

Hey there, beautiful! 🌸 Before you dive in, a quick heads-up: this transcript is a super close-to-verbatim buddy from our podcast, but it's got its quirks! We didn't call the grammar cops on it, so you might bump into a typo or two. But hey, that just adds character, right? 😊 Embrace the wild side of language and enjoy the read! Happy exploring! 🚀



Sleep EXPERT Reveals Midlife Sleep Solutions Nobody Knows

Carmen Hecox: Ever find yourself wide awake in the middle of the night, staring at the ceiling and wondering why sleep seems to be so elusive during midlife. You're not alone. In today's episode, we're joined by Dr. Val Cacho, an integrative sleep medicine physician and women's sleep expert. We're tackling some of the biggest questions around sleep in midlife, like why it becomes harder to stay asleep. How hormones play a role and why some of us might actually have undiagnosed sleep apnea.

We're also talking about the common traps of using sleep aids and what you can do instead. So, stay tuned because by the end of this episode, you'll have fresh insights and practical strategies to improve your sleep.

Meet Dr. Val Cacho: Sleep Medicine Expert

Carmen Hecox: Dr. Val, welcome to Create the Best Me. It is an honor to have you on the show.

Dr. Val Cacho: Thank you, Carmen, for having me. Such a pleasure to be here to talk to your audience about my favorite topics sleep.

Carmen Hecox: A favorite topic for many of us who probably are not getting enough of it. Yes. Dr. Val, before we start, can you please tell the audience a little bit about who you are and what you do?

Dr. Val Cacho: Yeah, so I am a California native. I am spent a couple years in Hawaii. So, if you ever look me up, you'll see that I have a practice in Hawaii. But I'm based in California now. I have training in internal medicine, sleep medicine,

as well as integrative medicine. And right now, my practice is solely based on integrative sleep medicine.

So, looking into helping someone improve their sleep quality, either if you're having a hard time falling asleep or staying asleep, and also being a medical doctor, I treat medical sleep conditions such as insomnia, sleep apnea, narcolepsy. And I have a special passion to talk about women's sleep, especially women in midlife because some of the research shows up to 60 percent of us going through that change do struggle with sleep.

And I think it's a such needed, there's such an opportunity to have all these really good conversations in and around midlife and women's sleep. So, I'm so happy to be here, Carmen, to discuss these with you.

Understanding Sleep Struggles in Midlife Women

Carmen Hecox: Dr. Val, please tell me the reason why women, once they approach their midlife years, why do we struggle with sleep?

Dr. Val Cacho: Yeah, so many things and if I think there was just one answer, I think we could end the conversation. But you know, women are a little bit more complex to begin with. The way I like to approach it is very holistically. Cause I think it's nice to have a framework for things like this. So why do we struggle with sleep as we go through perimenopause, menopause through midlife?

Basically, I like to think of that as the mind, body, and soul approach. So, a combination of these factors can impact your sleep quality.

Mind, Body, and Soul: Factors Affecting Sleep

Dr. Val Cacho: So first, right, your “Mind”, part of what sleep is, sleep happens when your brain waves slow down. So, if you have ruminating thoughts. If you have a lot of stress. If you have any mood disturbances like anxiety or depression

that may have just popped up as you go through these hormonal changes that can significantly impact your ability to sleep.

“Body”, you know, we talked a little bit offline about obstructive sleep apnea, and that's a medical sleep condition where the muscles of your upper airway, the tongue can fall back or even collapse to a point where you're not breathing well. Huge reason why women struggle with staying asleep, some of those early morning awakenings.

As we're getting older, unfortunately, our body is also getting older. And when that happens, we can have more aches and pains. And if you're in the same position for too long, that can cause you to wake up. And then as we go through the change, our hormones are changing. I was looking at blog post recently, and they were talking about how we shouldn't call estrogen and progesterone just sex hormones because they do so much more than that, right?

There's, you know, estrogen receptors in all different parts of our bodies. So, I would say maybe having these hormones fluctuate, these women hormones, especially as we go through the change, right? Estrogen lowers, which can lead to hot flashes, right? A body symptom that can wake you up. Also, progesterone lowers, and progesterone is known as the resting hormone.

And you know, if you take a supplement of progesterone, it can make you feel really, really sleepy. So, as we go through the change, our sleep actually becomes lighter, less estrogen, less progesterone. We tend to be lighter sleepers. You know, maybe if it is hot, if we're having a hot flash or a dog barks, or maybe if our partner wakes up and go to the bathroom, we have a hard time going back to sleep or settling down because of some of those changes.

And then the last part is the “Soul” part, right? I know this is something that I really need to emphasize because sometimes it gets missed, you know, during a visit with your practitioner, with your doctor, your therapist, maybe, you know, some people have a hard time sleeping because they're in broken relationships.

Maybe they're living with someone, and they've just sort of feel like there are two ships passing in the same household. Maybe they're lonely, you know, maybe you know got to a place in their life where, you know, their friends are just so busy with taking care of their families, you know, or their elderly parents and that can impact as well.

And another thing to consider is, you know, as we get older, maybe we've had the same career forever and ever, and we want to do something different or, you know, sort of follow our passion project or, you know, go full time with that side hustle. And sometimes those thoughts about Maybe feeling inadequate or scared or lacking the courage can keep us from sleeping well at night.

So, a whole host of reasons why women struggle more than just hormones, you know, where our bodies are a complete person, our mind, body, and soul are so interconnected. And so, it really just takes some time to reflect on what potentially could be happening in one individual's life to help improve their sleep quality.

Personal Sleep Stories and Struggles

Carmen Hecox: Yeah, and you know, I never knew I had a sleep problem. I mean, when I was a single mom for, it seems like most of my life. I didn't sleep much because I had children that were teenagers and so I always slept lightly. Then, 21 years later, I remarried and as soon as I got married, I have no idea what happened. I got the best sleep of my life. I even had a baby, and I still got the best sleep of my life. And then one day, it stopped, and I found that I was suddenly waking up and could not figure out why am I waking up. And I asked you know my doctors would say you need to reduce your stress. I have no stress. What am I stressed out about?

I you know, I have a good life. I'm not stressed out. My kids are good. My marriage is good. My child is good. My child that I had afterwards. And so, I couldn't understand what it was.

Dr. Val Cacho: Yeah.

Carmen Hecox: And so that's why I brought that golden question up, you know, why is it that we hit midlife, and we struggle to sleep when the world around us might seem like everything's perfect?

Dr. Val Cacho: Mm hmm.

Carmen Hecox: But our sleep's not.

Exploring Sleep Solutions and Treatments

Dr. Val Cacho: Yeah, yeah, such a challenging thing, and if someone saw me in either Hawaii or California where I practice, I have a pretty extensive questionnaire. And sometimes, you know, we are able to sort of glean through those questions and come up with the answers, but sometimes, we can't. You know we just take a look at what happens commonly and some of the typical approaches to why someone has a hard time either falling asleep and staying asleep and sort of just go through the checklist, right? Okay, so maybe it's not stress, you know, could there be, is it the hormones change, right? Or is it an environmental change that's happening?

Sometimes diet actually can play a role. The composition of what you're actually eating. Are you exercising enough? Is it a circadian rhythm issue? Are you going to bed when you should be? Right now, we have all these screens. Is that blue light impacting your ability to fall asleep or stay asleep? Yeah, so it's very challenging.

And I think sometimes when I see different posts online and you know, I want to be able to answer the question, but it really takes some digging to try to figure out, oh, this is probably more than a magnesium issue, and that's why you're not being able to fall asleep or stay asleep. So, yeah.

Carmen Hecox: Yeah, and I know one thing that brought to light that I wasn't getting any sleep or that I was restless was my jaw hurt.

Dr. Val Cacho: Oh,

Carmen Hecox: It just, I would, I'd wake up and it's just like right here and up sometimes up to the top of my head. It would hurt. I'm like, what on am I doing at night? And then my older sister kind of mentioned that she had cracked a crown. Or cracked a molar, needed a crown because she was clenching at night. And I thought oh my goodness, I'm clenching. Why am I clenching?

Dr. Val Cacho: Yeah, the dental impact of sleep is really huge. Some dentists think that, you know, sleep apnea, about 50 percent could be from sleep apnea. Sometimes, right, our midlines can actually shift. You know, our teeth are still moving. I actually just saw a relative recently that said she was clenching a lot and, like, it affected her bite couldn't eat well for two months and finally got a night guard and sleeping much better now. Yeah, so there can be a lot of different issues. Definitely stress can lead to that as well, but it doesn't necessarily have to be, right?

Changes in our bone structure, certainly our jaw, can lead to that as well, unfortunately, yeah.

Carmen Hecox: Yeah, well, I went and saw my dentist and my dentist recommended a night guard. And so she gave me a night guard and if anything, it made it worse. And she also said, peel back your caffeine. And I said, I only drink one cup of coffee and water throughout the rest of the day, and I don't drink alcohol. I don't eat two to three hours before I go to sleep. What is going on?

Dr. Val Cacho: Yeah, so fascinating. There are specific dentists now that are known as sort of airway dentists, where they're looking at things a little bit more holistically. They do special scans to take a look at your, you know, how much space you have in the back of your throat, and then even your sinuses, because sometimes that can impact, you know, how much air and oxygen are going into your body.

So yeah, it's pretty fascinating all the potential causes of disrupted sleep.

Carmen Hecox: Yeah, I know one thing that actually did help me, because you mentioned it in your discussion earlier, it was progesterone. Progesterone, taking progesterone at night. One pill, I do sleep pretty good. I do wake up a couple of times at night, but, but I'm getting good quality sleep and I'm not clenching.

Dr. Val Cacho: Oh, fascinating yeah. And so, the science behind that is progesterone is a chemical really similar, and it works on the similar to things like Ambien or Lunesta, so the typical sleeping pills, because it works on the GABA system. So, the GABA system is the sleep system. And it helps activate that, that can help us relax as well and go into sleep.

So yeah, I've heard a lot of women who are going through this change in our life, right? A little bit of progesterone can help, as long as there aren't too many side effects, you know, pretty tolerated well. Sometimes it can cause some moodiness or some breast tenderness, or sometimes a lot of fatigue.

Yeah, so those are things to look out for. But yeah, if you're a candidate for it, it's you know, something that's worthwhile to check out.

The Role of Supplements and Sleep Aids

Carmen Hecox: I want to ask you; I know that a lot of times some of us get really frustrated about not being able to sleep and some of us might use the Tylenol PM or sleep aids or even melatonin. Is that a safe way to go?

Dr. Val Cacho: Oh, such a good question, and I would probably like to scale it back. A lot of times when I'm, like, giving these talks, these lectures, just educating folks about, sleep, I like to think about it in different categories. Meaning, you know, are you someone who's looking to optimize your sleep, right? Maybe you're a great sleeper, but now you're wearing a fitness tracker that says, you know, your deep sleep or your REM sleep isn't a certain percentage, a certain number, right?

So, the optimizers, or are you more like the worried well, who you're sleeping pretty good, but you know, maybe you're just nervous about your health. Or could you be going into more of developing a sleep condition? Or could you be someone who has maybe pretty severe insomnia and you've tried all the things and it's not actually working?

So, some of the recommendations I would say, I don't like to give blanket recommendations because it's really personalized. I can tell you, you know, on short term basis, you know sleeping pills, supplements are really beneficial. Some of the big life events that can happen are post hospitalization or post-surgery, right?

That can impact your ability to sleep. Grieving, right? You know, go through a huge stressful event in life. You take a look at these medications, they're really only set for a short amount of time, right?

So, if you're sick and you can't breathe well because you're so congested, you're going to take that Tylenol PM and that really helps, okay, good. But if you're needing it for more than probably two to three weeks, even a month, more than three months, and the question is, is what am I really treating here? And what's really going on? And so, I think it takes that sort of self-reflection. Well, like, is this pill, the melatonin or the prescribed sleeping pill really sort of a band aid to something that could be developing. Is there something maybe I'm going through midlife, and I really is a hormonal change.

Oftentimes I see it in terms of, sometimes people just want to sleep at a certain time, right? My bedtime is nine o'clock, that's when my husband sleeps, my partner sleeps, my kids go to bed and I should be going to bed too, but I don't feel tired.

And so, I'm using this to help me feel tired. And that's really a circadian rhythm issue. Just maybe your true bedtime is midnight, but you feel guilty about, you know, sleeping up, staying up late, or and then you gotta wake up early to go to work. And so, using some of these supplements to help bridge the gap may help.

But in terms of side effects, yes, they certainly can have side effects, specifically, like the Tylenol PM, the antihistamines, the Benadryl, long term use is associated with dementia, which is a little bit of a catch 24, because if you're not sleeping well, if you're having insomnia, that's not adequately treated, or if you're sleep deprived, that also can lead to memory problems and dementia.

Magnesium, we don't really see too many side effects from it. I've seen some side effects from people who have taken too much more than the recommended form, but typically it's tolerated pretty well. That's one of those things, if it works for you, good. If it doesn't, don't double or triple.

Melatonin: melatonin, that's a pretty long conversation. I made a video about this one recently and it basically, it depends on the person. So, some of the research that shows that benefits are for those night owls. Because the way our clock works it's based on light, darkness, and melatonin. And if you're sort of more of a night owl and you want to sleep earlier, melatonin can help turn your clock back.

But really what's stronger at helping you fall asleep earlier or feeling sleepier earlier is that morning sunlight that helps what we call in train, your clocks inside your body to help you fall asleep earlier. The thing with melatonin, at least here in the United States, is that it's not regulated. Supplements are basically food products.

And with that said, I know that there's certain countries, I believe it's like Australia, where you need an actual prescription from a doctor to pick up melatonin. You can go to any drugstore, Target, you know CVS, Long's, and it's available like candy. And so widely available, we think, oh, it's probably pretty safe.

It can have side effects such as nightmares. You can feel really drowsy the next day. For some people, it can lower their blood pressure. Something I hear more commonly is causes me to have really vivid dreams, and I don't like that, yeah. And another thing is since it's not regulated, there's a lot of adulteration within, the supplements, meaning, they've done some research studies where they looked at 31 brands and it's like some didn't even have any melatonin in it.

And some had more than 400 percent from what was listed on the bottle. So, it's a little bit nerve wracking when that comes in. There are certainly brands that are more what we call like Nutraceuticals, higher grade. But with that said, it always goes back to, what is the intent? Why do I need this?

And if I'm needing it probably for longer than even a week or two weeks, you know, uh, you may want to talk to your doctor about what's really going on with your sleep.

Carmen Hecox: I can't remember where I heard this. I heard that taking supplements such as melatonin or Tylenol PM stuff like that to help you get to sleep can actually harm your body to where your body begins to make less melatonin. And so, when you don't use those type of supplements, it becomes more challenging to try to naturally fall asleep.

And so, your body kind of becomes dependent on this supplement to help you get where you're trying to get.

Dr. Val Cacho: Oh, that's a good point. I think it depends on the supplement. I think that you're probably discussing, because like Benadryl has an antihistamine component, melatonin is completely different. I would say from like the histamine standpoint, that really comes out, like when we have allergies, right. We want the histamine and sometimes there's a, what we call tachyphylaxis. If basically your body gets used to taking that, and so you need higher doses to have the same effect. We see that with some sleeping pills, like the benzodiazepines potentially as well. And sometimes they're really addictive.

So yeah, there are some substances where if you get too much of it, your body's receptors where it binds to it, you know, it's almost like the receptors are completely already bound. So, like more is, is necessary. Maybe you need more to help regulate that. Melatonin it really has to do with age. After some of the research shows after the age of 55, maybe 60, we potentially could have a calcification in our pineal gland.

That's just the part of the brain that releases melatonin. And that may explain why sometimes people benefit from it. Women in menopause, really smaller studies, because these sorts of supplements aren't paid by big pharma. So, we don't have the huge studies that we have for things like Ambien. But sometimes it is beneficial at pretty low doses, like 0.3 milligrams, even three milligrams to help. But again, I

think it comes back to, you know, yeah, what's the intention? Do you absolutely need it? You know, weighing the risks and benefit for it. Cause I can tell you, there's a lot better options to help improve your sleep quality. And it really comes down to is figuring out the cause.

And so, I always encourage people really to take a look at what's keeping you from going to sleep. And sometimes you really just have to be your own detective, right? You know, I have this post about all the reasons why women can't sleep. And then someone said, well, you know, you just sort of rambled on and on but didn't give us any tips.

And well, the tip is you got to figure it out for yourself because what happens maybe to your mother or your sister or your girlfriend, maybe that it's contributing to your sleep as well, but there could be a whole host of other issues. And so, it's now I always say it's never a one size fits all. And that's why we don't have the silver bullet just to help put us to sleep.

Cause so many different pathways in our brains, right? Our mind, body, and soul are quite different from, you know, our best friends. So that's why it does take that real self-reflection. And sometimes people don't want to take the time to do that, or it's uncomfortable to get in touch with your inside and your emotions. And it's like, oh, what am I really afraid of at night? Maybe I'm just afraid of growing older and this stuff scares me. Yeah, going through the menopausal change can be really frightening.

Tracking Sleep and Self-Discovery

Carmen Hecox: Would you say that maybe part of the formula for self-discovery to figuring out why I can't sleep; you know, my sister can't sleep, I can't sleep, what is it, we're two different people. Maybe journaling everything I do as I start to unwind, you know I ate this, I drank that, and maybe even the time that I did, either consume certain things or either, internally or through the eyes, you know whatever it is that

Dr. Val Cacho: Oh, for sure

Carmen Hecox: consuming

Dr. Val Cacho: Yes, definitely

Carmen Hecox: Maybe tracking that for about a month.

Dr. Val Cacho: Yeah, I definitely do, think that would be beneficial. So, if you ever work with a dietitian, if you're interested in losing weight or gaining weight or changing up your nutrition habits, right, they're going to ask you what your food diary is. And so similarly, you know, for our patients who have insomnia, we do want to have a baseline sleep diary.

A month could be helpful. I think two weeks is pretty adequate, if you're sort of a pretty regimented person. But yeah, maybe if you're traveling a lot, if your schedule is a little bit all over the place, more data could be helpful. One thing to keep in mind is I like to do this not too close to bedtime, right?

Because sometimes if you do write or journal too close to bedtime it could be stimulating and really we want to wind down the last half hour the last hour of the day so maybe when you wake up in the morning or maybe right after lunch or after dinner you know like to anchor it with something that we do regularly it's just take some time to reflect on okay when was my last caffeine. When did I drink alcohol last? Did I exercise today? Did I take any medications? How is my stress level? And there's certainly trackers online that you can use, but I'm a big fan of, you know, sort of the old school paper and pencil. You can do that as well. Yeah.

Carmen Hecox: I mean, cause I know the reason why I said a month was because I know that when I've done like, eating diaries. When I'm keeping track, I'm a real good girl.

And I'm doing exactly what I need to do. But then, when I'm not keeping track, I tend to fall off the wagon. And so, some things could fall through the cracks. That's why I brought up the whole month.

Dr. Val Cacho: Yeah, no, that's a good point. And honestly, it's a good way to keep yourself accountable. I know when I do some food tracking, if I'm really strict about writing everything down, I'm actually gonna not want to eat as much because I don't want to have to type in all these things that I actually potentially ate.

So, it's a lot easier to do a food diary if I'm at home rather than, you know, going to a buffet with the family at an event, yeah for sure.

Carmen Hecox: Yeah. And doing things like in the morning, sometimes, I don't know, it's just like, I do things subconsciously sometimes that I don't even realize I do things. And so, if I did it like in the morning, reflected on what I did the night before I may forget things.

Dr. Val Cacho: Yeah,

Carmen Hecox: Because some of the stuff is just second nature. I just, this is what I do.

Dr. Val Cacho: Exactly. And so, I think this is the whole idea, right? It's, you know, it's your life's journey. You know, figure out what works best for you, the timing of your journaling, right? The foods that you're eating, the things I think you mentioned, the things that we're consuming throughout our mind. Oftentimes, you know, I do see a lot of women struggling with sleep because we've never given ourselves the opportunity to sit down and downshift, right? I actually heard this on a podcast analogy: Can you park a car going 70 miles an hour? Sort of the same analogy to sleep. And if you've sort of been driving on the highway all day long, and by the time you get home and your head hits the pillow, you wanna be asleep, but you've never given yourself to put your car and slow down, right? You never hit the brakes, right? You've never downshift and so well, makes sense why we have a hard time. Because we just use our bed now to think and think and think and it's our way of decompressing. So, give yourself that buffer zone that little window between family time having dinner, work and then you know going to bed.

Carmen Hecox: What are your thoughts? Because most of us have smartwatches or rings to track our activities. And this is something I found on my watch that just kind of like struck a chord with me. It was HRV, which is the heart rate variability, and then the four different sleep stages.

Dr. Val Cacho: Yeah

Carmen Hecox: And what's optimal, I mean, does this stuff even mean anything and how accurate are the smart devices that most of us have become very reliant on?

Dr. Val Cacho: Oh, great question Carmen. I can tell you for most I would say sleep doctors and sleep researchers we don't put much weight into the staging of the trackers. I usually wear a Fitbit I'm not wearing mine right now. I can tell you

when I first bought it and I was wearing it at night, I would look at it in the morning and it said, oh, you're awake for an hour and a half or next day, you were awake for two hours and I started to get really anxious and I was like, I was? What was I doing? And I was just like, no, I'm gonna put it away. So again, it comes back to I think where you are along that spectrum of health. Are you an optimizer looking to attain like perfect sleep? Maybe that's helpful. I'd like to think of this information as sort of, you know, like research is self-discovery. It's data. What are you going to do with it?

So maybe you start a new exercise routine and you're wanting to see if that'll impact a certain stage of sleep, or you know your sleep schedule when you fall asleep or wake up. Okay, maybe that's helpful. So, for sleep duration, I think it's pretty helpful.

It may underestimate sleep because a lot of these are based upon movement, and you can actually move during sleep, so that's what some of the researchers say. So, for sleep versus wake, does a pretty good job, maybe 70, 80 percent, potentially 90 percent. The options are You're asleep or you're awake, so there's only 50 50.

When it comes to sleep stages, right? There's stage 1, stage 2, stage 3, and then stage REM, and then being awake. So, it's a little bit trickier for the computer to figure that all out, and that's why sleep doctors and sleep researchers sort of like, ah, sort of not put too much effort or too much importance on the staging. Because when we compare it to going to a lab where we're looking at your brain waves, it doesn't really match up.

Some of the data shows 30%, maybe to the high 70s. And you don't necessarily want to base, I think what I see with a lot of people is how they feel, right? I was getting nervous, like, wow, I was awake for two hours. I didn't even know that. And maybe I need to do something about it. But is that even representative of how you're actually sleeping?

So again, I would say it depends, I think if you're someone with insomnia, okay, let's not use the tracker because then that could potentially could make it worse.

If you're more of the worried well, or the optimizer, and it's not really going to impact your sleep too much okay, then, okay, go ahead and try. Yeah, but for I would say most of my patients, I would say it's probably not helpful, but I would say we're along the spectrum here where we're working on figuring out why they

have insomnia or, you know, it's more of a circadian rhythm issue or a sleep apnea issue or a restless leg syndrome issue, yeah.

Carmen Hecox: Yeah, cause I've always heard that like, if you have an injury in order to recover from that injury, you want to be in deep sleep, I believe it is, or REM for a certain percentage of time in order for your body to fully recover.

Dr. Val Cacho: Yeah, it's definitely important to sleep for rest and recovery. You know, the percentage, you know, most of our sleep is light sleep. So, 50 percent stage 1 and stage 2 and about 15 to 20 for stage 3, which is deep sleep and then REM sleep.

The thing is, as we get older, we have less deep sleep. We have less REM sleep. And then, you know, as we go through the menopausal change, we actually have less deep sleep and REM sleep too. And I think the problem that I see is, you know, a lot of us are trying to force sleep to come, right? We're sort of in pursuit of having the perfect numbers or, a lot of this is really gamified.

And then some of these algorithms honestly are not based for the typical American. Some of the brands are based for athletes. And so, you know, if you're a mom taking care of young kids who are still breastfeeding or they're coming into your room, like my kids are. You can't compare that to an athlete where all they do is, you know, exercise, sleep, eat, and then, repeat.

So, it's almost unfair. I think, you know, there needs to be different algorithms for, you know, women in midlife, right? You know, the working mom, right? And their age group as well.

So yeah, if it's useful and if it makes you feel better, great. I have a patient that I was working with, and she would look at her watch every morning and if it said she slept for six hours her day was going to be excellent. And if it said less than six hours, not going to be a good day. And I was like, well, how do you feel? You know, what's your own subjective experience, right? Cause you've got this great tracker in your brain, right? Yeah, your brain is working, and it can synthesize all this information.

She's like, no, it doesn't matter. I got a six hours is my key. And I was like, oh, shucks. So, it was a little bit challenging, right? It's really fixated on on the numbers. So.

Understanding Sleep Apnea in Women

Carmen Hecox: How does a woman begin to accept or begin to see signs that maybe her sleep issue is related to sleep apnea?

Dr. Val Cacho: Ooh, great question. So, let's define sleep apnea first, right? Obstructive sleep apnea is a medical sleep condition when the muscles of the upper airway, typically it's the tongue, or the muscles more downstream, narrow and collapse. So, if this happens from a sleep study five times an hour, then that's significant for obstructive sleep apnea.

The common symptoms are snoring, gasping or choking, holding your breath, and then feeling tired. So that's sort of like how we're taught the textbook definition. Women, right? We're just beautifully, wonderfully complex creatures, a little bit different.

Symptoms and Misdiagnosis of Sleep Apnea

Dr. Val Cacho: Women can have difficulty staying asleep, insomnia, morning headaches, fatigue, mood disturbances, and that's their signs and symptoms of sleep apnea, and you can see how that can look like, perimenopause, menopause. That can look like depression. That can look like thyroid issues. So, some of the data shows up to 90 percent of women potentially could have obstructive sleep apnea go undiagnosed. And that's not necessarily a fault of their primary care physician, or maybe I think it's just our whole healthcare system has failed women.

Because in medical school, we had, right, one or two lectures about menopause. We had maybe one or two lectures about sleep. And so, some physicians just don't know what they don't know. And we were just sort of not realizing that it can be impacted. Yeah, I even had a lady talk to her cardiologist. She was having a lot of palpitations and because she was younger, she had a low BMI. He was like, no way you could have sleep apnea. And she found the data herself, found me on her own. And I was like, oh, I'm sorry. You had to go through that, that's just not right. And then, she advocated for herself we did a sleep study, lo and behold, she did have sleep apnea. And so sometimes it really takes having these conversations in the public forum where we can express them because when you're at your doctor's office, they may really gasp at you and they just, they don't really know.

Carmen Hecox: And I think another thing, and I've mentioned this with a prior guest, is that if you don't fit the model,

Dr. Val Cacho: Yeah.

Carmen Hecox: The model of someone who would suffer of sleep apnea, you're going to get overlooked. Because like you said, this woman was you know, almost athletic looking.

Dr. Val Cacho: Yep, exactly, yeah. It's a problem definitely for, a lot of us women. And at the same time, it's almost like how we're taught, right? We have these signs and symptoms that we look for. And then we order diagnostic tests, and then we attach either a surgery or a medication to that and that's sort of like the Western model for care, where it's not always so straightforward. You can't put everybody in this pretty little box, right? There's certainly crossover, yeah. So yeah, I definitely agree that we need more advocacy. We need more information out there because it's so common. I myself have sleep apnea.

I use a machine and I myself thought I was too young. Maybe I was just anemic because I was tired. Maybe it was just because I was working a lot, and I had a one year old at home. And then my husband said I was snoring, and I was like, oh, here we go. Which is really funny because I was, you know, an attending sleep physician for already like three or four years and you know, I thought, okay, maybe when I go through menopause, when I'm in my fifties, I'm going to have this. How old was I? I think I was 36. Yep. And lo and behold, I was diagnosed with sleep apnea yeah.

Headaches, it was for me, morning headaches. And I was drinking up to three cups of coffee a day. I, you know, that should have been the sign, but you know, when you talk to your friends who are working, you know, busy moms, everyone's tired, we're all self-caffeinating ourselves. Yeah.

Carmen Hecox: Yeah, and the other thing is people would say, well, you're a doctor, you know, you're burning the both ends. Naturally, you're going to have a headache and stuff because you're burning extra brain cells.

Dr. Val Cacho: Yeah, I know, I just like, I myself like, so come to that experience, yeah.

The Importance of Sleep Studies

Carmen Hecox: So, tell me, what does the sleep study test look like today? Because I know traditionally, you're going to go to an uncomfortable place and you're not to get much sleep and they're definitely going to say you have sleep apnea.

Dr. Val Cacho: Yeah, so that's the barrier, right? Traditionally, you go to a lab, there's so many sensors on, sensors on your brain, sensors in your nose, belts around your waist, sensors on your leg, video camera and somebody watching you, and typically it's set in a hospital setting. Now, the technology is pretty amazing.

So, the traditional kits, I actually have one here if I can show you. The traditional kits I still do like because maybe I'm just trained traditionally. This is the whole computer device here, and it's just a belt around your waist. And then there's typically a finger probe that measures your oxygen and your heart rate, so something that goes on your finger like this. And then the nasal cannula in your nose. So, it's watching your airflow and then your oxygen. Those are the two main components. Some of the newer technologies are quite interesting. They use data based upon your heart rate, how long it takes your heart rate through the whole system. So, some of those kits will just look like a watch and then a finger probe.

There are other tips that I have, are just patches that you put on your body. So, one patch that goes underneath your right rib cage, another one over your belly button, and it uses an app as your microphone. And so based on how your lungs and abdomen are moving, you can detect breathing. And typically, the devices do have something on your finger because that's how we check your oxygen. But so much easier. And I always recommend folks to start at home because A, represents a real-world environment, how you typically sleep it's going to pick this up. But I think one problematic part is sometimes people who could have signs and symptoms just stop there.

And the reason for that is, you know, sort of the way insurance companies works, but if you do have a normal home test, you can go to the lab. Some people, especially women, I like to say because women are smarter; our brains are more sensitive. And what we see is the airway can partially collapse, but our brain wakes us up before it completely collapses. So, we may not have those lower levels of oxygen. We may not have those decrease in air flow seen on the home test.

Yeah, so sleep studies, there's not a lot of things that I would say blanket statements for everybody, but I would say definitely for women, and men too, people who struggle with sleep falling, like more staying asleep and they're feeling tired, it's pretty easy to do a sleep apnea test. So, start with the home one and then if you really are concerned about your symptoms, if the home was negative, then go to the lab.

Carmen Hecox: Because I know my husband did a sleep study test many years ago in the lab and he came home and he's like, I'm so tired. I did not, I cannot sleep in a bed that's not mine and all these things attached to me. It was a natural, of course I'm not going to sleep.

Dr. Val Cacho: Yeah, yeah. And it's so interesting cause I almost apologize to my patients who, you know, for one reason or another, who do need to go to the lab. Typically, people who already have underlying heart conditions or people who have a lot of movements or people who need oxygen. I tell them, listen, this is the way we've been doing sleep testing. You know, pretty much since the seventies and eighties and we haven't really improved the technology. I think we can, and we probably should, but you know, It's still all the wires. It really is, It's a turnoff for a lot of folks, for sure.

Insomnia and Its Connection to Sleep Apnea

Carmen Hecox: Could a person that has sleep apnea also have insomnia? Or sometimes you have insomnia because you have sleep apnea.

Dr. Val Cacho: Yeah, great question, Carmen. So, let's define insomnia. Difficulty falling asleep or difficulty staying asleep, maybe waking up before your attended alarm in the morning, early morning awakenings. And then the fourth is having any daytime symptoms. Maybe you're feeling tired or some GI upset or brain fog, difficulty focusing. Yeah, so those are the sort of, classic definitions for insomnia. If it happens more than three times a week, then that's acute insomnia. If it happens for more than three months, three times a week, then we call that chronic insomnia. So, if you have a hard time staying asleep, and it's from sleep apnea untreated, then yes, once we treat the sleep apnea, that insomnia gets better.

I do have folks who have sleep apnea already treated, but they also have a hard time falling asleep. So, we can also break this out into sleep initiation, insomnia,

hard time falling asleep and then sleep maintenance, having a hard time staying asleep. Yeah. So yes, the answer always is yes, yes and yes. Yes.

It's all connected. Yeah. It's quite common actually to have more than one sleep condition. Sometimes I have people who have narcolepsy and that's a condition typically in younger folks. But when you see people in their forties or fifties who were never diagnosed and what happens with that, it's just.

Your sleep stages, stage 1, 2, 3 and 4, are all jumbled up. So regardless of how much sleep you get, you're still really, really tired. Some people need 10, 12 hours of sleep to feel good. Yeah,

Carmen Hecox: I've heard that sometimes, even though you get a good amount of sleep, you can still be sitting in your chair, working on your computer and all of a sudden, you're just,

Dr. Val Cacho: Yeah, yeah, having some micro sleeps.

Carmen Hecox: Yeah, and you just fall asleep. Or driving in the car and all of a sudden, you have your eyes open and if you were sitting in the passenger side and you look at that person, they look like they're awake, but they're not. They're actually asleep with their eyes open.

Dr. Val Cacho: Yeah, yeah, yeah. It's really scary. And again, I think one of those things that hopefully technology will help us, I think that some of the cars, some of the newer cars, like we have a Tesla, and my husband is saying, if you're not looking straight at it, if you're looking away, like it'll beep at you, like, hey, what are you doing?

Because it maybe thinks that you're sleeping. So, countermeasures within our car can be really helpful. Yeah but, if you're getting an adequate amount of sleep, which for adults is between 7 to 8 hours, 7 to 9 hours, and you're still tired, if you're unrefreshed, falling asleep driving for sure, falling asleep in meetings, needing extra coffee, those are the signs when you should talk to someone about your sleep.

I mean, you can start sooner, but I think those are probably the red flags when, okay, this isn't normal. Let's see if anything is happening. And sort of like me, right, you know, being a busy doctor in my 30s, you know, having a young child

just because all the people in the world around you are sleepy it's very common, but it doesn't mean that there isn't anything behind that.

Holistic Approaches to Better Sleep

Dr. Val Cacho: Yeah, whether it be sleep apnea or sometimes, women have heavy periods. Anemia can cause a lot of those vitamin deficiencies, right? Sometimes it's just being sedentary, not exercising. So, sleep is a huge component of our energy, but it's just one component.

So, I always like to really think holistically from a lifestyle framework, what are the other aspects? Because sometimes they go hand in hand, meaning, some of the folks I work with have mild sleep apnea, which really is contributing to their sleepiness, but they're not interested in any treatment.

So, then we look at their vitamin levels, right? We look at their nutrition, and sometimes just making sure that they're eating healthier food. That they're moving their body, we add more sunlight to their day. They do feel better and so it's not as debilitating if they do have a condition that's not treated, they can still sort of compensate for it with other lifestyle avenues.

Carmen Hecox: I have a girlfriend who is postmenopausal, and she was really excited when she found out that you were on the calendar to record with me. And she says, I struggle with insomnia. I have struggled with insomnia for many years. I mean, and she lives in Chicago, I live in California. And sometimes she'll text me, it's like 10 o'clock California time. And I'm like, what are you doing awake? You know, because she's like, what, two hours, two hours different than me. And sometimes, you know, we'll have like conference calls and it's nine o'clock. My times it's 11 o'clock her time and she was like, oh, Carmen, I'm so sorry. I overslept. What kind of advice would you give my friend who has insomnia, and she's had it forever?

Dr. Val Cacho: Yeah, I would really dive into her schedule. Sounds like if she's awake, California time, and it's nighttime here, I wonder if she's a little bit more of a night owl. So, when I think of someone who has a hard time falling asleep, are you ready to fall asleep? Sort of like jet lag, right? We're here in California we go to the East Coast, but you know, it's midnight there, it's still nine o'clock here. Maybe we're not tired yet, right? So circadian rhythm issues are a big thing and sometimes that actually can run in the family, right? Sometimes people don't know

the name to that. My mom would always just stay up at night. You know, that's probably why I do it. You know, yes, insomnia could run in the family. But I would see, when the clock says 10 o'clock, are you sleepy or are you actually sleepy at 3 o'clock in the morning? And that's actually something I do see commonly. So, are you having a hard time falling asleep?

Because A, you're not tired. B, maybe there's something on your mind or you're anxious, ruminating thoughts. Or, What I see often times, right, and you mentioned before, you know, I could forget why I couldn't sleep, I didn't have any stress. Sometimes people just worry about their sleep, their ability to sleep, and they lose faith, they lose hope, and that keeps them from sleeping because then they think that they're broken, something is wrong with them, and then that worry spiral, right?

Sleep happens when your brainwaves slow down, and if you're worried only about your ability to go to sleep and stay asleep, that actually can keep you from sleeping. So, I would say those are probably the top two things I would look at. Actually, I do have a good friend who's a sleep doctor who's excellent in Chicago. I can send you her information if she wants to connect with her. But yeah, I would just say, are you sleepy when you're ready to go to sleep? Because just like we have our hunger drive, we have our sleep drive, right? The longer you go without eating, the hungrier you are. The longer you go without sleeping, the sleepier you are.

And then when you go to sleep, right, this is for our women who have a hard time staying asleep, well, after a certain amount of sleep, right just after having a large meal, you're not as hungry. So sometimes that point is like four to six hours, typically about five hours. After about five hours of sleep, maybe we have to wake up to go to the restroom, and then we have a hard time falling back asleep.

And that really gets us, because I feel like maybe our parents were like, you got to sleep eight hours, you stay in your room, and that's at least what I tell my kids, right? You got to stay in your room, you're supposed to be asleep the whole night. And then we think again, man, something must be wrong with me, right?

I only set five hours, I got all these things to do, and we start to judge ourselves that, yeah, there's something off. And again, right, putting more pressure on ourselves that we can't sleep, I'm a bad sleeper, I'm getting restless, I'm looking at

my phone, and it adds to it. I've been a light sleeper for the past couple of days, just for multiple reasons.

I think it's still hot, and I want it to be cooler, and my kid's been coming to my bed. I try to do my best not to look at my phone because, you know, when your phone is just so many things, it's like your entertainment, it's like your work email, it's the news, social media, so I just try not to even look at that.

And I just really like mindfully tell myself is I'll be able to fall back asleep. And even if I don't, that'll be okay. As long as I'm resting, I'll be fine. And if I am getting really upset, then really, I encourage people, what they do is just get out of bed. Just remove yourself from the bed because you don't want to associate with your bed with any frustrations, right?

With any of those sort of self-sabotaging thoughts, right? I've heard one of my friends, she's a sleep, a behavioral sleep doctor, Dr. Shelby. She just says the hardest part is figuring out how to pass the time. And so, I've been telling patients now, just get out of bed and go do something fun. Because you're going to get the opportunity again to sleep back tomorrow.

Think of it almost as a gift, right? We all want more time in our day. You know, if you get an extra two or three hours, which, you know, you know, that time is at 3am instead of, you know, 2, 3pm or something. But what could you do with that extra time? Because if you do get out of bed and you start doing something, you may find that you we'll get sleepy again. And then you can go back to sleep. But if you lay there getting mad and frustrated that you're not asleep. Yeah, it really sets off that cycle. And if it happens night after night after night after night, right develop into a little bit of a habit where all right every time I wake up to go to the bathroom I just can't go back to sleep and right we habituate to the thoughts that spiral in our mind

Carmen Hecox: Can someone who like, let's say my friend does get sleepy at three o'clock, there any way that she can kind of self-correct herself and maybe, next week, she's going to bed at two o'clock and then week at one o'clock,

Dr. Val Cacho: Yeah, definitely. So, the habits that we have around bedtime are really important, taking a look at what she's doing that last couple hours of her day. But also, the biggest is to get that morning sunlight they were talking about,

because sunlight in the morning time tells melatonin to go away, and it helps tell our brains that, okay, the next night we need to feel sleepier earlier.

So, I had a lot of patients who are sleepy at 3 or 4 or 5 a.m. which isn't conducive to their schedule, if you work night shift, you know, it's beautiful. Getting sunlight in the morning if you can probably not in Chicago in the wintertime to go outside there's probably no light. You can actually get a light box that's 10,000 lux right mimics natural sunlight. We use it for sleep seasonal affective disorder, right? Some people where it's just too dark out feel really miserable, feel really depressed. So have that at your desk for at least a half an hour, maybe even longer. I know another doctor here in California that recommends just all throughout the morning time.

Where she lives, it's really foggy and cloudy. So just in the morning time, she has that light box, and it helps with your mood, makes you feel more awake. It's hard to feel sleepy when you have bright sunlight shining in your eye and also helps turn back the clock to have you feel sleepier earlier.

And I could say probably within two weeks, if people are pretty good about their habits, they do notice that they feel sleepier earlier, and their clock can shift.

Carmen Hecox: That's great.

Dr. Val Cacho: Yeah.

Advice for Women Struggling with Sleep

Carmen Hecox: What is one piece of advice that you would give that lady, that woman who is watching right now and is just saying, I need to get some sleep.

Dr. Val Cacho: Yeah. My message for you is there is hope. I always encourage people that there's hope. There's something that we can find out that'll work for you and give yourself so much self-compassion. I think you're doing the best you can with what you've got, and it's a matter of finding the right guide to help you on your journey. Whether it be your primary care physician, whether it be a sleep expert, maybe it's a menopause specialist, maybe it's a meditation instructor that you can find to help you. Yeah, keep searching. There is hope and things are going to get better.

Carmen Hecox: And Dr. Val, do I understand correctly? Do you have a program that helps women or helps people sleep?

Dr. Val's Sleep Programs and Resources

Dr. Val Cacho: Yeah, so I do have an online community called the [Sleephoria](#) Sisterhood. And so, through that, really it was birthed from so many women who have struggled with sleep. And, really educating around it. But I can only practice in Hawaii and California due to sort of the medical laws. However, I can provide a lot of education in and around sleep. So, I can't order labs or sleep testing, but we can talk about circadian rhythms, we can talk about obstructive sleep apnea and then you can bring that information back to your primary care physician. And then I bring in some of my friends who are experts in women's health people who are experts in like GI health. And, psychiatrist, and my friend is an obesity specialist, and she's talking to the community.

So, really just giving a lot of love and really high-quality education. Because I think that education piece is really missing, right? Advocate for yourself, empower yourselves, ladies. But yeah, if you're interested in joining the community, I'll give Carmen the links and you can see if it's the right fit for you.

Carmen Hecox: Great. And you do have a YouTube channel as well, am I correct?

Dr. Val Cacho: I do yes. So, again, for folks who just want more information, it's called [Sleephoria](#). Really focused on improving the health education around sleep health for women. Yeah, lots of different videos about things that we just talked about. I like to put out a video every week. And there's a lot of great comments about it. Yeah, but just all different aspects about women's sleep health, especially around perimenopause and menopause when I think we need that extra support.

Carmen Hecox: We do. We do. I mean, I remember when my mom went through menopause, she talked about how much she struggled to sleep and how she just wanted to sleep. And I think a lot of us just want to sleep.

Dr. Val Cacho: Yeah, breaks my heart, yeah. I think because I see the solution. I think, you know, there's just so much dialogue out there. I have one lady that I was working with and when she couldn't sleep, she would go online and just read about

other stories about women who also couldn't sleep and then just perpetuated that, man, there's nothing I can do. I'm going to be exhausted. And this is just how my life is now. And I'm like, no. Watch my videos, right? There is hope.

There are things you can do. There's always hope.

Carmen Hecox: Yeah, and that's how I found you. Because I don't struggle that much anymore sleeping, but my girlfriend always tells me about how much she struggles. And I remember my mom and I'm like, are so many women out there, and I came across your show and I thought I need to have Dr. Val on the show because people need to know that you have hope for them.

Dr. Val Cacho: Yes. Yeah. I appreciate that. I'm getting goosebumps. Thank you, Carmen. I'm glad we were able to connect.

Carmen Hecox: Yes. I will include links to your YouTube channel and to your membership program or, your tribe,

Dr. Val Cacho: Community.

Carmen Hecox: community, tribe.

Dr. Val Cacho: The sisterhood. Yeah. Whatever you want to call it.

Carmen Hecox: And also, your website if people are either in Hawaii or they're in California and they want to explore working with you.

Dr. Val Cacho: Yeah, thank you so much, Carmen. It's been such a pleasure.

Carmen Hecox: Likewise. Thank you.

Conclusion and Final Thoughts

Carmen Hecox: Wow, that was packed with so much valuable information. We explored everything from surprising reasons behind midlife insomnia to the importance of diagnosing potential sleep apnea. Dr. Val also gave us some helpful

advice on how to understand and manage sleep challenges. No quick fix, but definitely steps in the right direction. If you want to dive deeper into Dr. Val's work, be sure to visit [CreateTheBestMe.com/ep094](https://www.createthebestme.com/ep094). If you enjoy this episode, please like, share, and subscribe to support more conversations just like this one. Join us next week for another inspiring episode, created just for you.

Until then, keep dreaming big. Take care of yourself, and remember, you are beautiful, strong, and capable of creating the best version of yourself. Thank you for watching. Catch you next week. Bye for now.