Why We Sleep
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To sleep, perchance to dream…
William Shakespeare (Hamlet)

To sleep: perchance to learn…
Robert Stickgold

How do I love thee? Let me count the ways…
Elizabeth Browning Barrett

How do I remember? Let me count the ways…
Robert Stickgold

Why do we sleep? What is the purpose of sleep? We are not 100% certain, but we do know a good night’s sleep is beneficial for us, whereas dysregulated sleep is not. What is the relationship between sleep and a broad range of psychopathology?

Well, that depends on the psychopathology.

Insomnia, fragmented sleep, and hypersomnia seem to be a part of many psychiatric syndromes and disorders and, when present, seem to be associated with more severe psychopathology. People who sleep poorly get impulsive, irritable, and can make undesirable decisions. Poor sleep seems to interfere with information processing and specifically with learning and memory. Furthermore, if poor sleep impedes learning and memory, it is more difficult for people to respond adaptively to their environment, have motivation to do things, and have resiliency to stress. Compound poor sleep with psychopathologies, such as substance abuse, attention-deficit/hyperactivity disorder, depression, and anxiety, and it is that much harder to get through the day.

Stickgold1,2 has focused on sleep and cognition, postulating that sleep consolidates all types of memory and enhances learning. Conversely, sleep deprivation impairs not only memory and learning, but also causes deficits in executive function as well as creative thinking and insight. Sleep deprivation also impairs emotional processing, specifically with being able to extract the gist of memories.

As highlighted in this issue of Psychiatric Annals, if many forms of psychopathology are associated with chronic sleep deprivation or restricted sleep duration and these sleep deficits make it more difficult to think, then people with psychopathology that includes sleep deprivation will have more problems in not only getting through their days, but will also find it more difficult to plan to solve their problems and process challenging emotional information; essentially, people who are sleep deprived will find it more difficult to cope with their psychopathology. The fact that some medications, such as selective serotonin reuptake inhibitors, can fragment sleep even further just exacerbates the therapeutic picture. Promising solutions include cognitive-behavior therapy for instituting adequate nightly sleep patterns, continuous positive airway pressure for sleep apnea, and education around sleep hygiene.

So, in our hyper, 24/7, screensaturated, and all-too-busy lives, it’s imperative that we get enough sleep to help our patients who have sleep problems.

REFERENCES