.

**IMPORTANT DISTINCTION**

### Sleep hygiene is supportive, but not enough on its own

Habits such as light timing and caffeine reduction can remove barriers, but chronic insomnia usually needs a fuller CBT-I approach.

**MEDICATION**

### May have a role for some people

Medication decisions should be made with a qualified prescriber, considering your symptoms, health, and safety. They do not replace behavioural treatment.

**Please do not attempt sleep-window therapy alone if you have severe sleepiness, bipolar symptoms, seizures, parasomnias, or safety-critical driving demands. Seek individual clinical advice.**

RESEARCH ON THE HORIZON

# New sleep science is interesting, but still evolving

Research is helping us understand sleep more deeply. It does not mean that every new device, supplement, or “sleep hack” is proven or suitable for you.

BRAIN RHYTHMS — Early research

## Sound timed to slow waves

Some laboratory studies can alter sleep rhythms with carefully timed sounds. Benefits for memory or everyday wellbeing are not yet consistent.

MEMORY RESEARCH — Experimental

## Targeted memory reactivation

Cues replayed during sleep may influence specific memories in research settings. It is not an established learning treatment.

BRAIN MAINTENANCE — Mechanistic research

## Glymphatic fluid movement

Sleep may influence fluid movement in the brain. Human evidence does not support posture or consumer devices as dementia-prevention tools.

NEW MEDICINES — Prescription only

## Orexin receptor medicines

Some newer insomnia medicines reduce wake-driving signals. They can help selected people but still have side effects and need medical review.

**The most reliable way to support sleep remains unglamorous: enough opportunity, steadier timing, appropriate treatment for insomnia, and assessment for possible sleep disorders.**

Educational guide only · Sources: Helfrich et al. (2019); van Hattem et al. (2025); insomnia treatment reviews.

A MANAGEABLE STARTING PLAN

# A gentle four-week approach to noticing and supporting sleep

Adapt this to your circumstances. The goal is to learn what helps, not to turn sleep into another project to get right.

WEEK 1

## Notice your pattern

**Keep a simple diary**

Note sleep and wake times, naps, caffeine or alcohol, and daytime energy.

**Check safety**

Look out for snoring, breathing pauses, very severe sleepiness, or dream enactment.

**Aim: a clearer picture, not perfect data.**

WEEK 2

## Support your body clock

**Choose a steadier wake time**

Keep it reasonably similar most days where life allows.

**Seek daylight**

Morning outdoor light can help signal daytime to your body clock.

**Aim: gentle rhythm, not strict rules.**

WEEK 3

## Remove obvious barriers

**Experiment with timing**

Reduce late high-dose caffeine and avoid relying on alcohol for sleep.

**Make the room supportive**

Favour darkness, quiet, comfort, and a calm wind-down.

**Aim: fewer avoidable disruptions.**

WEEK 4

## Review and ask for help

**Look at daytime function**

Notice alertness, mood, and whether sleep worries are reducing.

**Escalate when needed**

Discuss persistent insomnia with a clinician; seek testing if apnoea is suspected.

**Aim: a clear, supported next step.**

**If this plan increases pressure or anxiety, pause and simplify. Persistent insomnia responds better to structured CBT-I than to adding more sleep rules.**

Educational guide only · Sources: AHA sleep-health statement; AASM/SRS consensus; AASM insomnia guideline.

# Better sleep rarely comes from trying harder

It comes from understanding your pattern, supporting the basics, and getting the right help when sleep remains a struggle.

01 · START WITH KINDNESS

## Protect the basics

Make realistic room for sleep, support a steady rhythm, and reduce obvious late-day disruptors.

02 · NOTICE RED FLAGS

## Seek assessment when needed

Snoring, breathing pauses, severe sleepiness, dream enactment, and persistent insomnia deserve proper support.

03 · TREAT THE PATTERN

## CBT-I can help chronic insomnia

Structured treatment works with learned wakefulness, sleep worry, and unhelpful routines.

04 · STAY CURIOUS

## Be cautious with quick fixes

Good sleep science is evolving. A product claim is not the same as a proven treatment.

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Educational guide only. Not a substitute for personalised medical advice.

**If you would like to discuss support, book a free 15-minute consultation.**

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