# Moving your Way to a Good Night's Rest

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"...understanding the dynamic interplay of sleep, sedentary, and more active behaviors, and how collectively these behaviors may be harnessed for health promotion and disease prevention."



# Background

- Sleep complaints highly prevalent
- Chronic insomnia 10% of US population
- Long-term pharmacological treatments are not recommended
- Behavioral sleep treatments are more effective but expensive to deliver



### Exercise and Sleep: Summary Findings from RCT's

- Modest improvements in sleep
  - Subjective (sleep quality, sleep-onset latency)
  - Objective (Stage 1, Stage 2, # awakenings)
- National guidelines are sufficient for improvement (more is better!)
- 4 months or longer is better
- Acute vs. chronic effects debate



## How much exercise is needed?

- Meeting physical activity guidelines appears sufficient
  - 150min/wk of moderate PA or 75 min/wk of vigorous PA (or some equivalent)
  - Stretching, strength training, and balance exercise (for older adults) are also recommended



## How much is too much?

- Some limited evidence that prolonged exercise (>2hrs) leads to sleep disruptions
- Some may be more sensitive than others



# **Time of Day Effects**

- Standard sleep hygiene suggests avoiding exercise 4hrs prior to sleep
- Little evidence
- Exercise 4-8 hrs prior to sleep is optimal
- Evening exercise is not discouraged



# **Resistance Training**

- Limited evidence suggests equal benefits to aerobic activity
- Muscle pain following resistance training not thought to interfere with sleep



# Yoga and Tai Chi

- Yoga appears effective, but more controlled studies are needed
- Evidence stronger for Tai Chi



# How does exercise improve sleep?

- Reduced depression and anxiety
  - Exercise  $\rightarrow$  depression  $\rightarrow$  sleep
- Restorative effects
  - Body is restored during sleep
- Body temperature changes
  - Greater efficiency in temperature down regulation



# How does exercise improve sleep?

- Circadian phase-shifting
  - Exercise as a re-syncronizer
- Inflammatory effects
  - Modest increases in IL-1, IL-6, and TNF- $\alpha$
- Indirect effects
  - Reduce medications
  - Control weight
  - Improve functional capacity



# What about sleep apnea?



### Didgeridoo playing as alternative treatment for obstructive sleep apnoea syndrome: randomised controlled trial

Milo A Puhan, Alex Suarez, Christian Lo Cascio, Alfred Zahn, Markus Heitz, Otto Braendli



Health Outcome	Physical Activity
All-cause mortality	$\checkmark$
Cardiovascular disease	$\checkmark$
Stroke	$\checkmark$
Hyptertension	$\checkmark$
Atherogenic dyslipidemia	$\checkmark$
Type 2 diabetes	$\checkmark$
Obesity	$\checkmark$
Bone health	$\checkmark$
Physical function/falls	$\checkmark$
Some cancers	$\checkmark$
Cognitive function	$\checkmark$
Depression	$\checkmark$



Health Outcome	Physical Activity	Sedentary Behavior
All-cause mortality	$\checkmark$	$\checkmark$
Cardiovascular disease	$\checkmark$	$\checkmark$
Stroke	$\checkmark$	
Hyptertension	$\checkmark$	$\checkmark$
Atherogenic dyslipidemia	$\checkmark$	$\checkmark$
Type 2 diabetes	$\checkmark$	$\checkmark$
Obesity	$\checkmark$	$\checkmark$
Bone health	$\checkmark$	
Physical function/falls	$\checkmark$	
Some cancers	$\checkmark$	$\checkmark$
Cognitive function	$\checkmark$	
Depression	$\checkmark$	$\checkmark$



Health Outcome	Physical Activity	Sedentary Behavior	Sleep
All-cause mortality	$\checkmark$	$\checkmark$	$\checkmark$
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Stroke	$\checkmark$		$\checkmark$
Hyptertension	$\checkmark$	$\checkmark$	$\checkmark$
Atherogenic dyslipidemia	$\checkmark$	$\checkmark$	$\checkmark$
Type 2 diabetes	$\checkmark$	$\checkmark$	$\checkmark$
Obesity	$\checkmark$	$\checkmark$	$\checkmark$
Bone health	$\checkmark$		$\checkmark$
Physical function/falls	$\checkmark$		$\checkmark$
Some cancers	$\checkmark$	$\checkmark$	$\checkmark$
Cognitive function	$\checkmark$		$\checkmark$
Depression	$\checkmark$	$\checkmark$	$\checkmark$



# Is sitting the new smoking?





# Sitting as a novel risk factor





# 2013 NSF Annual Poll

Total sittingShort sleep duration (<7 h)Long sleep duration (>8.5 h)Long sleep onset latency (≥30 m)Waking up during the nightWaking up too early in morningPoor sleep quality rating'High risk' for OSAExcessive daytime sleepiness	OR (95% Cl)         1.02 (0.98 ,1.06)         0.96 (0.88 ,1.05)         0.97 (0.92 ,1.03)         1.02 (0.97 ,1.06)         0.99 (0.95 ,1.04)         1.06 (1.01 ,1.11)         1.01 (0.96 ,1.06)         1.00 (0.93 ,1.06)
Sitting while watching televisionShort sleep duration (<7 h)	1.04 (0.96 ,1.14) 1.10 (0.93 ,1.30) 1.15 (1.04 ,1.27) 1.08 (0.98 ,1.18) 1.12 (1.03 ,1.23) 1.12 (1.02 ,1.24) 1.15 (1.04 ,1.28) 1.12 (1.02 ,1.24) 1.15 (1.04 ,1.28) 1.04 (0.93 ,1.18) 1.04 (0.93 ,1.18)

#### Buman et al., CHEST, in press

School of Nutrition & Health Promotion

# **Exercise protects against sitting**



Buman et al., CHEST, in press



## **Considering the full 24h spectrum**



## **Isotemporal Substitution Method**

- 24h day is distributed between sleep, sedentary, and active behaviors
  Time in finite; increasing one behavior means
- The infinite, increasing one behavior means decreasing another

Target Behavior	Replace with	<u>Health</u> Outcome
↓Television viewing	<ul> <li>↑Brisk walking</li> <li>↑Desk work</li> <li>↑Sleep</li> <li>↑Household chores</li> </ul>	??? ??? ??? ???
↓Sleep	个Running 个Sitting	??? ???





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#### **Original Contribution**

#### Objective Light-Intensity Physical Activity Associations With Rated Health in Older Adults Matthew P. Buman\*, Eric B. Hekler, William L. Haskell, Leslie Pruitt, Terry L. Conway, Kelli L. Cain, James F. Sallis, Brian E. Saelens, Lawrence D. Frank, and Abby C. King

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# Adding in sleep

## Nutritional and Health Examination Survey (NHANES) (N=2185 adults >20 years of age)

Outcomes: Cardiometabolic risk factors





## **Research Questions**

- What is the impact of re-allocating time spent in sleep, sedentary, and active behaviors on cardiometabolic risk biomarkers?
- Are decreased sedentary time or increased active time protective or synergistic in the relationship between sleep duration and cardiometabolic risk?



# **Results (per 30min re-allocation)**



**Relative Risk** 

### **Optimal sleep enhances MVPA effects**



### Light Intensity "protection" from short sleep





### Light Intensity "protection" from short sleep





# What does this all mean?

- MVPA may be the most healthenhancing (time dependent) behavior
- Light activity and sleep are also beneficial
- Activities should be re-allocated from sedentary time (but doesn't have to be replaced with MVPA for benefit)

What to do with an extra 30 minutes ...











# **BeWell24**

### Smartphone "app" that uses evidence-based behavioral strategies to target the full 24h spectrum of health behaviors



Funded by pilot grant from Virginia G. Piper Charitable Trust

### **Returning Veterans are at greater risk**

- Often suffer from PTSD, traumatic brain injury
- May struggle with re-integration into civilian life
- At disproportionate risk for metabolic syndrome





# **Activity Monitoring**



- Users self-report behaviors across the 24h
- Able to report context of behaviors
  - Sleep quality metrics
  - Domains of sitting (e.g., work, TV, transport)
  - Types of exercise
- Ideally 5min in morning and 5min in evening









- Evidence-based treatment to reassociate bed with restful sleep
- Personalized wake time calculator with feedback
- Basic sleep hygiene tips



**Sedentary** 





- Focus on reducing time spent <u>sitting</u> by swapping sitting with other activities
- Gives context-specific (i.e., work, TV) feedback and tips



# Physical activity



- Based on Fit-Minded strategies
- Provides automated goal suggestions based on previous behavior
- Provides usergenerated tips for motivation



# **BeWell24 Pilot study**



# **Preliminary results**



7% increase in sleep efficiency

12% of 47 min/day





105% or 11 min/day of moderate-vigorous physical activity



12.3% reduction in fasting glucose





# Thank you!

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