Should You Get a Sleep Study?

Obstructive sleep apnea (OSA)—characterized by one’s breathing starting and stopping while asleep, often with loud snoring—is one of the most common undiagnosed medical conditions. Thirty million people in the USA have OSA, and 80% of them don’t know it! Only 3% of adults in Canada say they have OSA, but the government estimates 20% have the condition. High blood pressure, heart disease, stroke, dementia, type 2 diabetes, and depression may all have links to OSA. If you frequently wake up tired and/or with a dry mouth, experience morning headaches, have excessive daytime sleepiness, suffer from night sweats, or find it difficult to maintain attention while awake, it is essential to discuss these symptoms with a doctor for proper evaluation and potential medical advice.

Dose of Exercise Fends Off Depression

Significant research for decades has focused on how exercise can help prevent and relieve depression. The latest research demonstrates that exercise is dose-related—the more exercise, the greater the preventive effect. For example, 20 minutes daily of brisk walking for five days weekly was associated with a 16% lower rate of depressive symptoms and 43% lower odds of major depression. Talk to your doctor about exercise, and read the study below to see more dose or impact ratios and what exercise will do for you.

Provision of Alcohol in the Home Increases Harms

Parents serving alcohol to minors at home has always been controversial. Presumably, the idea is to demystify alcohol and socialization practices to reduce alcohol-related problems later. It doesn’t work, says a recent longitudinal study that started in 2010, with findings that were just released. On the contrary, the study demonstrates a causal link: Parents giving alcohol to minors at home increases the likelihood of alcohol-related problems like binge drinking and other negative consequences. Over 20 similar studies have shown similar findings. So, what is the most consistent parenting technique to prevent alcohol-related problems? Answer: Strong parental disapproval of underage drinking.

Humor in the Workplace

Can humor be taught? The answer is yes, but it’s unlikely you will have humor classes at work. Short of this, cultivating and encouraging a more lighthearted and positive work environment is the goal, as it can increase morale, improve teamwork, and reduce stress, anxiety, and fear. When this happens, the natural playfulness of employees will demonstrate itself. When one or two employees respond with genuineness and spontaneity, other employees naturally follow suit. So, the idea is not to create humor but to create a workplace where humor will find you.

Sources:

1. pubmed.ncbi.nlm.nih.gov/24988258
2. https://studyfinds.org/few-minutes-exercise-depression/
**Helping a Co-worker Make a Change**

Many co-worker relationship issues are best resolved with a peer approach. Unfortunately, many colleagues avoid assertiveness, become resentful, or even think about resigning over annoyances that might be easily corrected with the right approach. Peer influence is powerful because peers naturally have more empathy for their positions. When a peer encourages specific actions, they may be more readily accepted. Peers typically build trust with each other, so suggestions on how to correct a problem are better received. Issues such as consistent lateness, lack of communication, negative attitude, gossiping, or refusing accountability are well suited for peer-to-peer correction. Sound familiar? Here’s how to proceed:

1. Get clear on the problem with dates, times, and instances where an undesirable behavior happened.
2. Have a meeting where you’re sure you’ll not be interrupted.
3. Use a positive, concerned, constructive mindset.
4. Use “I” statements, such as “John, I notice…when you arrive late, it puts extra pressure on the rest of us to cover your tasks.” Avoid “You always…” or similar statements.
5. Build urgency with a focus on the impact of the behavior on others. (Don’t forget about EAP if something personal emerges in your conversation.)
6. Be supportive. (e.g., “Can I do anything to help you make this change?”)
7. Collaborate and brainstorm together to discover a solution.
8. Follow up and recognize positive changes. Note that supervisors have a crucial role in addressing issues among employees; however, a more harmonious and positive workplace emerges when there is a balance between peer support and leadership.

**Avoid Back-to-School Mistakes**

Avoid these four big mistakes parents make before their children go back to school. You will reduce stress and feel less overwhelmed.

1. Last-minute preparations. Go early to grab school supplies and uniforms and complete paperwork.
2. Dismissing your child’s anxieties about going back to school. Hint: Take a trip to the school, peek through the window, walk around a bit, talk about expectations and fears, and offer reassurance.
3. Not practicing the school routine before school begins. Children staying up too late now will make it tougher to settle into a new routine the week school begins.
4. Skipping school orientations and open houses. These events provide valuable information you will be chasing down for weeks and months if you don’t attend.

**Stop the Midnight Eating**

Sure, those cheese and crackers at midnight might sound tempting if you’re up late and the munchies hit, but could you be putting yourself at risk for contracting type 2 diabetes as a night owl? Researchers found that shift workers are more at risk for type 2 diabetes, and family history and socioeconomic status don’t fully account for it. Instead, the culprit, according to research, appears to be “mistimed food intake” that impairs glucose tolerance. You may not be a shift worker, but poor sleep and eating habits can place you at comparable risk.

Circadian rhythms are biological mechanisms that regulate sleep-wake cycles and other metabolic functions. A simple experiment with shift workers who changed their food intake to daytime instead of nighttime solved the glucose tolerance problem. Talk to your doctor about your diet, including late-night eating, especially as you age, because risk increases in senior years.

Learn more: [https://www.science.org/doi/10.1126/sciadv.abc9910](https://www.science.org/doi/10.1126/sciadv.abc9910)

**Deciding to Stop Enabling**

Have you decided to stop enabling someone you love who has a serious health or chronic personal problem (for example, an addiction)? Enabling, despite its harm, is nothing to feel ashamed about because it is a natural response to protect someone you love from the negative consequences of their behavior. The key is making the change—switching to healthier and purpose-driven detachment, i.e. setting boundaries, that facilitates your recovery from enabling and may influence change in your loved one. Get support for your decision. It’s a big one and it will test your resolve. Counseling and support groups can make it dramatically easier. So, talk to your EAP coordinator to locate a self-help group that matches your needs.