



# Safety, Health, and the Sleepy Employee

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*Employee assistance programs initially gained their credibility by proving to business and government that they could save money on absenteeism, health benefits and improve safety records by providing assistance to employees who were dealing with alcohol and substance abuse problems. Eventually, EAPs were broadened to include all broad-brush concerns such as depression, marital, financial, etc. Despite the inclusion of these broad-brush problem areas, EAP managers continually have struggled to develop new programming and topics of interest to keep their programs fresh and in step with the needs of their employee population, as well as keeping up with safety mandates.*

As a result of the aging-out of the baby boomers into middle age and beyond, as well as advances in sleep technology and research, we now have the expertise at our disposal to help employees deal with a subject that is of vital importance to their mental and physical well-being: their sleep. It has been my experience that employees may be reluctant to begin a discussion about their substances of abuse, their troubled marriages, their depression, or their health problems, but many of them are all too eager to find someone who has the expertise to help them diagnose and solve their sleep problems. Though EAPs are not in a position to treat sleep disorders, we can add value to our EAP programming by providing screenings, referrals to sleep centers, educational materials, outside speakers, and articles on our websites pertaining to the relationship between sleep and health. EAPs and employers in high-visibility domains that affect public safety such as aviation, transportation, etc., may be especially interested in sleep issues as they pertain to safety-sensitive occupations and fitness-for-duty, though they may require some consciousness-raising on how they can intervene to get these problems addressed.

## Drowsy Driving

Although most people understand the potentially fatal consequences of drinking and driving, many are unaware of the often fatal consequences of driving while drowsy. In a 2005 Sleep in America poll, 37% of respondents (representing 103 million US residents) reported that they had fallen asleep while driving during the preceding year. Even experienced long-distance truck drivers are vulnerable: 47.1% of those surveyed in an earlier study reported that they had fallen asleep while driving a truck at some time during their lives. In addition to causing injury and death, drowsy driving incidents have resulted in jail sentences for drivers and lawsuits against drivers or the companies that employ them. Groups found to be at increased risk for drowsy driving include men aged <26 years, night-shift workers, commercial drivers, and persons with undiagnosed or untreated sleep disorders ([www.cdc.gov](http://www.cdc.gov)). The National Safety Council cites that symptoms of drowsy driving include: eyes closing or going out of focus, persistent yawning, irritability, wandering or disconnected thoughts, inability to remember driving the last few miles, or drifting between lanes or onto the shoulder of the road ([www.nsc.org](http://www.nsc.org)).

## Health Risks

### The Obesity-Snoring-Diabetes Connection

The general public continues to be educated about the dangers of obesity, and many people who are obese or overweight are well aware that they snore loudly. At one time, people who snored were objects of scorn and abuse, but we now know that snoring is no longer a laughing

matter. Though not all people who snore have sleep apnea, people whose snoring is loud enough to wake them or their sleep partners should be evaluated by a board-certified sleep specialist. If there are temporary lapses in breathing or gasping and choking sounds as reported by the spouse or sleep partner, there is added indication that a referral to a sleep center is appropriate. These episodes of sleep apnea challenge the heart to pump harder, and the brain, deprived of oxygen, must make the executive decision to wake the sleeper up or let him die. While the person is young, and the heart is not damaged by years of sleep apnea, these nighttime episodes usually result in many brief, unremembered awakenings that result in daytime drowsiness.

With the use of alcohol (whether for social- or its sleep-inducing effect) or other over-the-counter or prescription sleep aids, the added sedation can produce sleep—but more episodes of apnea. Over time, the person does not get the beneficial effects of the deeper levels of sleep that aid in insulin regulation, and the person is at risk for the development of continual weight gain, insulin resistance syndrome and the development of diabetes (*Archives of Internal Medicine, JAMA & Archives Journals of American Medical Association, Sleep Theme Issue, September 18, 2006*). Left untreated, these conditions result in increasing health problems, more health risks, medications and claims paid out. For the affected employee, he or she may feel helpless in stopping this downward spiral, and the employer is saddled with increasing costs of benefits and absenteeism. Many people who are later diagnosed with a sleep disorder comment that no one ever asked about their sleep or suggested an evaluation by a sleep specialist.

### The Heart and Obstructive Sleep Apnea

The National Heart, Lung and Blood Institute recommends that overweight people with a history of high blood pressure who are part of the “sleep apnea profile” ask for diagnostic assistance to rule out obstructive sleep apnea ([www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)). In a recent Japanese study published in the US, sleep apnea was linked to silent brain damage, but the team showed that a treatment with a CPAP (continuous positive airway pressure) machine lowered the levels of inflammation that often precede a heart attack or stroke (*American Journal of Respiratory and Critical Care Medicine, Kenji Minoguchi, lead author, March 2007*).

### The Profile of the Sleep-Disordered Employee

- Has trouble getting up in the morning, resulting in lateness
- May have morning headaches (from oxygen deprivation at night)

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