Sleepiness versus Fatigue

Have you ever wondered if being tired and sleepy were the same? Have you ever noticed a difference? Sleepiness can be a good thing when we’re getting ready for bed. However, when we’re getting in our car to drive to work, it’s very bad to be sleepy. How can you tell when sleepiness is a problem? Anytime sleepiness disrupts your life or daily activities, it is a problem. Problem sleepiness is estimated to affect at least five percent of the population, with lifestyle factors and sleep disorders being the two main causes.

Sleep is a biological need. We absolutely must sleep and no animal has ever survived very long without it. Think of sleepiness as the propensity to fall asleep. There is a scale The Medical Center Sleep Center uses, called The Epworth Sleepiness Scale, to measure sleepiness (see figure A). The scale uses a series of eight subjective questions to determine your likelihood of falling asleep while doing each of eight activities. A rating of zero means you would definitely not fall asleep, while a three means you definitely would fall asleep.

Identifying and measuring fatigue can be more vague. Fatigue can refer to sleepiness. More specifically, fatigue refers to an increased difficulty to sustain a high level of performance. There is a scale for this also, which is sometimes used in sleep centers and psychiatric offices (see figure B).

When we, at the Sleep Center, assess sleepiness, we first get a sleep history from our patient. We also speak with a spouse, or someone close to the patient, in order to get “a second opinion,” and more objective opinion! A sleep diary is a very good tool for a person to determine possible causes of his/her sleepiness and/or fatigue (see figure C). Then we apply sleep-specific questions, such as “do you snore?” and “do your legs bother you at night?” After this, a sleep study would be suggested to determine if the sleepiness might be related to a sleep disorder. If the overnight sleep test does not show a sleep disorder, then we do a daytime nap test called a Multiple Sleep Latency Test. This is a more objective measurement of one’s sleepiness. The patient is given 20 minutes to fall asleep in a comfortable environment. Normal sleepiness on these naps is a sleep latency of more than 10 minutes. This means, a person should fall asleep in 10 minutes, or not at all. We begin to worry if the sleep latency is less than five minutes and/or we see REM sleep on two or more of these naps.

Sleep disorders such as sleep-disordered breathing, restless legs syndrome, and narcolepsy can cause unwanted sleepiness. Other things to consider with sleepiness are self-imposed sleep restrictions, and medication side-effects.

Sleep hygiene is the number one way to treat sleepiness. We must make sleep a priority! One way to do this is to remove electronics, like TV’s, from our bedrooms.

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Sleepiness versus Fatigue...continued

A bedroom needs to be dark and quiet. White noise machines may be okay—especially for shift workers.

Treating the sleep disorder, if there is one, is an imperative step to correcting problem sleepiness. Naps are another way of treating sleepiness, especially in the case of narcolepsy. Finally, there are medications that can help consolidate fragmented sleep as well as other medications that can promote wakefulness. If you, or someone you know is having trouble with sleepiness and/or fatigue, call The Medical Center Sleep Center at 1-877-700-4070. We can help!

Figure A: Epworth Sleepiness Scale

<table>
<thead>
<tr>
<th>SITUATION</th>
<th>CHANCE OF DOZING</th>
</tr>
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<tbody>
<tr>
<td>Sitting &amp; reading</td>
<td>1</td>
</tr>
<tr>
<td>Working/ Driving/ Walking</td>
<td>2</td>
</tr>
<tr>
<td>Sitting &amp; talking</td>
<td>3</td>
</tr>
<tr>
<td>Sitting quietly after a drink</td>
<td>4</td>
</tr>
<tr>
<td>Standing, while shopping</td>
<td>5</td>
</tr>
<tr>
<td>Lying, while watching TV</td>
<td>6</td>
</tr>
</tbody>
</table>

Figure B: Fatigue Severity Scale

Fatigue Severity Scale

During the past week, I have found that:

- My motivation is lower when I am fatigued
- My work is suffering
- I have difficulties concentrating
- I lack energy
- I have problems getting up in the morning
- I sleep excessively
- I feel irritable
- I have unexplained aches and pains
- I am in danger of hitting someone
- I have interventions to improve my functioning

Score by adding all answers and choose by 8
* 0 = Strongly disagree
* 1 = Disagree
* 2 = Somewhat disagree
* 3 = Somewhat agree
* 4 = Agree
* 5 = Strongly agree

Score: ________________

Figure C: Sleep Diary

Support Group Spotlight

At A.W.A.K.E. group meetings we have a special speaker and a time of sharing. We always have refreshments provided by a different vendor each month and a door prize. For more information, call Ken McKenney at 796-6559 or toll free (877) 700-4070. Send e-mails to kdmckenney@chc.net.

**zzzzz**

**RLS Support Group**

We invite everyone who thinks they may be affected with Restless Leg Syndrome to join us for Restless in Southern Kentucky Support group. You may contact us by phone at The Medical Center Sleep Center at 796-6559 or toll free (877) 700-4070 or you may e-mail us at sokentucky@rlsgroups.org.

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A.W.A.K.E and RLS support groups are combined and meet at The Medical Center Health and Wellness Center from 5 p.m. to 6 p.m. Beginning July 2008, the A.W.A.K.E and RLS support groups will meet at The Medical Center Sleep Center. Please call the Sleep Center for more information.

S’Newzzz is a publication of The Medical Center Sleep Center. The information in this publication is not intended for the purpose of personal medical advice which should be obtained directly from a physician. Please call toll free 1-877-700-4070 with your comments or questions.

The Medical Center Sleep Center
Riverside Professional Center
825 Second Street East, Suite A3
Bowling Green, KY 42101