Anxiety, Sleep, and the Brain

PLEASE POST

Anxiety, Sleep, and the Brain

TOLEDO, OH
SEAGATE CONVENTION CENTRE
401 Jefferson Ave, 43604
(419) 255-3300
Parking: $2/hr

COLUMBUS, OH
DOUBLE TREE BY HILTON HOTEL COLUMBUS - WORTHINGTON
175 Hutchinson Ave, 43235
(614) 885-3334

CINCINNATI, OH
DUKE ENERGY CONVENTION CENTER
525 Elm St, 45202
(513) 419-7300
Parking: $10

TOLEDO: Tue, April 21
COLUMBUS: Wed, April 22
CINCINNATI: Thu, April 23

A 6-Hour Program, Spring, 2020: $84

Topics Include:
• Attaining Restorative Sleep
• Nutrition for Better Sleep
• Brain-Protective Sleep Habits

PLEASE POST
Learn how anxiety-related disorders interfere with sleep and how to apply mind-body techniques to improve sleep and protect the aging brain.

Participants completing this new 6-hour program should be able to identify:

• Aspects of poor sleep and their impact with anxiety-related disorders.
• Brain-related impairments associated with insufficient sleep.
• Cognitive-behavioral and mindful approaches to improving sleep.
• Nutritional approaches to enhance sleep.
• Guidelines for developing and maintaining positive sleep habits.

Sleep Deprivation and Anxiety Disorders

• A Night of Restorative Sleep: slow wave sleep, REM sleep, circadian rhythms, and healthy cortisol rhythm; how much sleep we do need and the impact of insufficient sleep.

• How Anxiety-Related Disorders Interfere with Sleep
  • Generalized Anxiety Disorder
  • Obsessive Compulsive Disorder
  • Posttraumatic Stress Disorder
  • Major Depression

• The Significance of Different Aspects of Sleep Disturbance
  • Lying Awake for Extended Time before Sleep Onset
  • Shallow Sleep Indicated by Stage 1 and 2 Slow-Wave Sleep
  • Multiple Awakenings
  • REM Behavior Disorder, Depression and Parkinson’s Disease
  • Difficulty Returning to Sleep

• Total Sleep Time
  • Excessive Daytime Fatigue

• Cortisol and Stress-Related Symptoms: cortisol, the adrenal hormone associated with chronic stress, is elevated with slow sleep, and is associated with neuro-inflammation and hypertension.

• Anxiety and the Vigilant Brain: increased time waking; reduced restorative slow-wave sleep and less total sleep.

• Anxiety and Depression: anxiety is associated more with difficulty falling asleep while depression is related to early awakening with inability to return to sleep; REM sleep occurring at the time of sleep onset and cortisol suppression.

• Sleep Loss and Memory Impairments: how insufficient sleep or REM sleep impairs short-term memory, long-term memory, and habit formation.

• Short-Term Memory Consolidation: elevated cortisol strips hippocampal neurons of their dendrites.

• Fear, Anxiety, and the Sensitized Amygdala: elevated cortisol enlarges the amygdala, the brain’s “watchdog.”

• Regret, Rumination, and “What If?” Thinking: how a region of the frontal lobes sensitive to regret is critical for producing restorative slow-wave sleep and “what if” thinking.

• Removal of Neurotoxins: a key function of restorative slow wave sleep is the removal of waste products including beta-amyloid and tau, biomarkers of Alzheimer’s Disease.

A Brain-Based Approach to Improve Sleep

• A New Approach: by identifying the parts of the brain that impair sleep, optimal mind-body interventions can be practiced.

• Calming the Alerting System—Tired But Wired: exercises that help us habituate to the bedroom by mindfully focusing on thoughts, feelings and sensations to quiet the reticular formation.

• Reducing Pain: mind-body approaches to calm the pain matrix.

• Reducing Hunger: hormones that keep us awake/low glycemic snacks that help to relax.

• Cooling the Environment: to fall asleep, the body must cool itself by 2 degrees; role of room temperature and the hypothalamus.

• Resetting Circadian Rhythms: time markers (light-dark, meal time), cortisol rhythm in sleep-phase disorders (e.g., night owls). Reducing Fear: calming the thalamus, the gateway to the higher, wiser frontal cortex by visualizing more realistic expectations.

• Reducing Ruminating: calming the prefrontal region involved in “what if” reasoning.

• Reducing Anticipatory Anxiety: parts of the prefrontal cortex “invent” the future; a sleep journal can distance us from thoughts that keep us awake.

• Cognitive-Behavioral Approaches for Insomnia: CBT engages the prefrontal cortex to modify how we think about sleep; the mindset of stress-resistant people.

• Mindfulness-Based Sleep Meditation: unfocused attention (open monitoring) involves non-judgmental awareness of sensations, feelings and thoughts and diminished activity in anxiety-related brain areas.

• Food, Neurotransmitters, Hormones and Sleep
  • GABA, gabapentin, sedation and lavender.
  • Serotonin, tryptophan, and reducing wakefulness.
  • Melatonin: misuse and use for setting the time of sleep onset.
  • Orexin: selected liquids that act like hypnotics.

• Cortisol: nutritional and botanical modification.

• Adopting Brain-Protective Sleep Habits of SuperAgers: how to attain and maintain positive habits.

A New Approach: by identifying the parts of the brain that impair sleep, optimal mind-body interventions can be practiced. 

• Calming the Alerting System—Tired But Wired: exercises that help us habituate to the bedroom by mindfully focusing on thoughts, feelings and sensations to quiet the reticular formation.

• Reducing Pain: mind-body approaches to calm the pain matrix.

• Reducing Hunger: hormones that keep us awake/low glycemic snacks that help to relax.

• Cooling the Environment: to fall asleep, the body must cool itself by 2 degrees; role of room temperature and the hypothalamus.

• Resetting Circadian Rhythms: time markers (light-dark, meal time), cortisol rhythm in sleep-phase disorders (e.g., night owls). Reducing Fear: calming the thalamus, the gateway to the higher, wiser frontal cortex by visualizing more realistic expectations.

• Reducing Ruminating: calming the prefrontal region involved in “what if” reasoning.

• Reducing Anticipatory Anxiety: parts of the prefrontal cortex “invent” the future; a sleep journal can distance us from thoughts that keep us awake.

• Cognitive-Behavioral Approaches for Insomnia: CBT engages the prefrontal cortex to modify how we think about sleep; the mindset of stress-resistant people.

• Mindfulness-Based Sleep Meditation: unfocused attention (open monitoring) involves non-judgmental awareness of sensations, feelings and thoughts and diminished activity in anxiety-related brain areas.

• Food, Neurotransmitters, Hormones and Sleep
  • GABA, gabapentin, sedation and lavender.
  • Serotonin, tryptophan, and reducing wakefulness.
  • Melatonin: misuse and use for setting the time of sleep onset.
  • Orexin: selected liquids that act like hypnotics.

• Cortisol: nutritional and botanical modification.

• Adopting Brain-Protective Sleep Habits of SuperAgers: how to attain and maintain positive habits.

A New Approach: by identifying the parts of the brain that impair sleep, optimal mind-body interventions can be practiced. 

• Calming the Alerting System—Tired But Wired: exercises that help us habituate to the bedroom by mindfully focusing on thoughts, feelings and sensations to quiet the reticular formation.

• Reducing Pain: mind-body approaches to calm the pain matrix.

• Reducing Hunger: hormones that keep us awake/low glycemic snacks that help to relax.

• Cooling the Environment: to fall asleep, the body must cool itself by 2 degrees; role of room temperature and the hypothalamus.

• Resetting Circadian Rhythms: time markers (light-dark, meal time), cortisol rhythm in sleep-phase disorders (e.g., night owls). Reducing Fear: calming the thalamus, the gateway to the higher, wiser frontal cortex by visualizing more realistic expectations.

• Reducing Ruminating: calming the prefrontal region involved in “what if” reasoning.

• Reducing Anticipatory Anxiety: parts of the prefrontal cortex “invent” the future; a sleep journal can distance us from thoughts that keep us awake.

• Cognitive-Behavioral Approaches for Insomnia: CBT engages the prefrontal cortex to modify how we think about sleep; the mindset of stress-resistant people.

• Mindfulness-Based Sleep Meditation: unfocused attention (open monitoring) involves non-judgmental awareness of sensations, feelings and thoughts and diminished activity in anxiety-related brain areas.

• Food, Neurotransmitters, Hormones and Sleep
  • GABA, gabapentin, sedation and lavender.
  • Serotonin, tryptophan, and reducing wakefulness.
  • Melatonin: misuse and use for setting the time of sleep onset.
  • Orexin: selected liquids that act like hypnotics.

• Cortisol: nutritional and botanical modification.

• Adopting Brain-Protective Sleep Habits of SuperAgers: how to attain and maintain positive habits.