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FAMILY MEDICINE

LIFELONG HEALTH HUB

Sleep Health

Sleep better for your heart, mood, and memory — habits, insomnia tips, and sleep apnea screening.

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Good sleep is one of the most powerful things you can do for your health. It affects your heart, weight, mood, memory, and immune system. Small, consistent habits make a real difference — and you don't need to be perfect.

Three things that matter most

THE BASICS

Good sleep habits

Caffeine, alcohol, light, room setup, and daytime activity all shape how well you sleep.

EVERY NIGHT

Get 7–9 hours

Most adults do best with 7–9 hours. The sweet spot is often around 7–8 hours.

EVEN WEEKENDS

Keep a steady schedule

Sleep and wake at similar times daily — within about an hour, including weekends.

How much sleep do you need?

Most adults need **7–9 hours** a night. Both too little and too much are linked to poorer health. Short sleep (under 6 hours) is linked to higher risk of heart disease, diabetes, high blood pressure, and weight gain. Adults 65+ often do best with about **7–8 hours**.

A regular sleep–wake rhythm matters as much as the number of hours. Irregular timing is linked on its own to poorer mood, weight, and heart health. Aim to keep bed and wake times within about **60 minutes** day to day.

Sleep habits that help

- **Caffeine** — cut off 4–6 hours before bed
- **Alcohol** — avoid 4–6 hours before bed (makes sleep lighter)
- **Nicotine** — avoid close to bedtime
- **Screens** — dim bright/blue light 1–2 hours before bed
- **Room** — keep it dark, quiet, and cool
- **Morning light** — bright light early helps set your body clock
- **Activity** — move by day; avoid vigorous exercise within 3 hours of bed
- **Meals** — avoid heavy meals within 2–3 hours of bed
- **Naps** — keep to 20–30 minutes, early in the day
- **Schedule** — similar sleep/wake times every day

Trouble falling or staying asleep?

Almost everyone has a rough night now and then — that's normal. But if falling asleep or staying asleep has become a regular struggle, these steps genuinely help:

- If you've been awake more than about **20 minutes**, get up, keep the lights low, and do something calm until you feel sleepy — then return to bed. Lying there frustrated teaches your brain to link the bed with being awake.
- Use your bed for **sleep only** — not scrolling, working, or watching TV.
- **Wake at the same time every day**, even after a poor night. A steady wake-up time is one of the strongest ways to reset your sleep.
- Give yourself a calm **wind-down routine** in the hour before bed.
- Don't watch the clock — turn it away from you.
- If your mind races, jot down worries and tomorrow's to-dos **earlier in the evening**.

Try not to lean on alcohol or over-the-counter sleep aids to drop off — they tend to make sleep lighter and less refreshing. Melatonin can offer modest, short-term help falling asleep (especially for adults 55+) — ask your physician what's right for you.

When sleep troubles stick around

The most effective long-term treatment for ongoing insomnia isn't a pill — it's a short, structured program called **CBT-I** (cognitive behavioural therapy for insomnia). It works better over time than sleeping medication.

MySleepWell.ca
A free, evidence-based Canadian CBT-I program you can start on your own or discuss with your physician.

When to reach out: if sleep problems happen 3 or more nights a week for 3 months or longer, or they're wearing on your days, talk with your physician. Help is available — and it works.

Still tired despite "enough" sleep?

If you're regularly getting enough sleep and following good habits but still wake up tired or feel sleepy through the day, raise it with your physician. It can point to a treatable condition — like sleep apnea or restless legs — and the answer isn't simply "try harder to sleep."

Could I have sleep apnea?

Sleep apnea is common and treatable. Loud snoring, gasping, or daytime sleepiness can be clues. The **STOP-BANG** questionnaire below is a screening tool — it does **not** diagnose sleep apnea. Answer each item yes or no, then bring your score to your physician.

STOP-BANG questions

1. **S — Snoring**
   Do you snore loudly (louder than talking, or loud enough to be heard through a closed door)?
2. **T — Tired**
   Do you often feel tired, fatigued, or sleepy during the daytime?
3. **O — Observed**
   Has anyone seen you stop breathing, or choke or gasp, during your sleep?
4. **P — Pressure**
   Do you have (or are you being treated for) high blood pressure?
5. **B — BMI**
   Is your body mass index (BMI) more than 35?
6. **A — Age**
   Are you over 50 years old?
7. **N — Neck**
   Is your neck circumference greater than 40 cm (about 16 inches)?
8. **G — Gender**
   Were you assigned male at birth?

What your score means

Count one point for each “yes.” Total score: 0–8.

0–2
Lower risk

Lower likelihood of sleep apnea. Still mention loud snoring or daytime sleepiness to your physician if you have them.

3–4
Intermediate

Worth discussing with your physician, who can decide whether further assessment is helpful.

5–8
Higher risk

Share this result with your physician — a sleep assessment may be recommended. Sleep apnea is very treatable.

Remember: This is a screen to guide conversation — not a diagnosis. Your physician interprets the result with your full health history.

Key takeaways

1. Aim for 7–9 hours most nights (about 7–8 hours if you're 65+).
2. A steady sleep–wake schedule matters as much as total hours.
3. Limit caffeine, alcohol, nicotine, screens, and late heavy meals before bed.
4. For ongoing insomnia, CBT-I works better long-term than sleeping pills — try MySleepWell.ca.
5. Loud snoring, gasping, or daytime sleepiness? Complete STOP-BANG and bring it to your visit.
6. Still tired despite enough sleep? See your physician — don't just "try harder."

Disclaimer: This guide provides general health information from the Lifelong Health Hub at Omotoso Family Medicine. It is not a substitute for medical advice, diagnosis, or treatment. Screening tools like STOP-BANG do not diagnose sleep apnea. Always discuss sleep concerns with your physician.

References & evidence

1. American Academy of Sleep Medicine / Sleep Research Society — consensus on adult sleep duration.
2. American Heart Association — Life's Essential 8 (includes sleep health).
3. Canadian 24-Hour Movement Guidelines (CSEP) — sleep targets for adults.
4. Meta-analysis of 153 prospective studies — sleep duration and mortality/morbidity outcomes.
5. American Heart Association Scientific Statement on sleep regularity, 2025.
6. Systematic review (59 studies) — sleep-timing irregularity and health outcomes, 2025.
7. Chung F, et al. STOP-BANG questionnaire for obstructive sleep apnea screening.
8. MySleepWell.ca — free Canadian CBT-I program for insomnia.