An article in the July-August 2010 issue of Harvard Magazine discussed sleep deprivation based on several studies. The author—Erin O'Donnell—cited the research of Daniel A. Cohen, M.D., a neurology instructor at the Harvard Medical School.

One of the possibly unexpected findings was "that the bigger our aggregate sleep deficit, the faster our performance deteriorates, even after a good night's rest." The take home message is to be consistent about sufficient and regular sleep.

Ms. O'Donnell cites data that 16% of Americans sleep six or fewer hours per night. The author reminded us "that people awake for 24 hours straight display reaction times comparable to those of people who are legally drunk."

Sleep and sleep needs are very personal things and no one can sleep for or in behalf of someone else. Sleep science has demonstrated that we sleep in cycles of 3-4 hours and cycle between rapid eye movement (REM) and non-rapid eye movement (non-REM) sleep. Some of us are afflicted with obstructive sleep apnea (OSA) and even though we may log an adequate number of hours of sleep we may have poor sleep architecture or inadequate sleep.

Sleep medicine physicians and sleep medicine centers can evaluate such problems. Sleep disorders can exist in children as well as adults. Daytime sleepiness; loud nighttime snoring, and interrupted breathing are all possible symptoms of a sleep disorder.

Many current primary care physicians suggest—especially for children—the following daily 10-5-2-1-0 advice as an attempt to curb the adolescent and adult obesity epidemic in the United States:

10 hours of sleep (18-19 year olds still require 8.5 – 9 hours). 5 servings of fruit or vegetables and limitation or elimination of fruit juice.

2 hours or less of "screen time" and no TV prior to age 2 y.o.

1 hour or more of physical activity or exercise.

0 servings of sugar beverages, soda pop, or even sports drinks.

Adequate sleep in combination with other good health guidelines should not be neglected nor taken for granted.

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