



The Gang of Four



# *Managing Sleep to Sustain Performance*

*Gregory Belenky, M.D.*

*Sleep and Performance Research Center  
Washington State University*



# Why is Sleep Important?

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- **Productivity**
  - Personal
  - Corporate
- **Safety**
  - Personal
  - Corporate
  - Public
- **Health**
- **Well-being**

*“I do not care how much they sleep; I want to know how well they perform.”*

**General Max Thurman**

*Disasters spring from “not a major blunder, but reasoned calculations that slip just a little.”*

**Brigadier General  
S.L.A. Marshall**



# ***The Operational Environment Defined***

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- ***Operational Environment***
  - ***Human performance critical to correct outcome of the system – the outcome itself is critical***
  - ***There a temporal envelope within which the correct decision must be made or the system fails***
  - ***John Boyd and the Observation, Orientation, Decision, Action (OODA) Loop***
- ***Most operational settings are complex and tightly-coupled***
- ***Many operational settings involve 24x7 operations, extended work hours and shift work***
- ***High reliability organizations maintain***
  - ***Mindfulness in day-to-day operations***
  - ***Presence of mind in emergencies***



# Sleep, Fatigue, and Predicting Performance

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- **Fatigue operationally defined**
  - **Subjectively by self-report**
  - **Objectively by degraded performance**
- **Fatigue is the final common pathway integrating**
  - **Time awake, sleep/wake history, and sleep loss - Quantifiable**
  - **Time on task, task intensity, and task complexity - Quantifiable**
  - **Circadian rhythm - Quantifiable**
  - **Individual differences - Quantifiable**
- **Mathematical models integrate these quantities to predict individual performance in real-time**



# Consequences of Sleep Restriction and Sleep Deprivation

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- **Short term**
  - *Minutes, hours*
  - *Error, accident, catastrophe*
- **Mid-term**
  - *Weeks, months, years*
  - *Bad planning, inadequate strategizing, poor life decisions*
- **Long-term**
  - *Years*
  - *Overweight/obesity, Type II Diabetes, Sleep Disorder Breathing, Metabolic Syndrome, etc.*
- **Triad of factors supporting health, productivity, and well-being**
  - *Diet*
  - *Exercise*
  - *Sleep*



## Sleep:

### A Fundamental Mystery in Neurobiology

- ***Sleep is found humans, mammals, birds, reptiles, fish, insects, and (perhaps) jellyfish – in any animal with one or more assemblies of nerve cells (neuronal assemblies)***
- ***After over 100 years of experimental work, we know:***
  - ***Adequate sleep sustains performance***
  - ***Inadequate sleep degrades performance***
  - ***Sleep creates risk and loss***
    - ***Risk of predation***
    - ***Loss of time to forage, reproduce***
    - ***Must convey large advantage to evolved***
- ***We do not know:***
  - ***Why extended waking degrades performance?***
  - ***How sleep restores performance?***



## **Objective Measures of Sleep**

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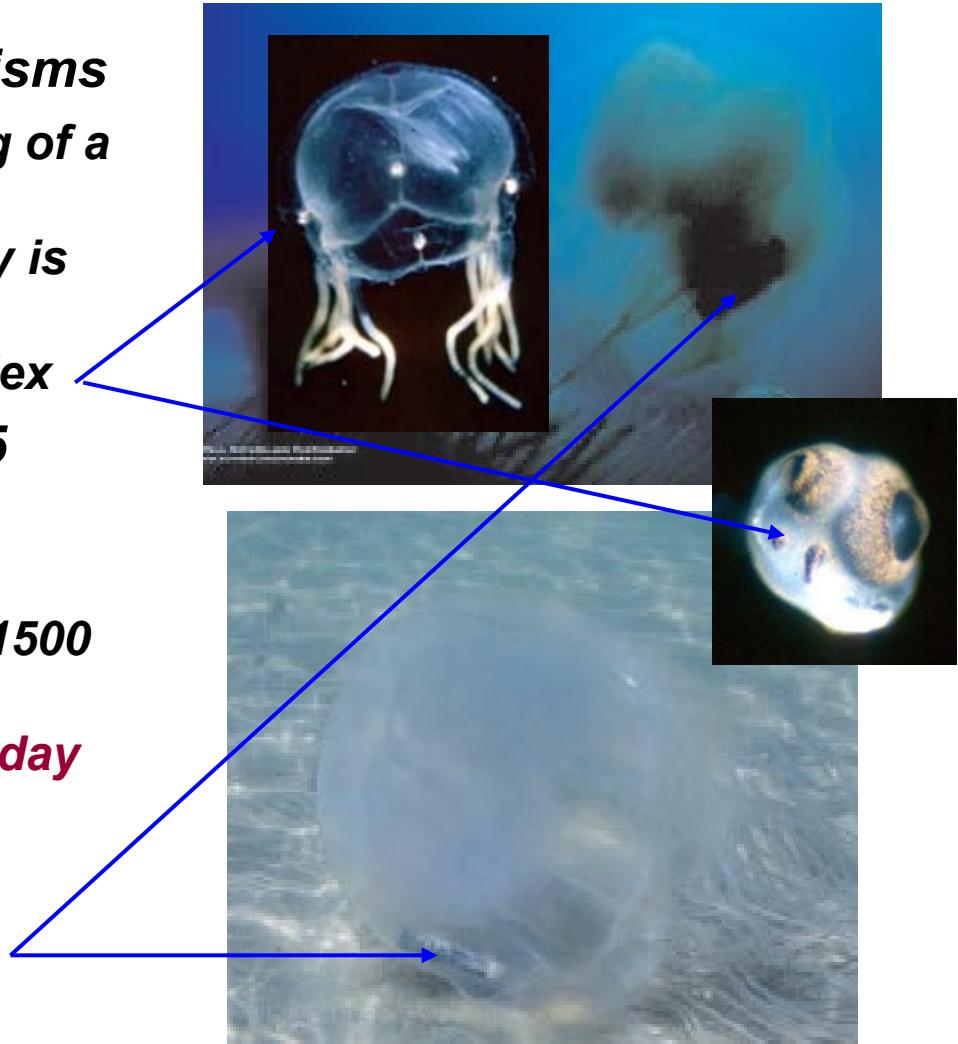
- ***In mammals and birds - electrophysiological criteria***
  - ***EEG, EOG, EMG, EKG***
  - ***Both Non-rapid-eye-movement (NREM) and rapid-eye-movement sleep (REM)***
- ***In lower animals - add behavioral criteria***
  - ***Prolonged quiescence***
  - ***Reduced responsiveness***
  - ***Rapid reversibility***
  - ***Rebound after deprivation***
- ***Reptiles and other show NREM (slow wave) sleep or sleep-like behavioral states***



# Sleep in the Box Jellyfish (*Chironex fleckeri*)

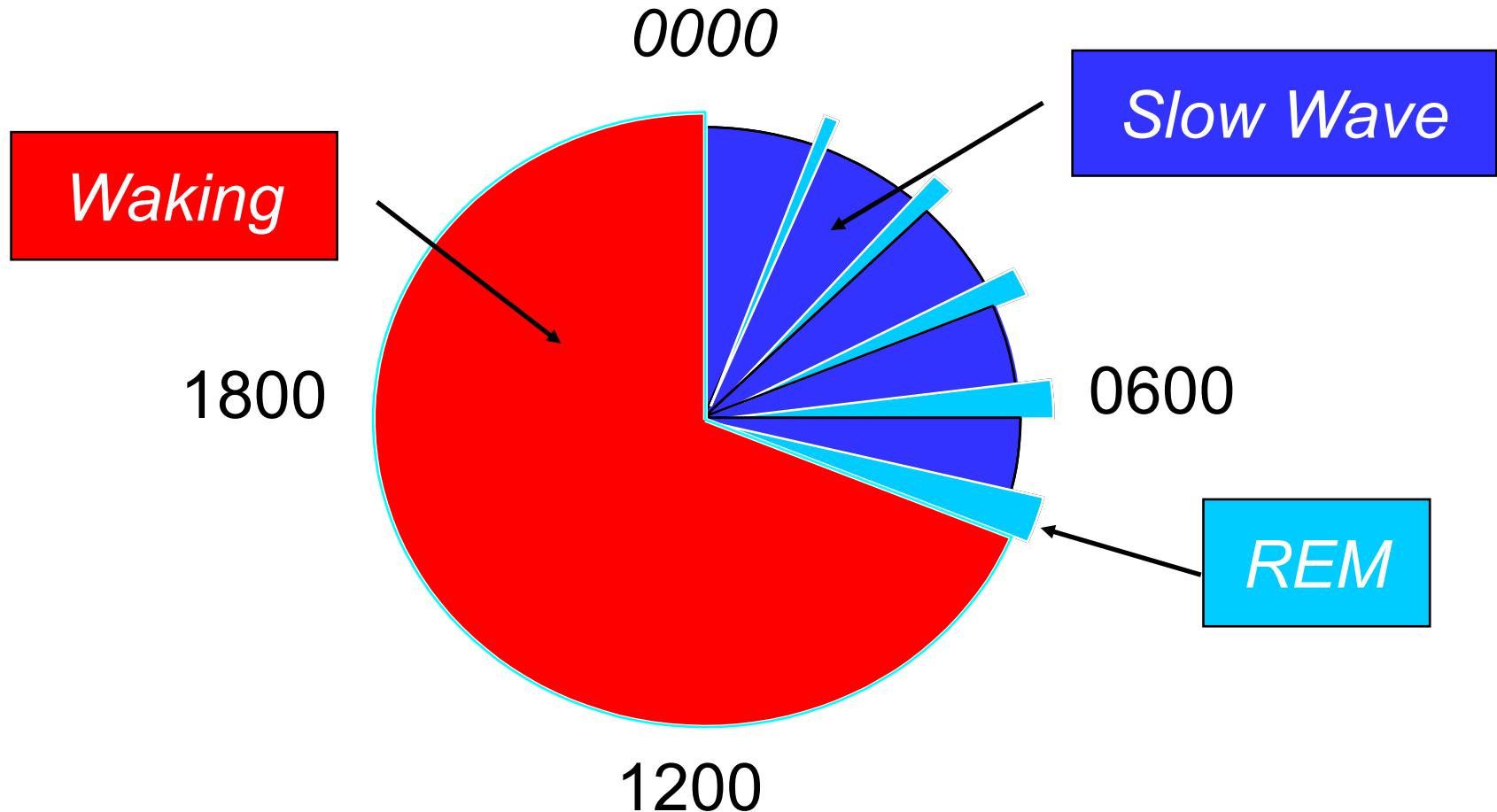
- **Box jellyfish are one of the simplest multi-cellular organisms**
  - A nervous system consisting of a few neuronal assemblies
  - No brain per se, as symmetry is radial rather than bilateral
  - Their visual system is complex
- **Box jellyfish are quiescent 15 hours/day**
  - Diurnal pattern
  - Active during the day (0600-1500 hours)
    - Move 212 m/hour during day
    - Move 10 m/hour at night
- **Note attached movement/location sensors**

Seymour et al., 2004



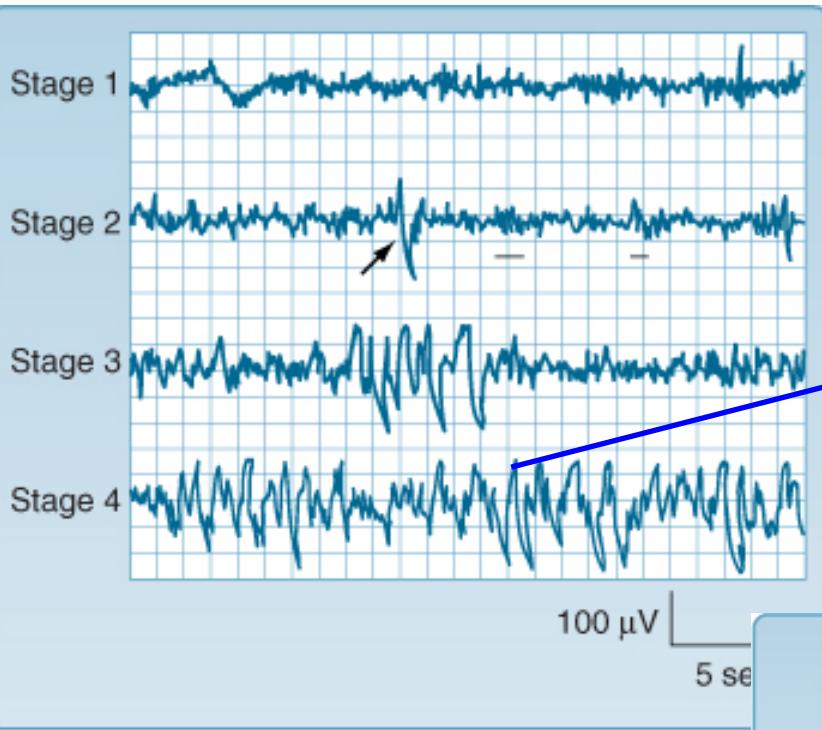


## The 24-Hour Sleep/Wake Cycle





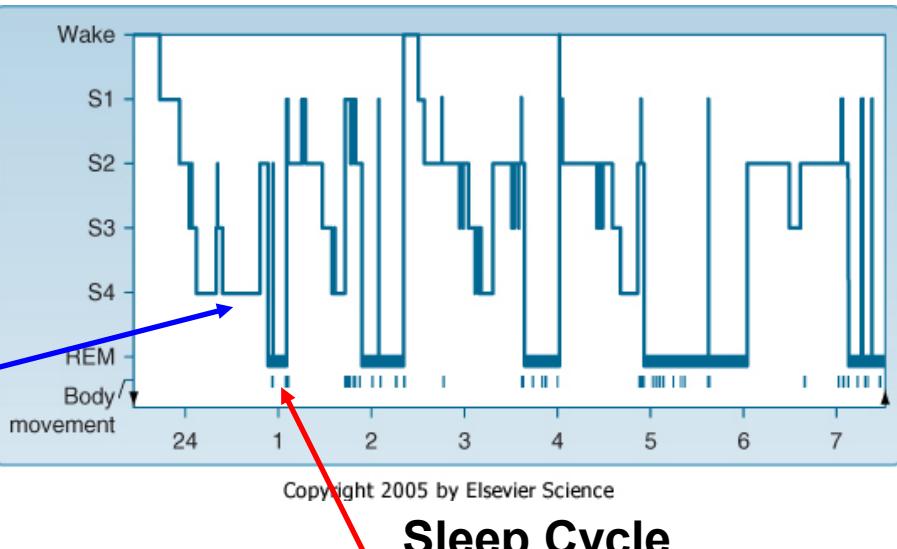
# Physiology of Slow Wave and REM Sleep



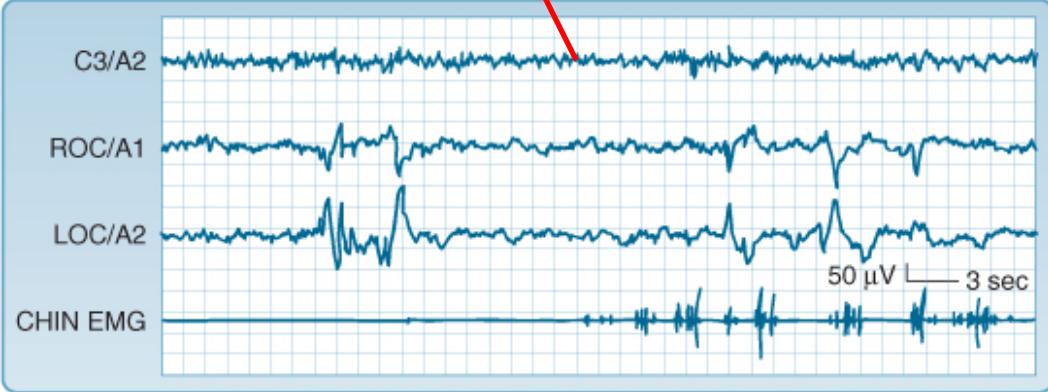
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## Slow Wave Sleep

Kryger, Roth and Dement,  
*Principles and Practice of  
Sleep Medicine*, 2005



## Sleep Cycle

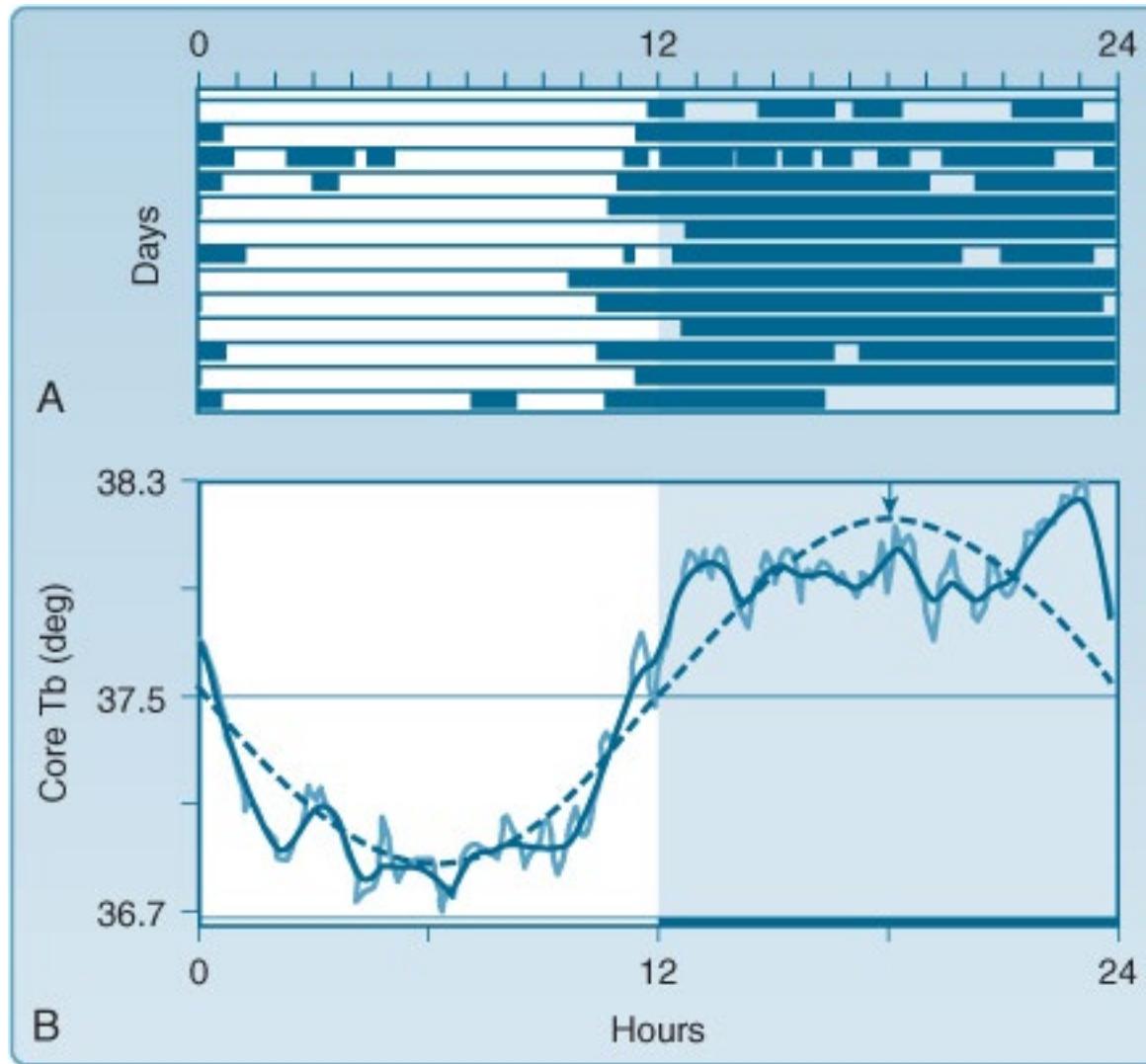


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## REM Sleep



# The Internal Body Clock (Circadian Rhythm)



Kryger,  
Roth and  
Dement,  
*Principles  
and  
Practice of  
Sleep  
Medicine,*  
2005



## ***Brain Circulation and Metabolism***

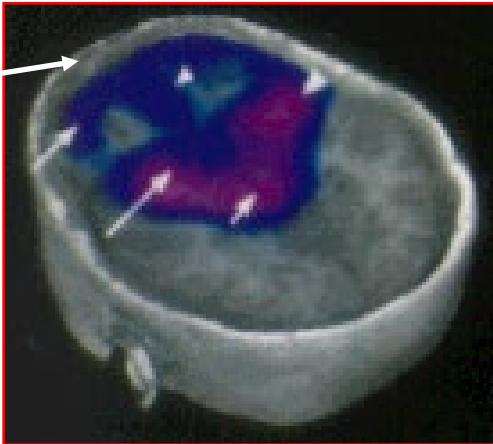
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- ***Brain is the most metabolically active organ***
  - *Brain is 2% of body weight, consumes 20% of resting total body oxygen consumption*
  - *Overall brain metabolic rate for oxygen is similar unstressed heart or renal cortex*
  - *Variability by region and by level of regional activation*
- ***Brain relies on just-in-time delivery of oxygen and glucose***
  - *The brain has no meaningful reserves of either oxygen or glucose*
  - *Brain blood flow is auto-regulated on the basis of local (regional) demand*
  - *Brain uptake of glucose is not insulin dependent*
- ***Brain activity is temperature dependent***
  - *Between 37 and 42°C, the brain metabolic rate increases 5% per degree*
- ***Brain uptake of oxygen and glucose is regional brain activation dependent***
  - *Local use dependent*
  - *Local autoregulation*



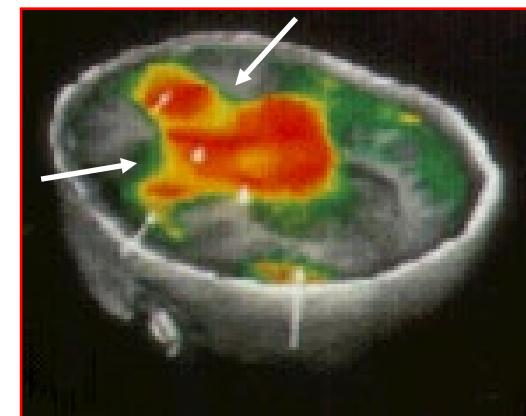
# Brain Metabolism during Slow Wave and REM

## Sleep

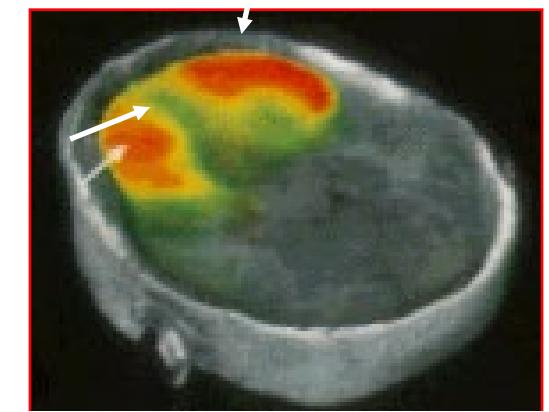
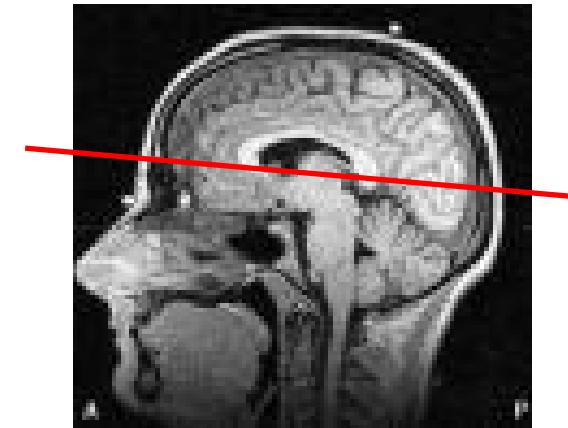


**Frontal areas are deactivated during Slow Wave Sleep; decline in flow of ~30%**

Braun et al.,  
*Brain*, 1997



**Frontal areas remain deactivated during REM; increase in flow to waking levels or above except in prefrontal cortex**

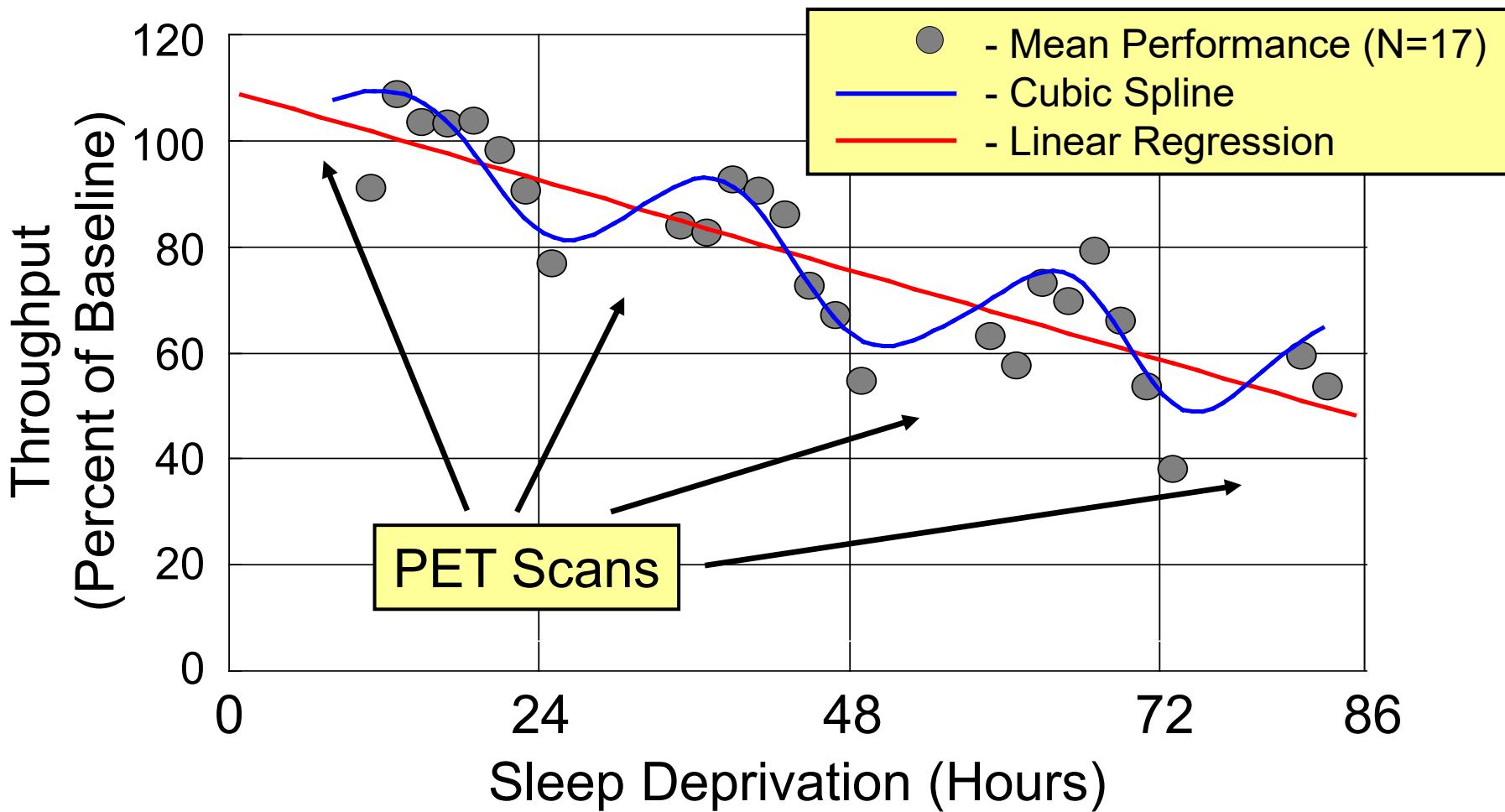


**Frontal areas are re-activated only after awakening**



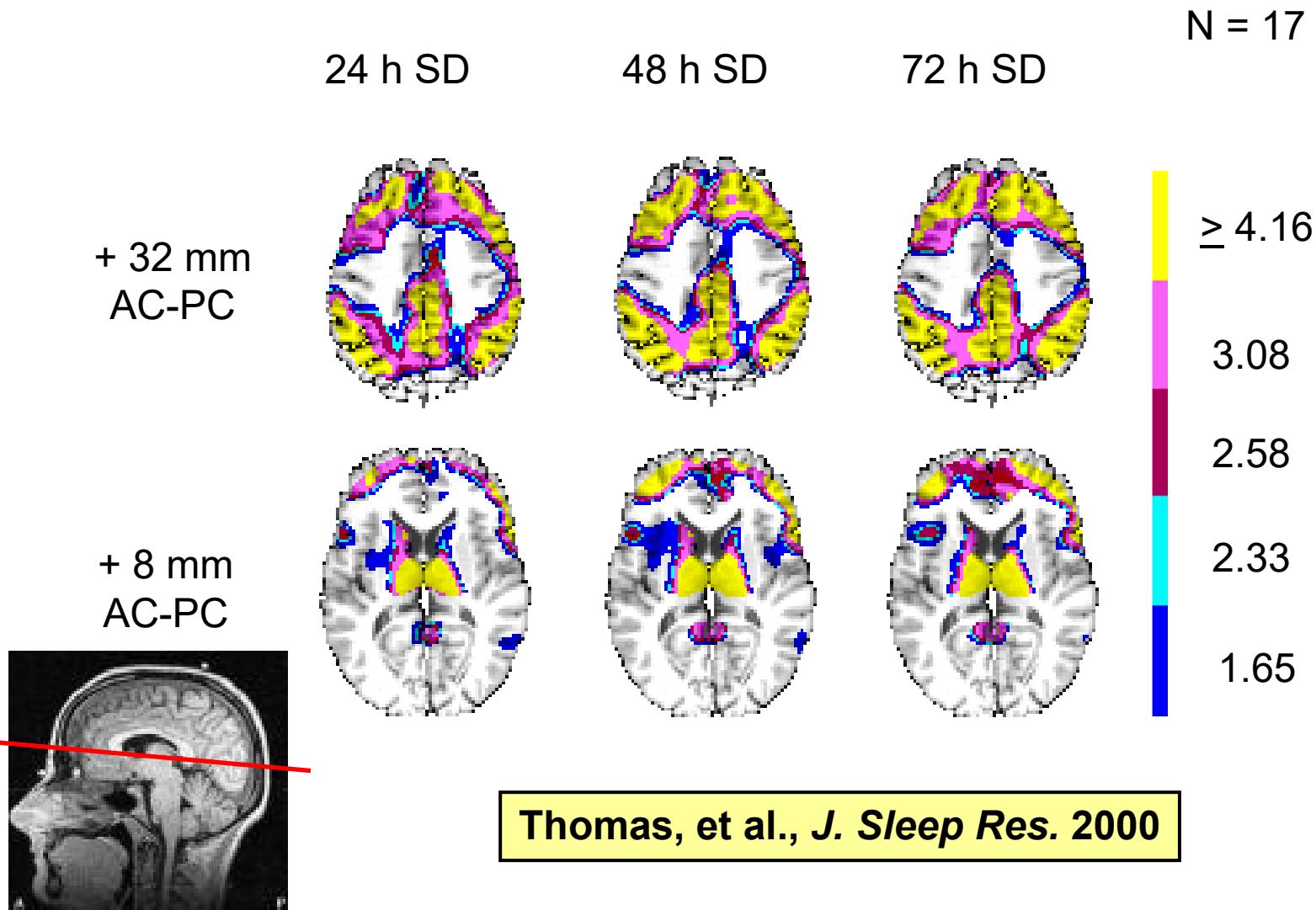
# Total Sleep Deprivation

## Imaging Studies



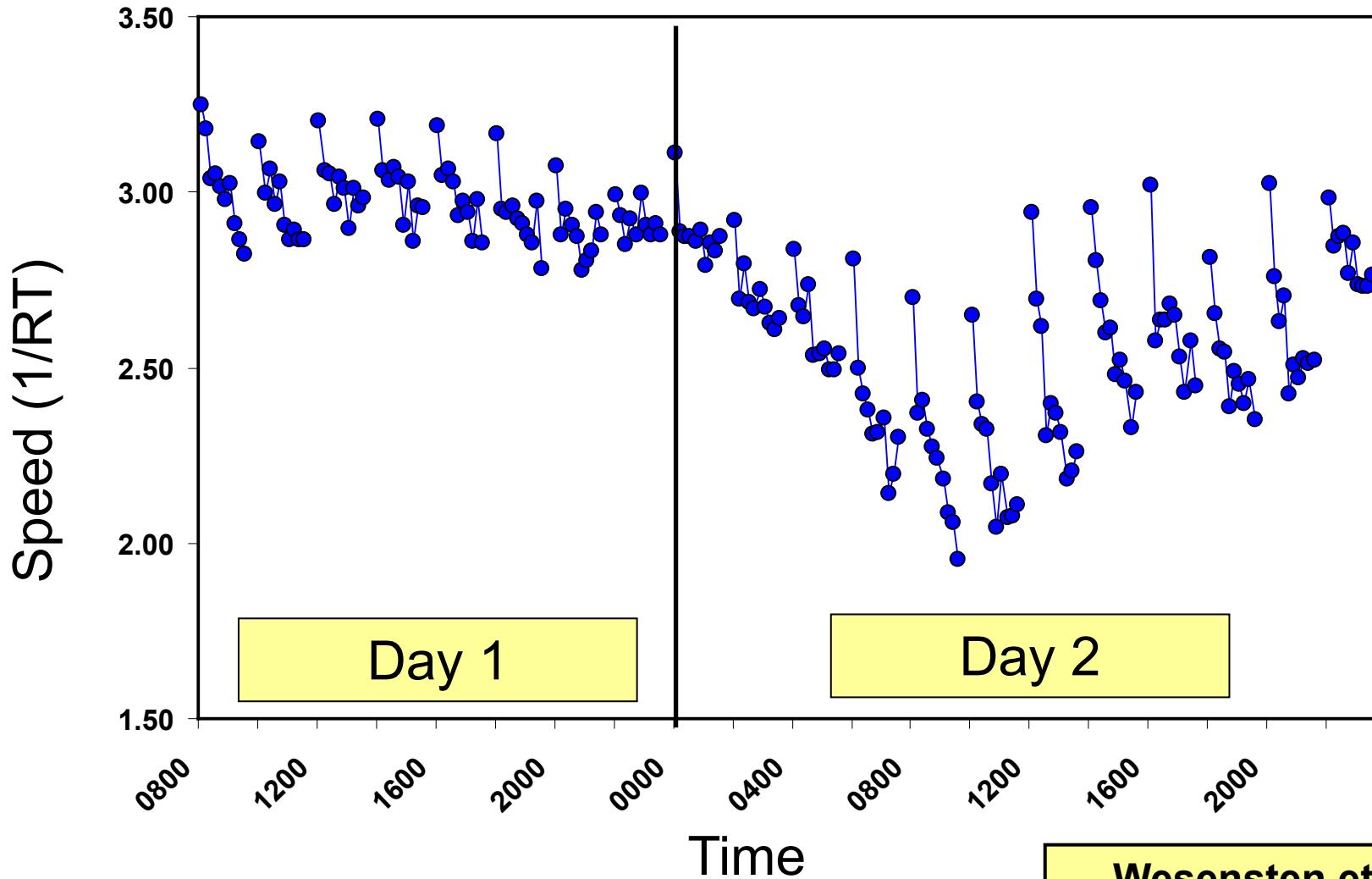


# **Brain Metabolism at 24, 48, & 72 Hours of Sleep Deprivation**



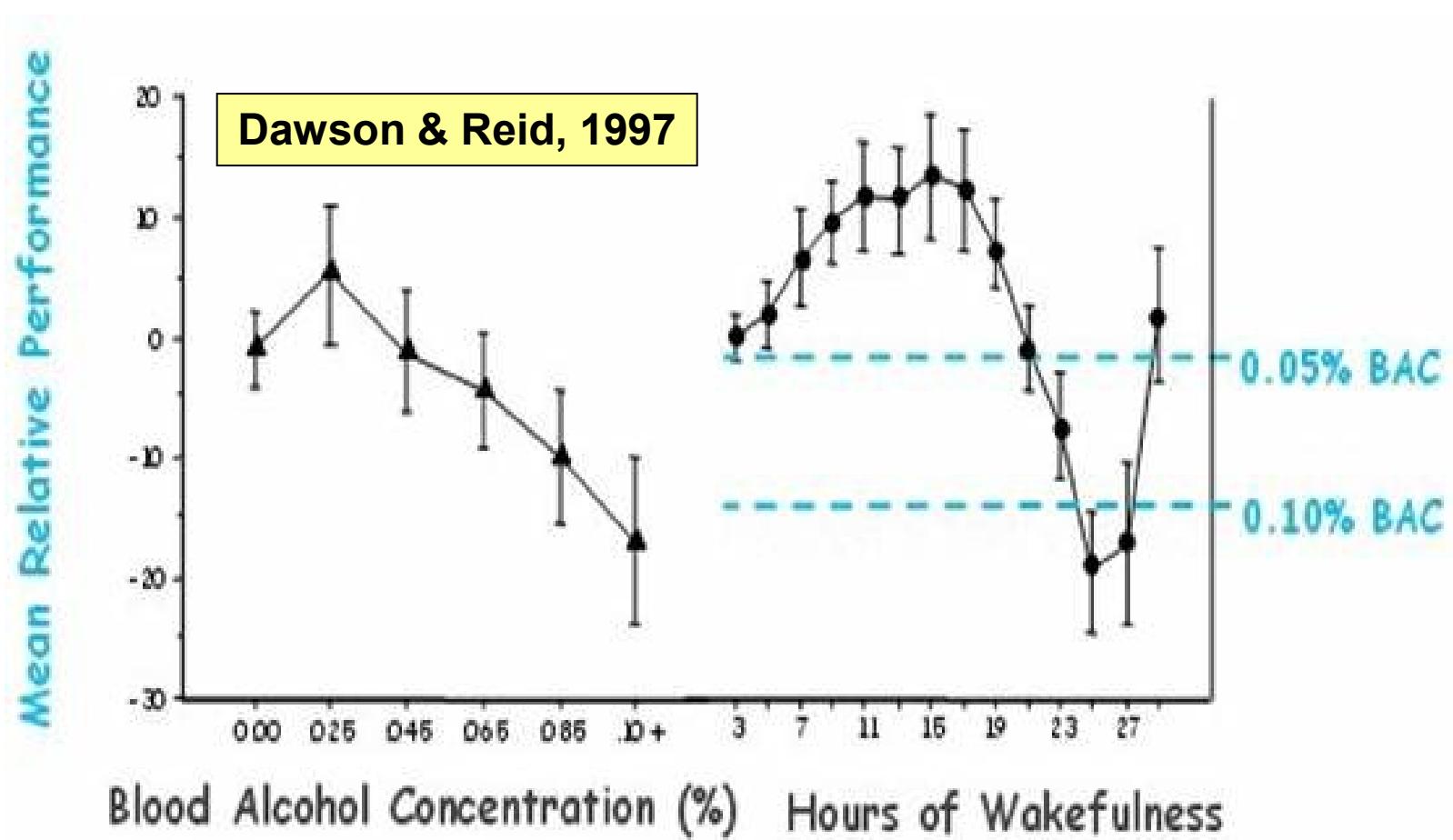


# Sleep Deprivation, Circadian Rhythm, Time on Task, and Performance



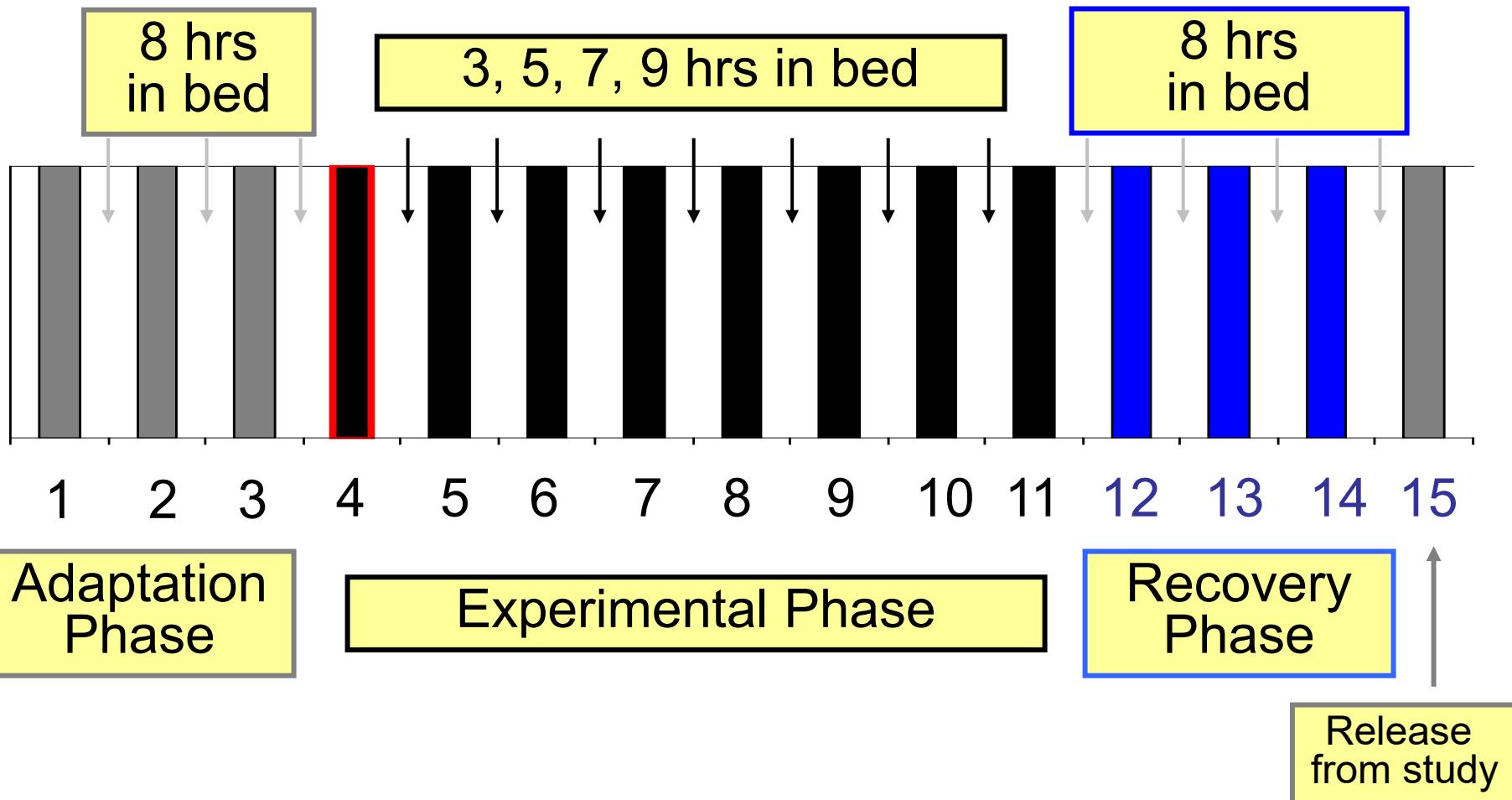


# Sleep Deprivation and Alcohol Intoxication





# **Effects of Sleep Restriction in Performance: A Sleep Dose/Response Study**





## Volunteers in the Laboratory



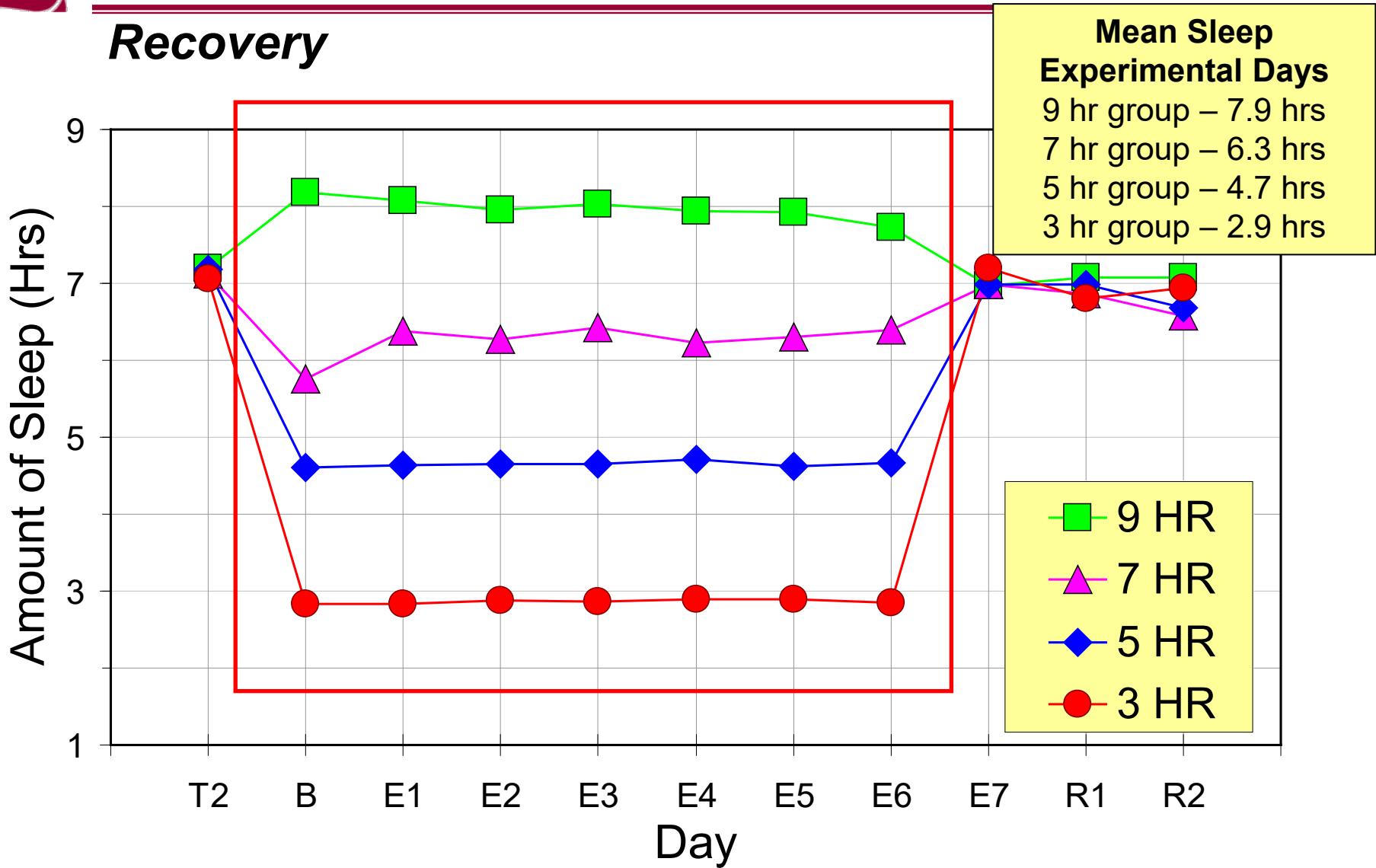
- *Sleep measured with poly-somnography (electrodes, wires, recorders)*
- *Performance measured with computer-based tests.*





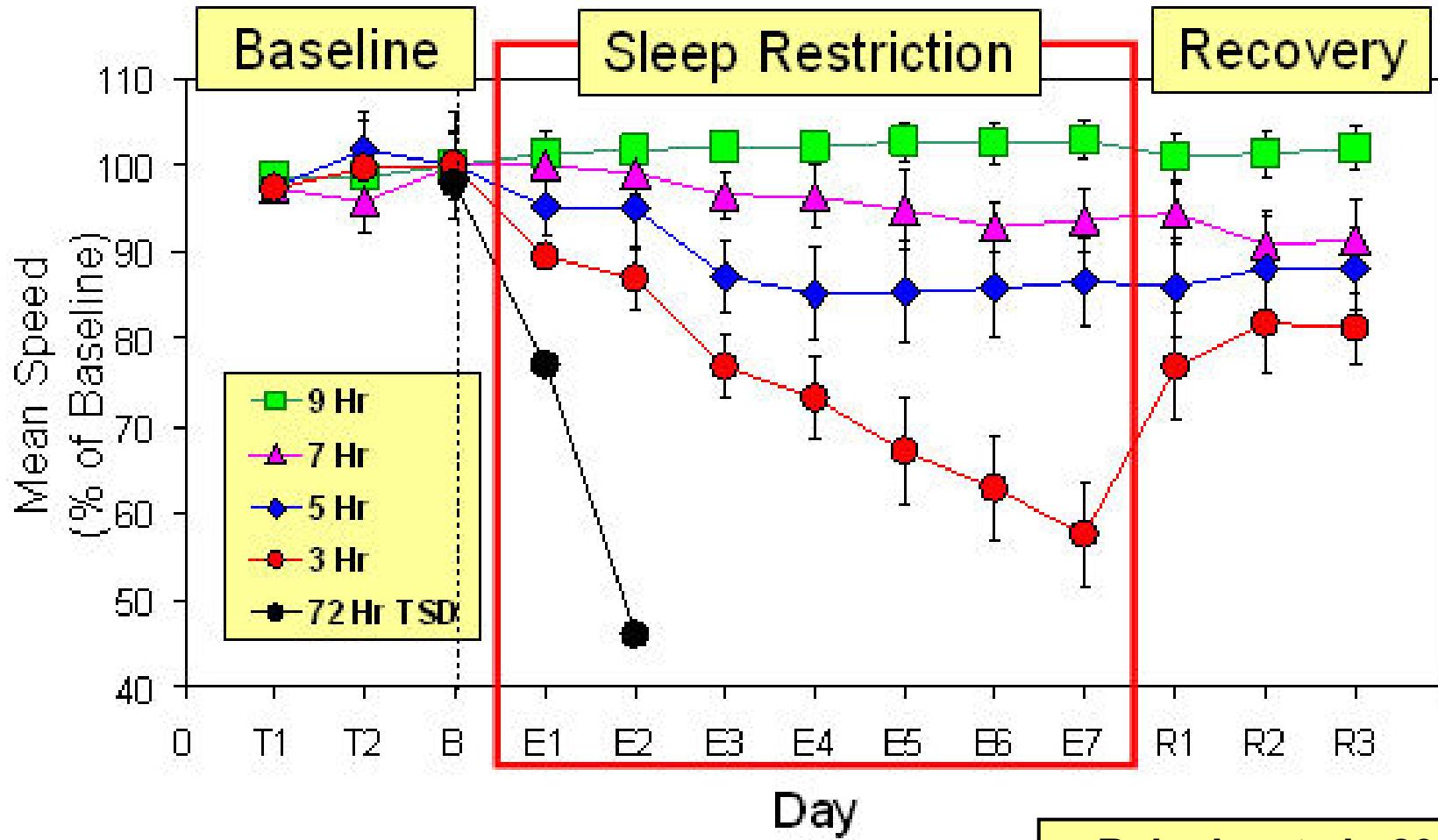
# Mean Sleep, Baseline, Experimental Days, &

## Recovery





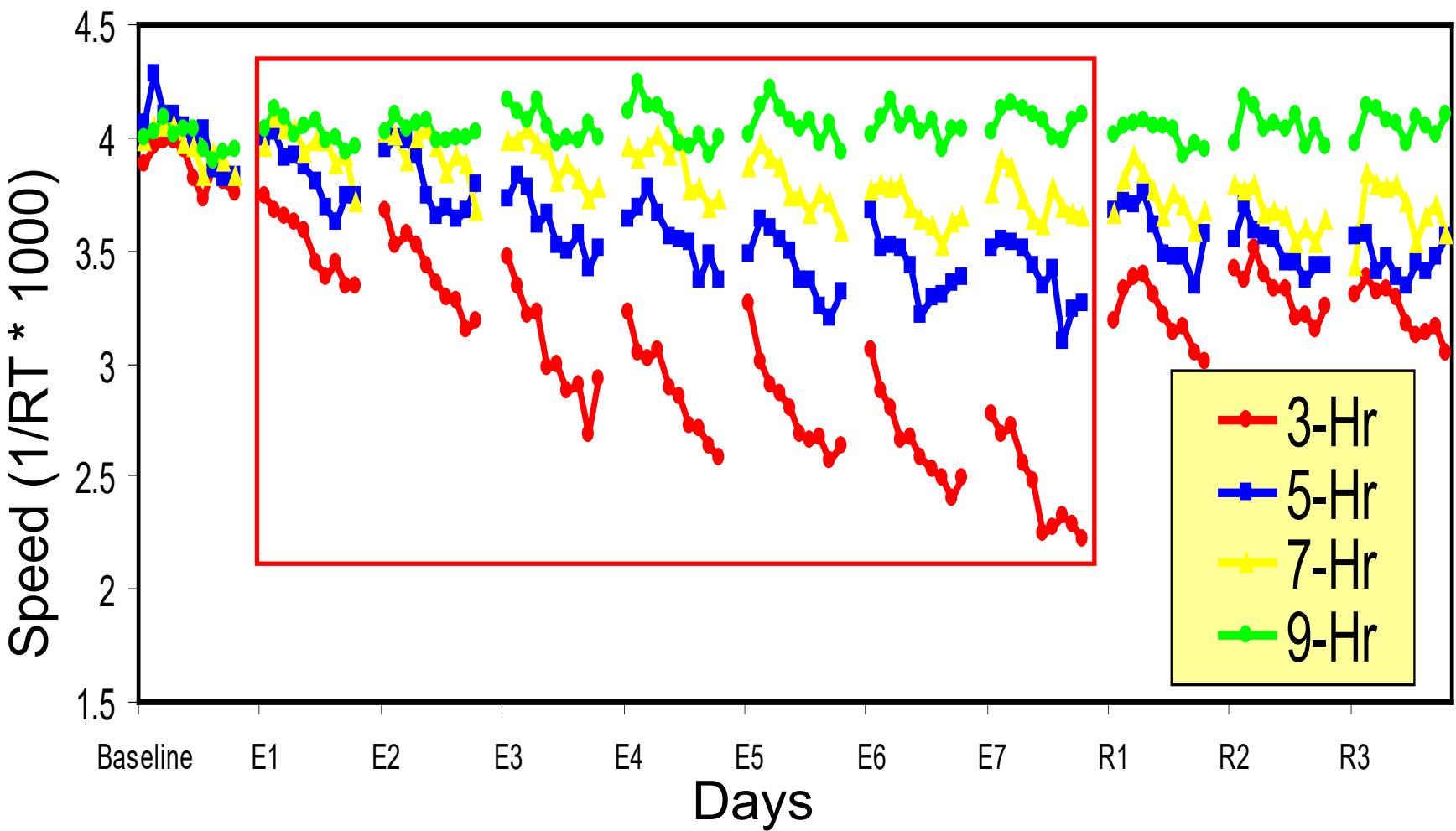
# Psychomotor Vigilance Task



Belenky et al., 2003



## PVT - Time on Task Effects



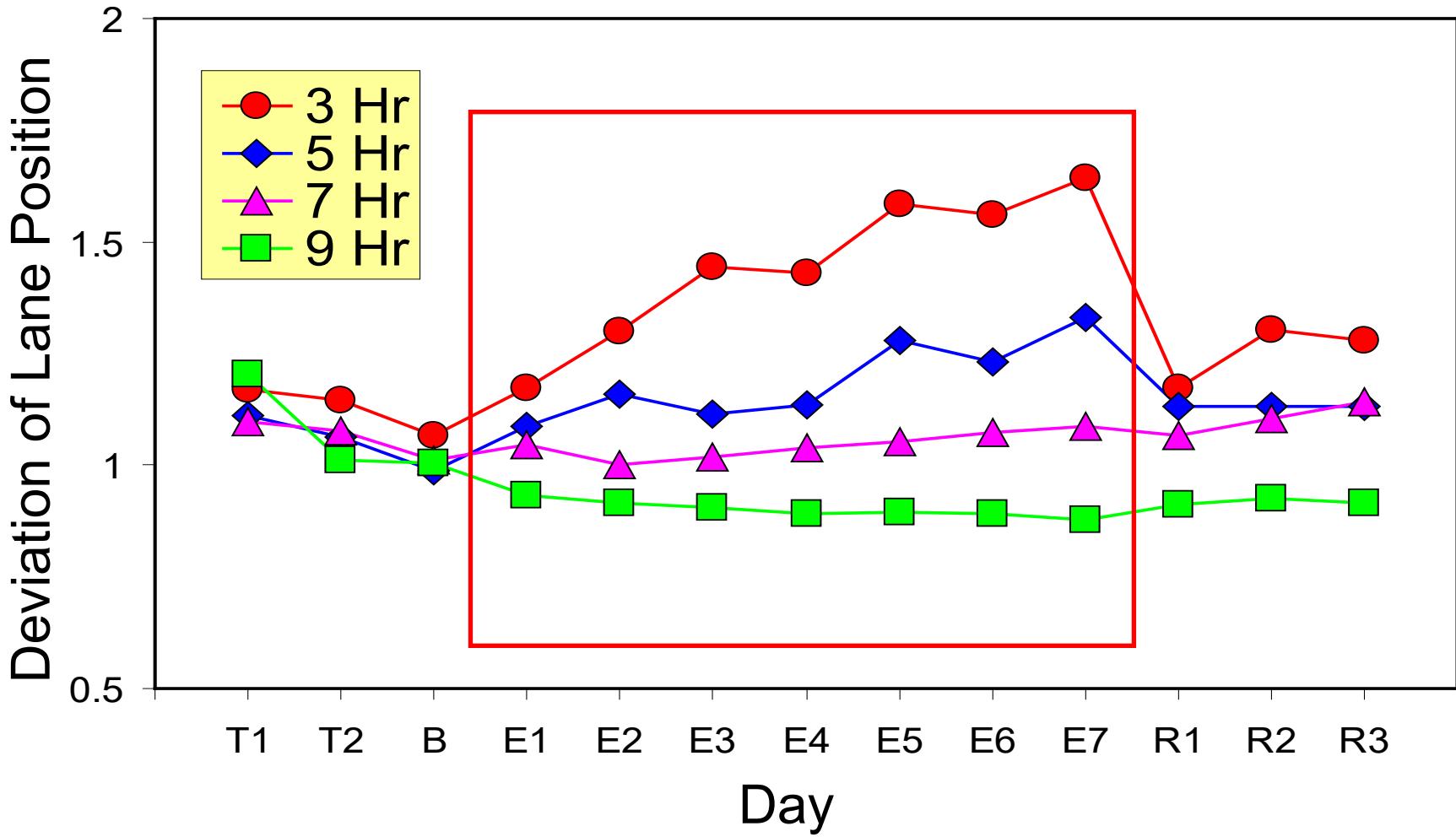


# Driving Simulator



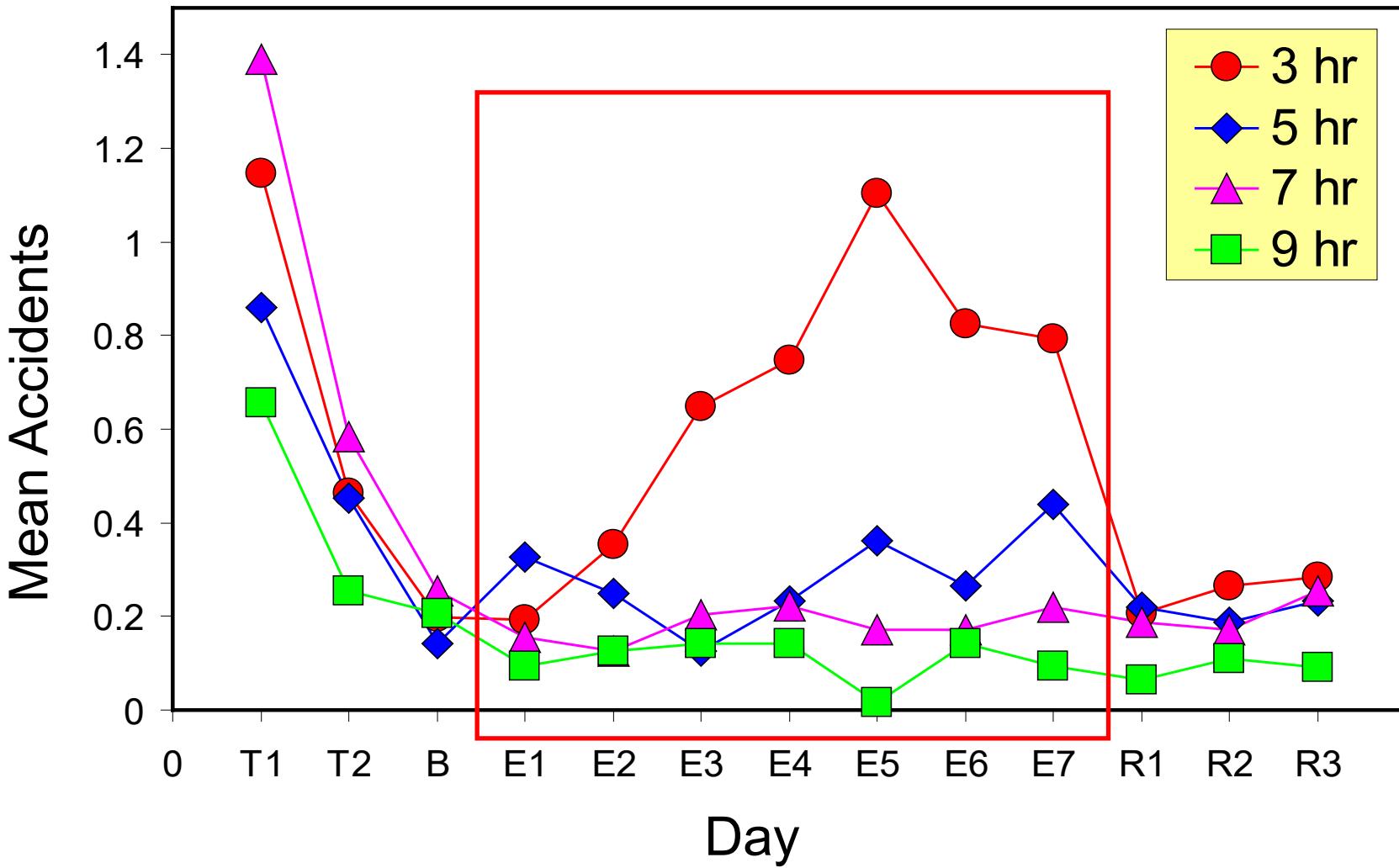


# Driving Simulator – Lane Deviation





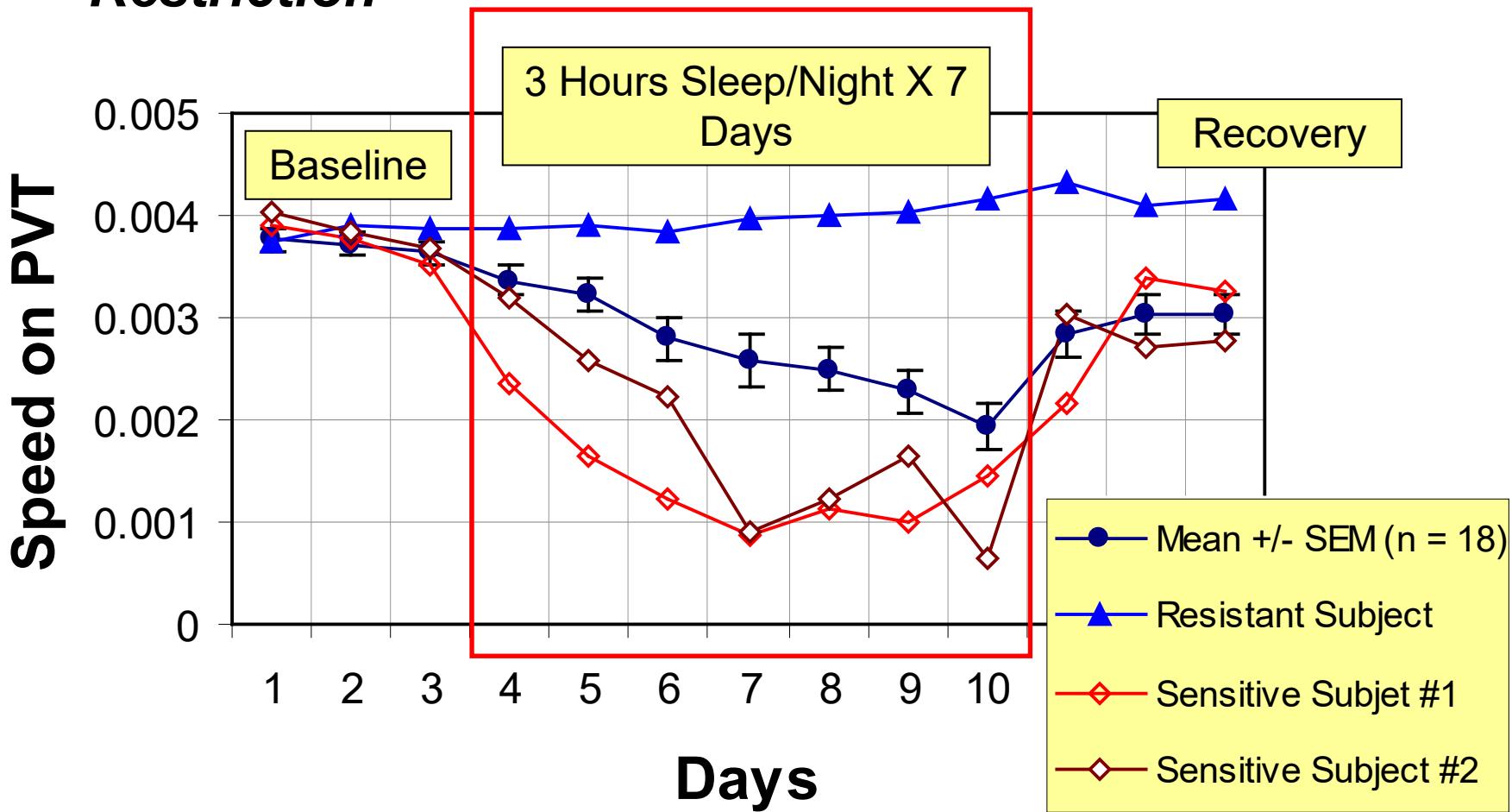
# Driving Simulator - Accidents





# Individual Variability in Resistance to Sleep

## Restriction

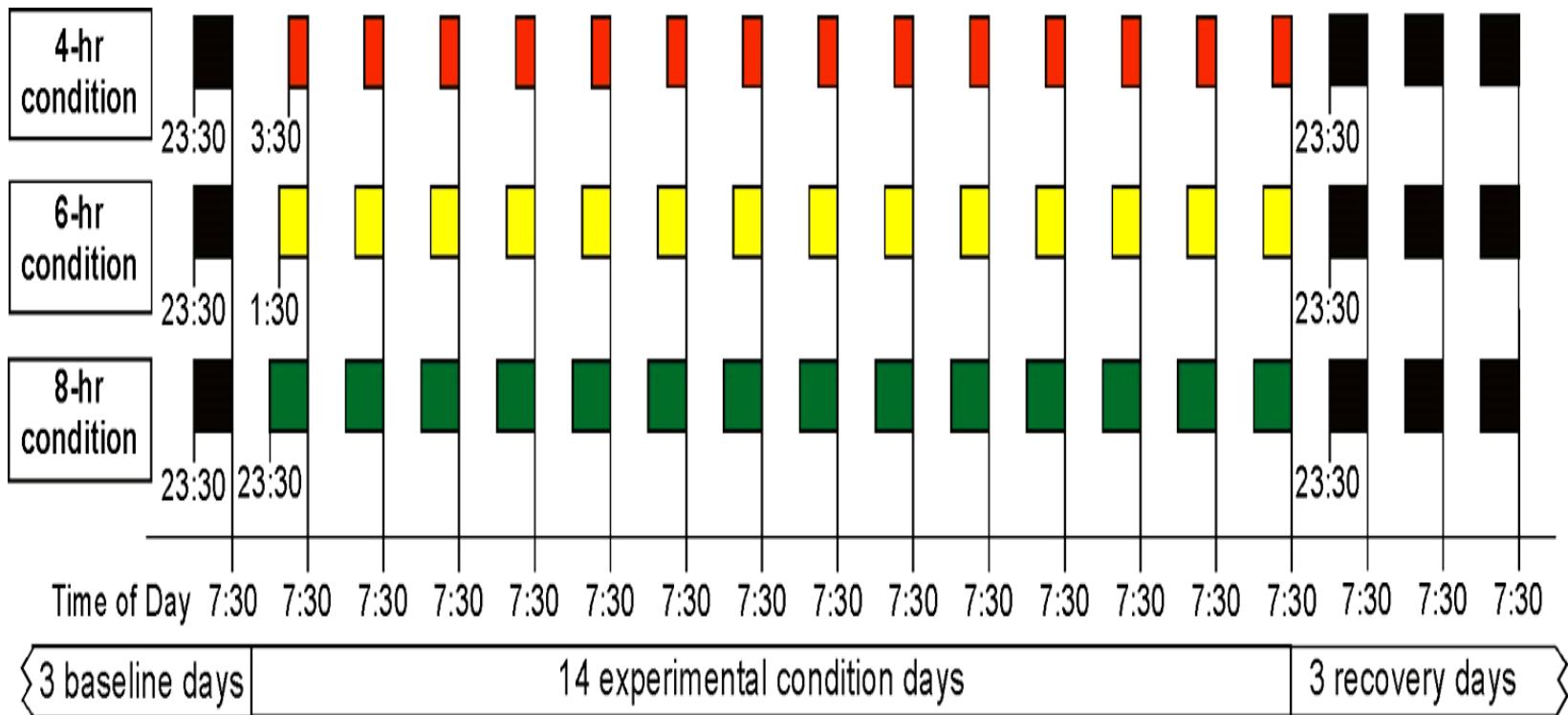




**Van Dongen et al. (2003)**

## **Sleep-Dose Response Study Design**

**TIB**

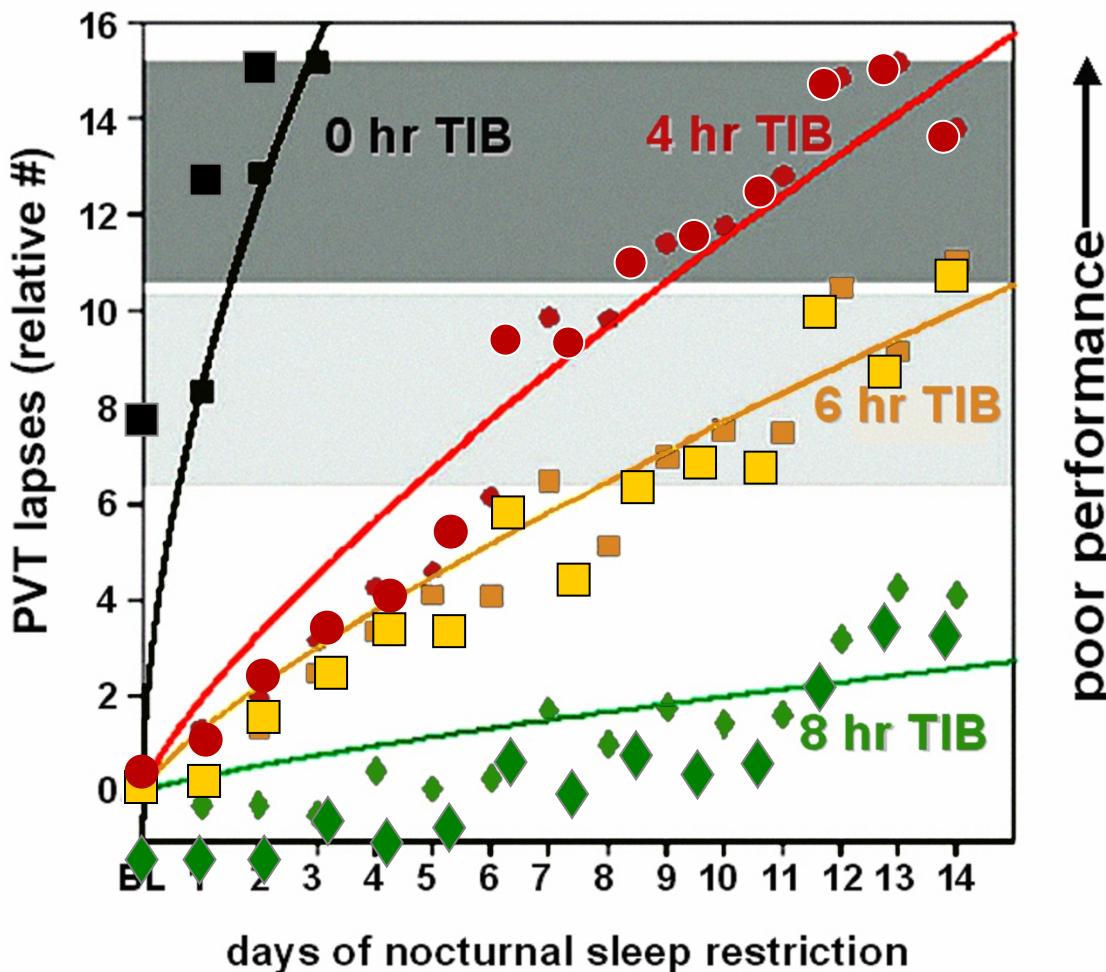




*Van Dongen et al. (2003)*

## PVT Performance Lapses

Each point is a daily average of 9 test bouts from 0730h to 2330h.



Differences among  
conditions\*  
 $p = 0.036$

Curvature (SEM)

$\theta = 0.78 (0.04)$

Effect sizes

4 hr vs 8 hr: **1.45**

6 hr vs 8 hr: **0.71**

4 hr vs 6 hr: **0.43**

\*Results of non-linear  
mixed-model regression  
to optimally fit data.



## ***Summary of Sleep Physiology and Performance***

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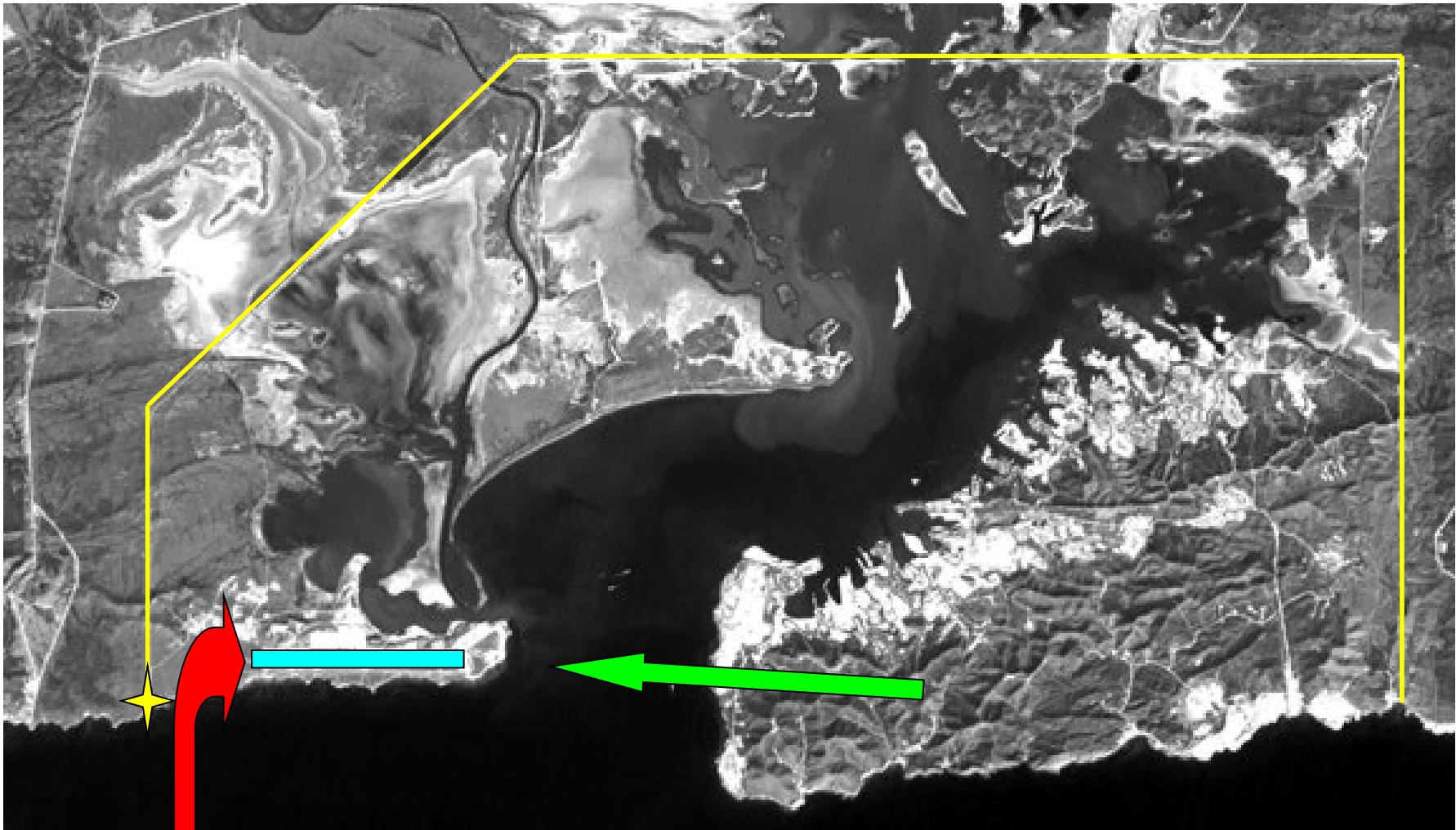
- ***Sleep loss degrades performance***
- ***Sleep restores it***
- ***All performance degrades***
  - ***Complex (anterior/forward in the brain) performance degrades more***
  - ***Example of anterior/posterior gradient – seeing a cup or other common object***
  - ***Evidence from objective brain imaging***
  - ***Perseverance slips into perseveration***
- ***Two states of sleep (NREM, REM)***
  - ***By EEG, different from each other as each is from waking***
  - ***50-year scramble to find unique function for REM***
- ***Total sleep time determines performance***
  - ***Naps add to total sleep time***
  - ***Divided sleep is as good or better than consolidated***
  - ***Some times of day more sleep-conducive than others***



# ***Acute Total Sleep Deprivation in a Air Cargo Flight Accident***



# Guantanamo Bay, Cuba





## The Approach to Guantanamo



***Approach to Guantanamo  
requires a sharp right bank to avoid  
Cuban air space***





## Crash Site



***All 3 crew members were rescued from the cockpit and survived***



# American International Flight 808

18 August 1993

Engineer: Slow, Airspeed

Co-Pilot: Check the turn.

**Captain: Where's the strobe?**

Co-Pilot: Right over here.

**Captain: Where?**

Co-Pilot: Right inside there, right inside there.

Engineer: You know, we're not gettin' our airspeed back there.

**Captain: Where is the strobe?**

Co-Pilot: Right down there.

**Captain: I still don't see it.**

Engineer: #, we're never goin' to make this.

**Captain: Where do you see a strobe light?**

Co-Pilot: Right over here.

Captain: Gear, gear down, spoilers armed.

Engineer: Gear down, three green spoilers, flaps, checklist

???: There you go, right there, lookin' good.

**Captain: Where's the strobe?**

Co-Pilot: Do you think you are going to make this?

**Captain: Yeah... if I can catch the strobe light.**

Co-Pilot: 500, you're in good shape.

Engineer: Watch the, keep your airspeed up.

Co-Pilot: 140. [sound of stall warning]

???: Don't – stall warning.

**Captain: I got it.**

Co-Pilot: Stall warning.

Engineer: Stall Warning

**Captain: I got it, back off.**

???: Max power!

???: There it goes, there it goes!

???: Oh no!



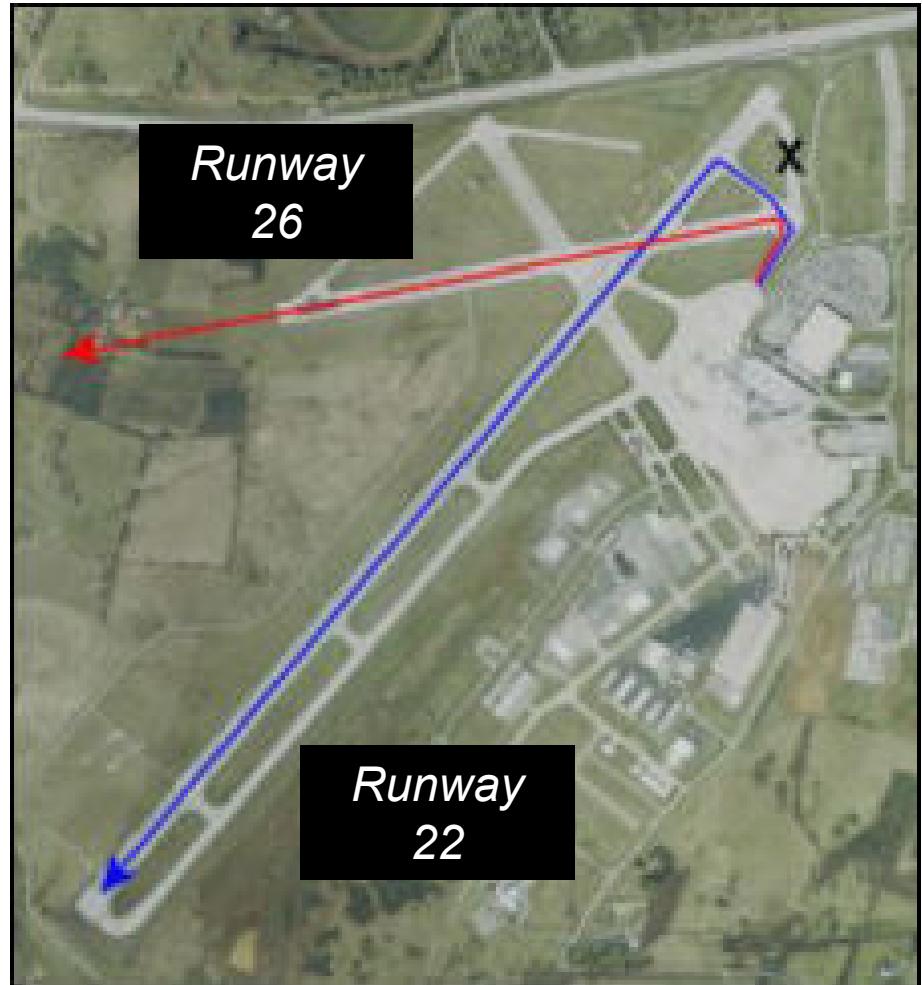
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# ***Acute Partial Sleep Deprivation in an Air Traffic Control and Pilot Error Accident***



## Comair Flight 5191

- Lexington, KY to Atlanta, GA
- Take off ~ 0630 hrs
- Assigned the Runway 22
- Used Runway 26
- Pilot took wrong turn onto unlit Runway 26
- Neither pilots nor air traffic controller noticed error
- Turned aircraft over to First Officer for take off
- Crashed just past the end of the runway
- Killed all 47 passengers and two of the three crew
- Similar error in 1993
  - Caught prior to take-off roll
  - By both pilots and air traffic controller





## **Sleep in Air Traffic Controller and Pilots**

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- **Air traffic controller (a 17-year veteran) working alone at an airport in Kentucky**
  - Worked early day shift from 0630-1430 hours (6:30 AM – 2:30 PM)
  - Had the mandatory by FAA rules 8 hours off
  - Slept ~ 2 hours in the late afternoon
  - Went back to work at 2330 (11:30 PM)
  - Worked through the night until the accident at ~0600 hrs
- **Pilots and co-pilot scheduled for take-off at 0600 hrs**
  - Likely in bed no earlier than 2200 hrs (10:00 PM)
  - Awake at 0400 hrs.
- **Both air traffic controller and pilots were sleep restricted and at low point in circadian rhythm**



## ***Other Sleep-Related Catastrophes***

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- *Three-Mile Island Nuclear Reactor Accident 1979*
- *Challenger Launch Decision 1986*
- *Chernobyl Nuclear Reactor Accident 1986*
- *Exxon-Valdez Grounding 1989*



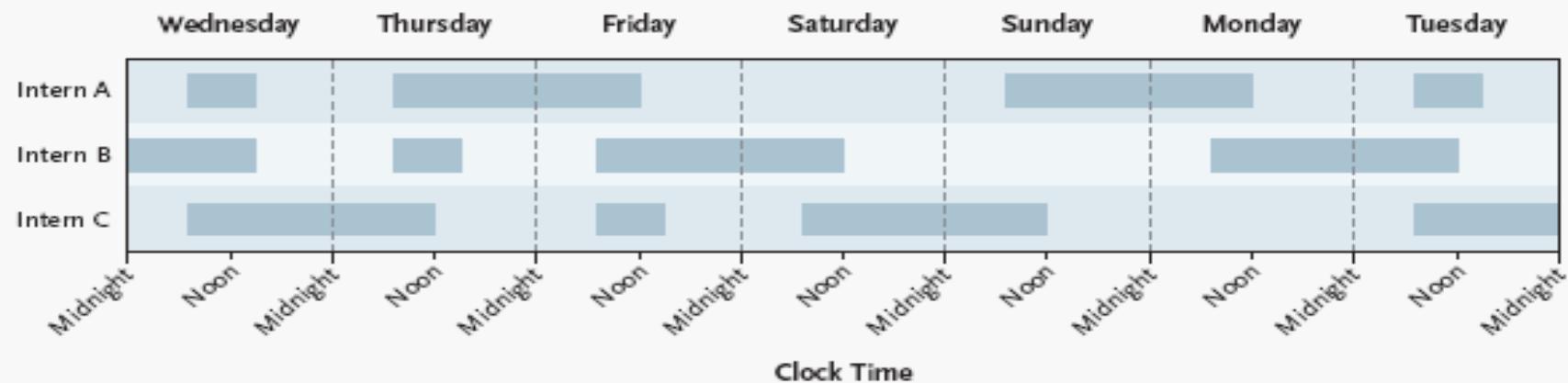
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# ***The Harvard Intervention Studies: Embedded and Superimposed Performance Metrics***

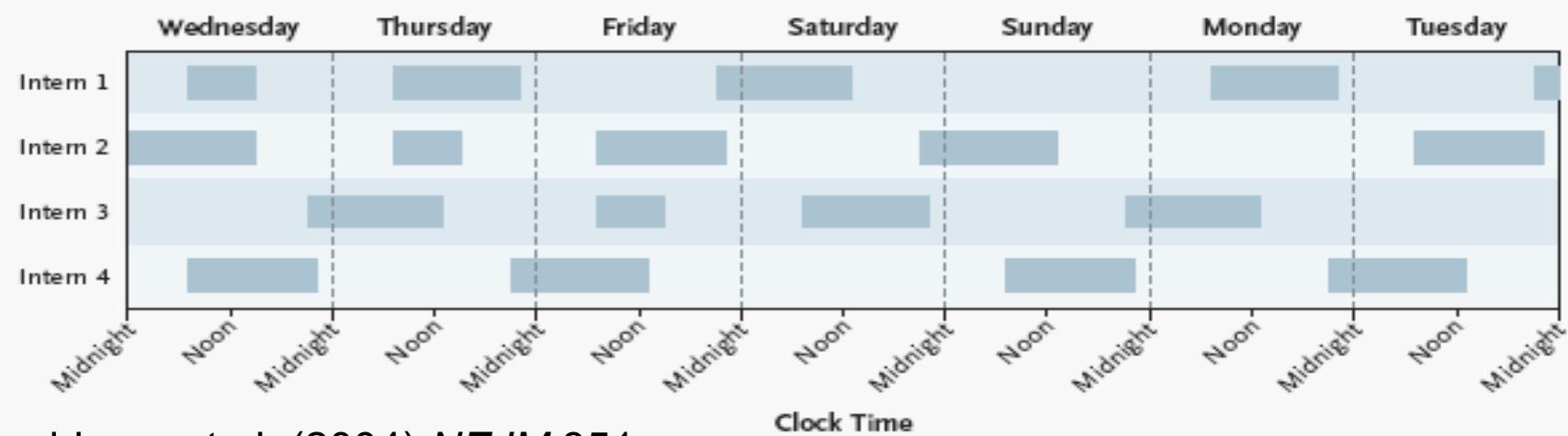


# Traditional vs. Intervention Schedule

A Traditional Schedule



B Intervention Schedule



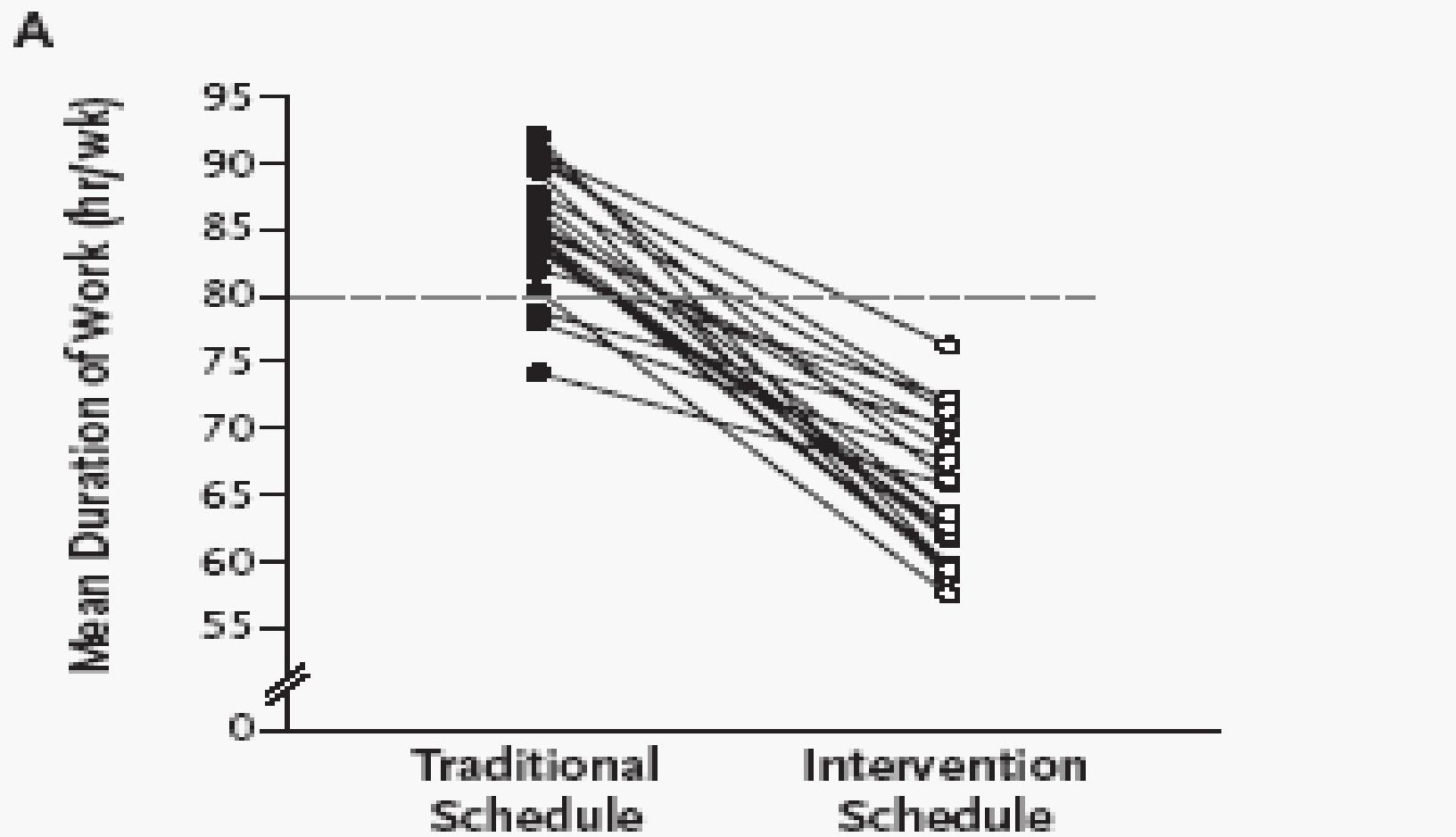
Landrigan, et al. (2004) NEJM 351:  
18, 1838-1848

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## **Duration of Work**

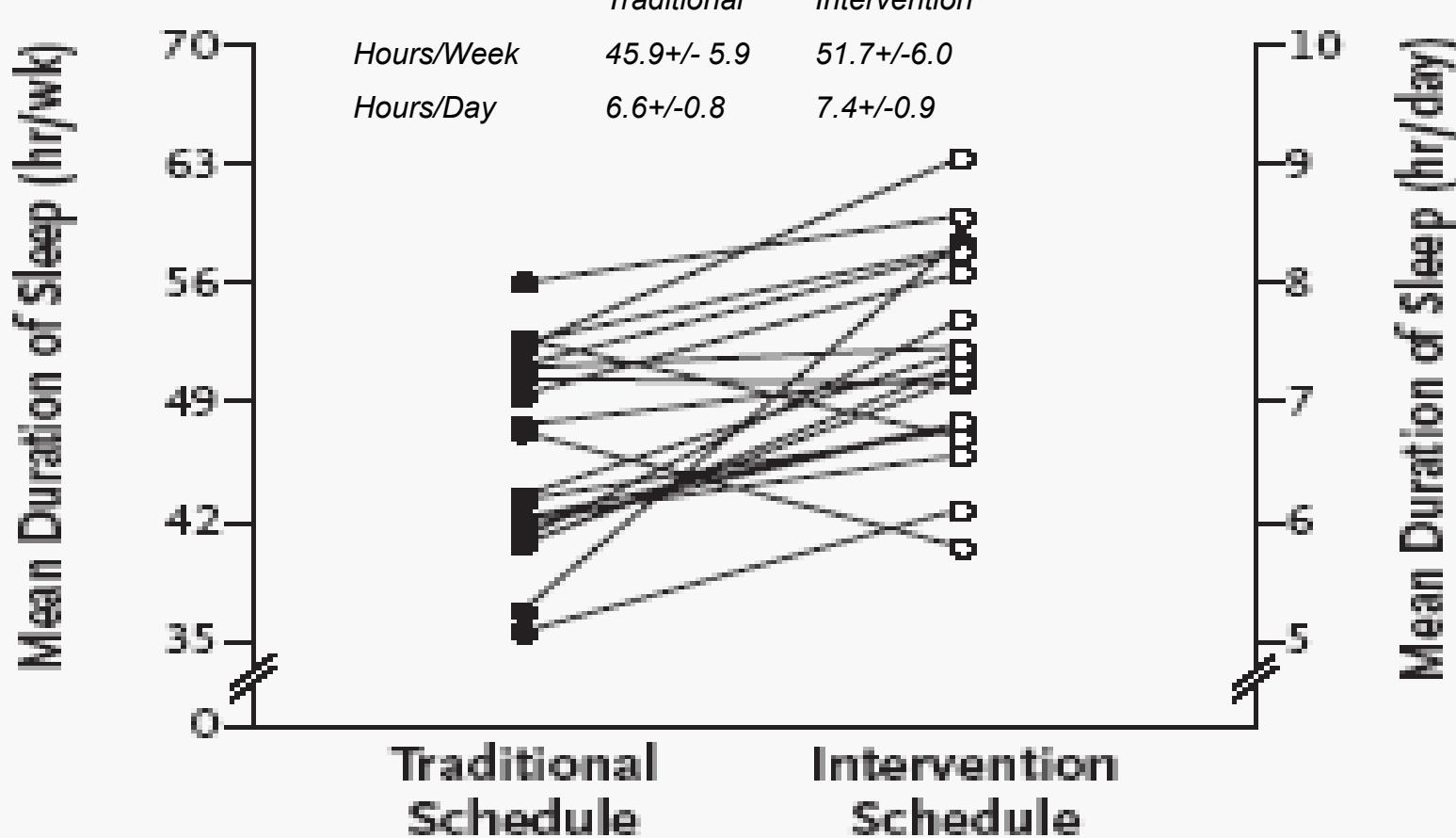


Lockley, et al. (2004) *NEJM* 351: 18, 1829-1837



## Duration of Sleep

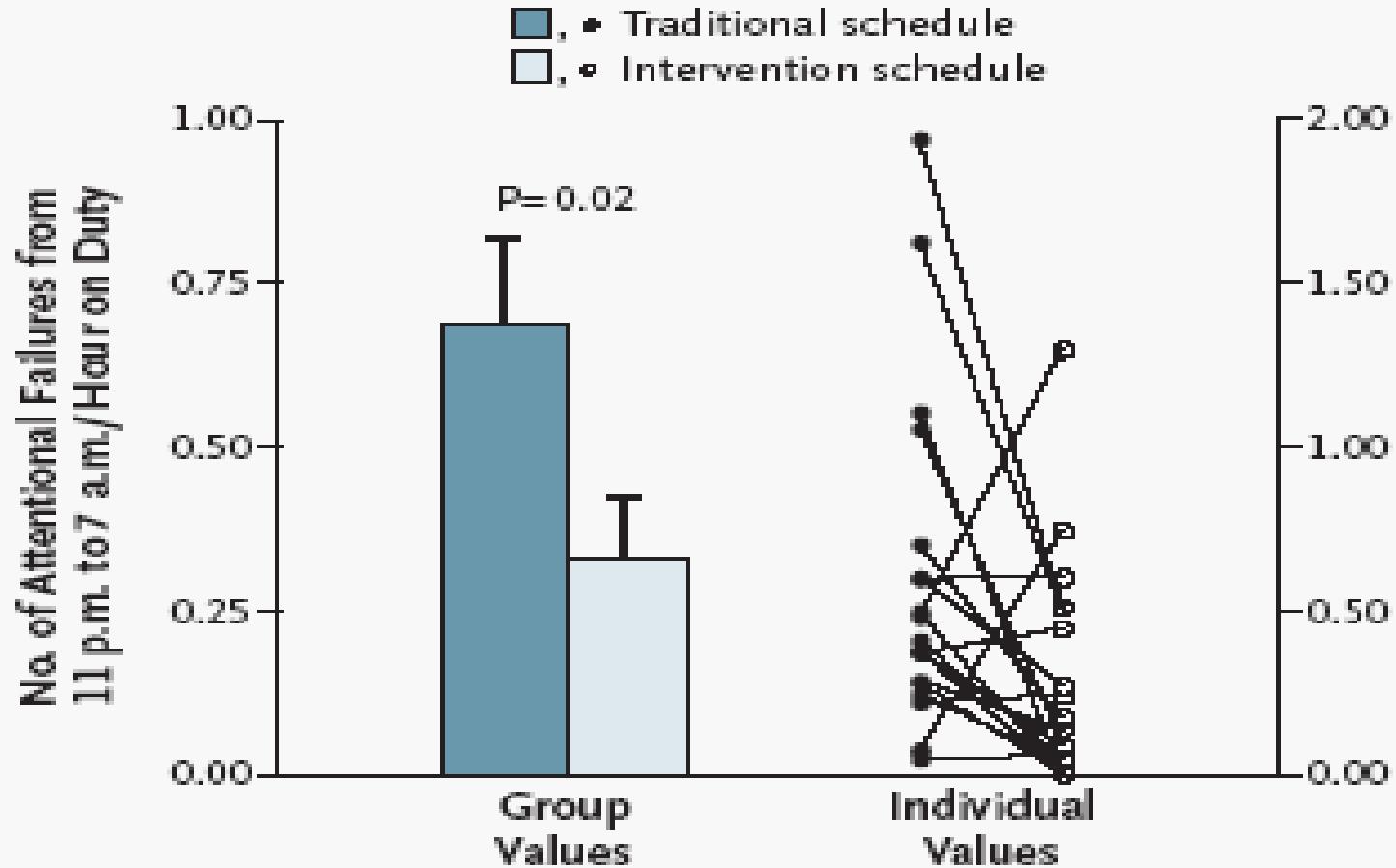
B



Lockley, et al. (2004) NEJM 351: 18, 1829-1837



## ***Limiting Work Hours: Attentional Failures***



Lockley, et al. (2004) NEJM 351: 18,  
1829-1837



## Limiting Work Hours:

### Effect on Serious Medical Errors

Landrigan, et al. (2004)  
NEJM 351: 18, 1838-1848

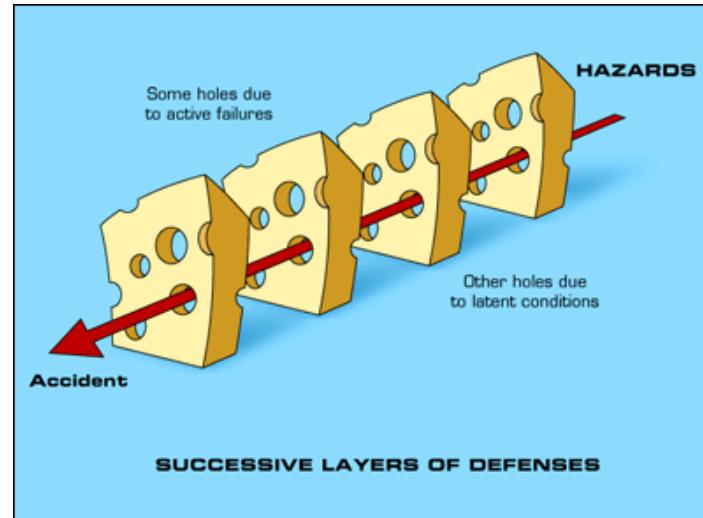
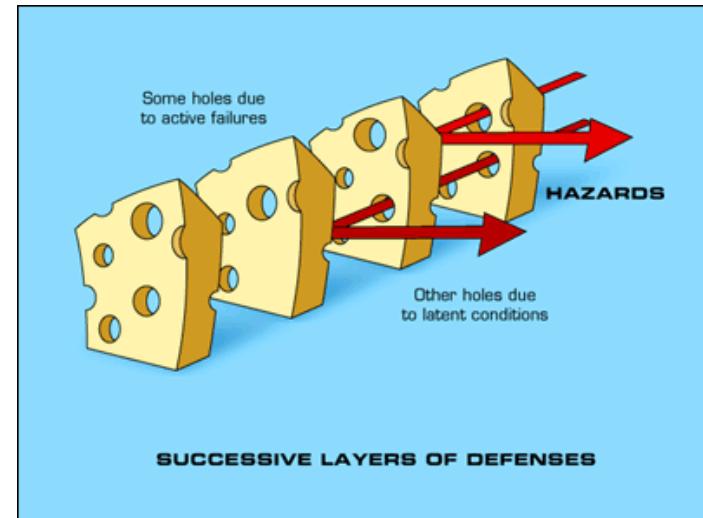
Variable	Traditional Schedule	Intervention Schedule	P Value
<i>no. of errors (rate/1000 patient-days)</i>			
<b>Serious medical errors made by interns</b>			
Serious medical errors	176 (136.0)	91 (100.1)	<0.001
Preventable adverse events	27 (20.9)	15 (16.5)	0.21
Intercepted serious errors	91 (70.3)	50 (55.0)	0.02
Nonintercepted serious errors	58 (44.8)	26 (28.6)	<0.001
<b>Types of serious medical errors made by interns</b>			
Medication	129 (99.7)	75 (82.5)	0.03
Procedural	11 (8.5)	6 (6.6)	0.34
Diagnostic	24 (18.6)	3 (3.3)	<0.001
Other	12 (9.3)	7 (7.7)	0.47



# Reason's Swiss Cheese Model of Accident

## Causation Applied to a Medical Error

- Anatomy of a fatal sleep-loss-related medical error
  - Carelessness
  - Indifference
  - Ignorance
  - Inattention
  - Failed communication
- 5 clear changes to deflect error from reaching the patient



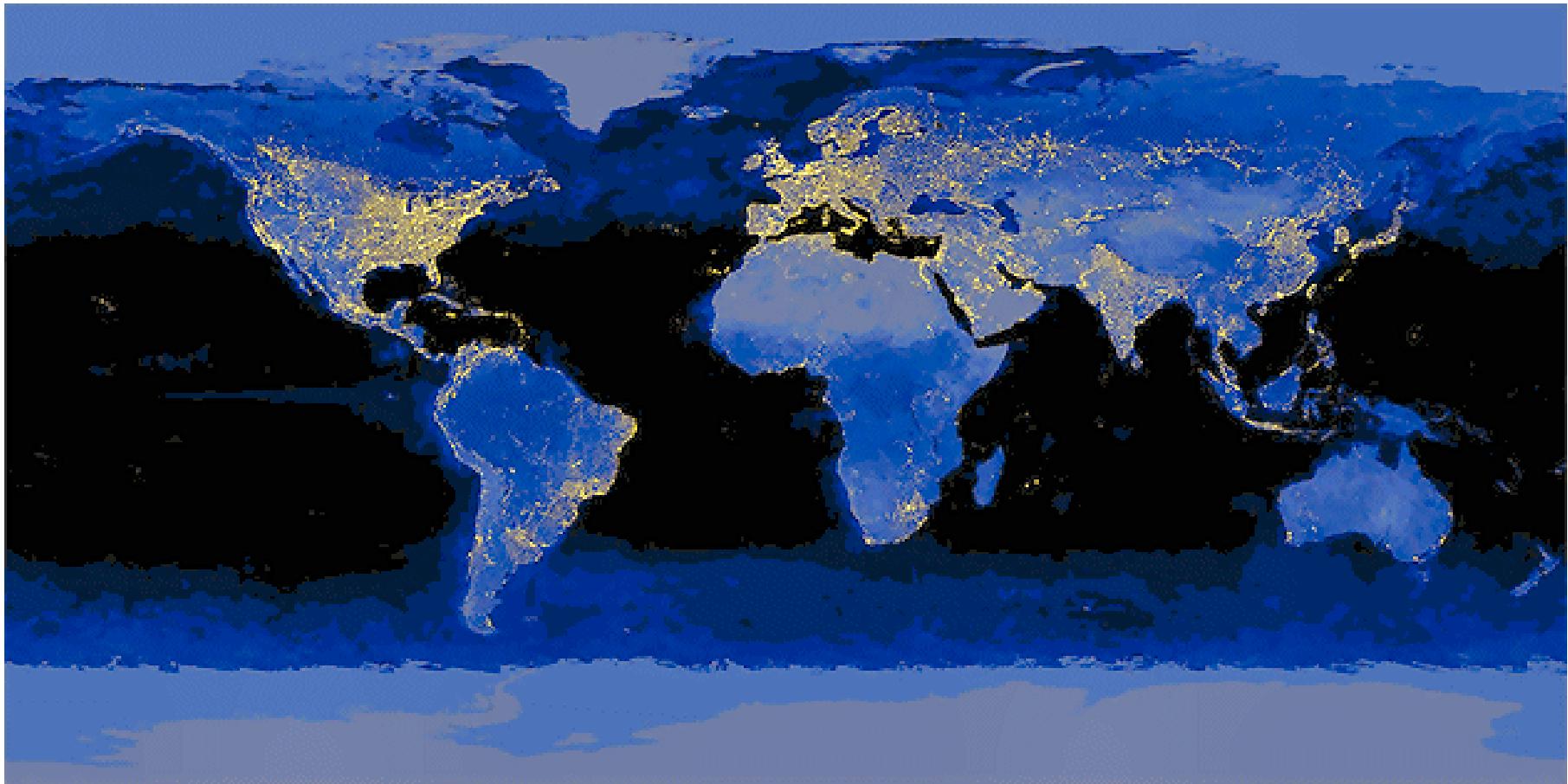


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# ***Shiftwork***



# *The Earth at Night: The Problem of 24/7 Operations*





## Types of Shifts

- *Day*
- *Afternoon/evening*
- *Night*
- *Early morning*
- ***Sleep disruption/truncation greatest for night and morning shifts, least for afternoon/evening***
  - *Primarily the result of sleeping or awakening at adverse circadian phase*
    - *Sleeping in the evening*
    - *Awakening in the early morning*



# ***Shift-Work and Sleep***

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- ~Twenty percent of workers in industrialized countries are shift workers
  - Working night shifts
  - Working rotating shifts
- ~Ten percent of shift workers suffer from shift-work sleep disorder, with primary complaints of
  - Insomnia and/or
  - Excessive sleepiness
  - In association with work shifts that occur during the habitual circadian entrained sleep phase
  - Shift-lag, similar to jet-lag (trans-meridian desynchronization), except it is chronic



## ***Shiftwork Sleep Disorder***

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- ***Results from interaction of human physiology with environment***
- ***Are people with shift work sleep disorder more at risk for error, incident, accident, illness, or other untoward health consequence?***

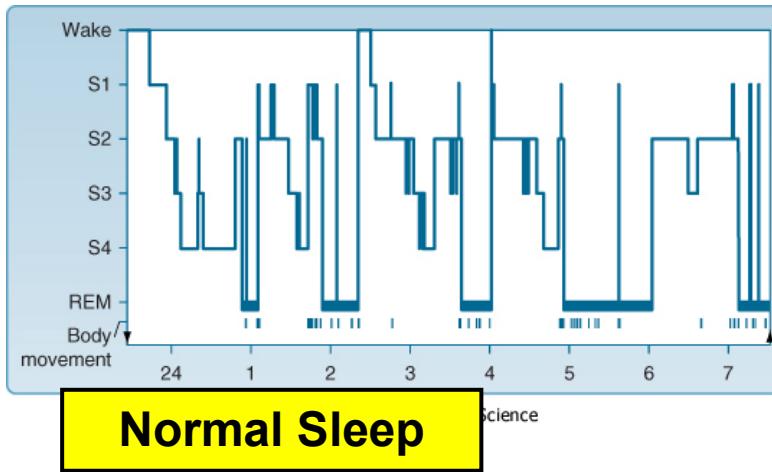


## Individual Differences

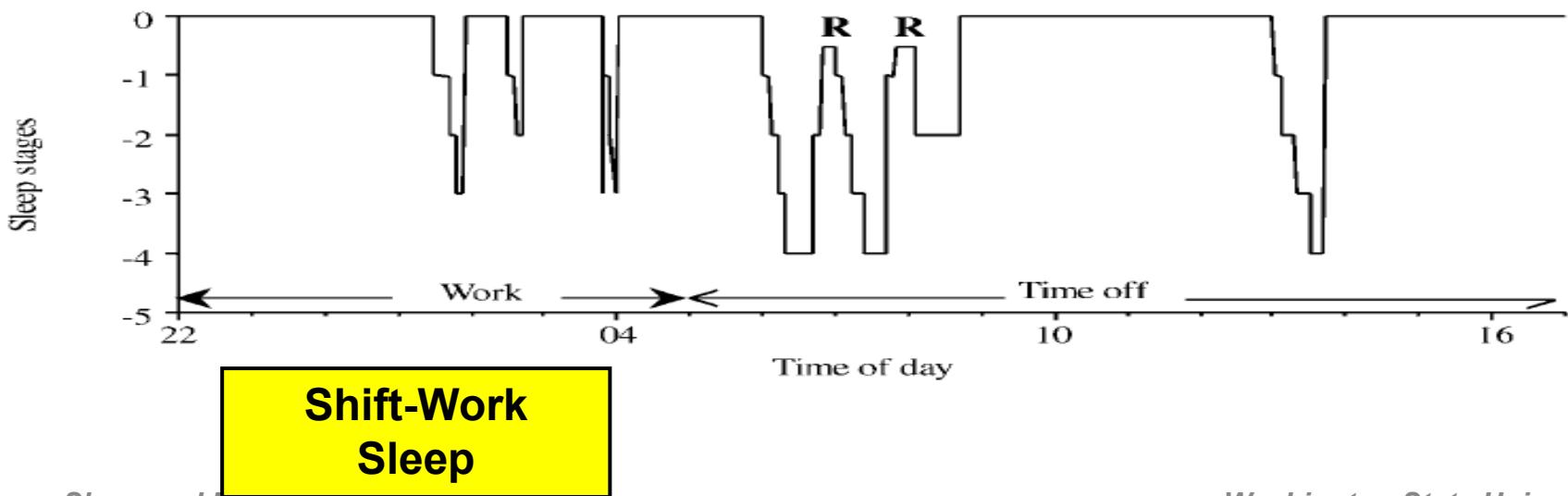
- *Individual differences in ability to sleep at non-sleep conducive times of day (phases of circadian rhythm)*
- *Individual differences in performance response to restricted sleep*
- *These combine to yield wide individual variability in tolerance to night shifts.*



# Normal vs. Night Shift-Work Sleep



- **Graphs matched on time scale**
- **Note naps during work shift and in late afternoon**
- **Note truncated main daytime sleep**





***Please Return to Menu  
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of Presentation***