

WE GET BETTER WITH AGE



A WE GET BETTER WITH AGE GUIDE

SLEEPING WELL AFTER SIXTY

*A gentle guide to understanding what changed
— and getting your rest back*

This is one of several practical guides from We Get Better With Age.
You can explore the whole collection at
guides.wegetbetterwithage.com.

BEFORE YOU BEGIN

This guide is here to help you understand your sleep and to offer gentle, practical steps that many people find make their nights easier. Before you turn the page, a few honest words about what it is — and what it isn't.

This is general information, not medical advice. The pages ahead offer education and everyday strategies for better rest. They are not a substitute for the care of your own doctor, who knows your health, your history, and your medications in a way no book can. Nothing here is meant to diagnose a condition or to replace professional guidance.

Please don't change your medications on your own. If something in this guide makes you wonder about a prescription you take, that's a wonderful question — for your doctor or pharmacist, not for a solo decision in the middle of the night. Starting, stopping, or adjusting medication without medical guidance can carry real risks.

If a hard night is part of something heavier. Sleep and mood are closely linked, and sometimes trouble sleeping arrives alongside sadness that won't lift. If you are struggling, or having thoughts of harming yourself, please don't wait until your next appointment. The **988 Suicide & Crisis Lifeline** offers free, confidential support, 24 hours a day, 7 days a week — simply call or text **988**. In a life-threatening emergency, call **911**.

Move gently. Any relaxation or physical practice in this guide is an invitation, never an order. Work within your own comfort, and stop anything that causes pain. You know your body best.

© 2026 WE GET BETTER WITH AGE. ALL RIGHTS RESERVED. THIS GUIDE IS LICENSED FOR THE PERSONAL USE OF THE READER WHO PURCHASED IT. PLEASE DON'T COPY, RESELL, OR DISTRIBUTE IT — BUT DO SHARE WHAT YOU LEARN WITH THE PEOPLE YOU LOVE.

CONTENTS

◆ **WELCOME**

You've just taken a step toward rest

◆ **START HERE**

If this is the only page you read today

◆ **INTRODUCTION**

Your sleep isn't the enemy

1 WHY SLEEP CHANGES AFTER 60

What's normal, and what isn't

2 THE MYTHS THAT KEEP YOU AWAKE

Unlearning what you've been told

3 THE ANCHOR: YOUR BODY CLOCK

The one habit that sets everything else

4 THE WIND-DOWN HOUR

Teaching your body it's safe to sleep

5 WHEN YOUR MIND WON'T QUIET

The 3 a.m. wake-up and the racing thoughts

6 YOUR BEDROOM, YOUR SANCTUARY

Dark, cool, quiet — and for sleep only

7 WHAT HELPS, WHAT HURTS

Caffeine, alcohol, naps, meals, and movement

8 WHEN IT'S MORE THAN HABITS

Medical causes, medications, and when to see a doctor

9 SLEEPING WELL FOR LIFE

Progress, imperfect nights, and the long view

◆ **A CLOSING REFLECTION**

The rest you're building

◆ **APPENDIX — YOUR PRACTICAL SLEEP KIT**

Cards, trackers & quick reference to print and keep

◆ **STAY CONNECTED**

The We Get Better With Age community

◆ **REFERENCES**

The science behind this guide

WELCOME

WELCOME

You've just taken a step toward rest

If you're holding this guide, something has been keeping you up — and you've decided to do something about it. That matters more than you might think. Congratulations on that first step, whether you took it for yourself or for someone you love who hasn't slept well in a long time.

Maybe you're here because you lie awake at night while the rest of the house sleeps. Maybe you wake far too early and can't find your way back down. Maybe you've simply grown tired of being tired, of the foggy afternoons and the short fuse that comes with a poor night's rest. Wherever you're starting from, you're in the right place.

Here's what this guide is, and what it isn't. It isn't a lecture, and it isn't a list of rules you'll feel guilty for breaking. It won't tell you to just relax, or promise you eight perfect hours if you only try hard enough. What it offers instead is understanding — a clear, calm look at why sleep changes with age — and a set of small, gentle, proven steps you can fit into the life you already have.

You don't have to read it in order, and you don't have to do everything in it. Take what helps and leave the rest. Some nights will be better than others, and that's not failure — that's sleep, for everyone, at every age. The goal here isn't perfection. It's more good nights than bad ones, and far less fear on the nights that don't go your way.

So settle in. Read at your own pace. And know, before you turn another page, that the restlessness you've been carrying is not a life sentence — and it's not yours to carry alone anymore.

Let's begin, gently.

START HERE

If this is the only page you read today

Some nights you don't want a whole book. You want to sleep. So here is the entire method on a single page — three moves, and a few things that quietly help or hurt. If you do nothing else, do these.

ANCHOR — SET YOUR CLOCK.

The single most powerful habit is a consistent wake-up time. Get up at about the same time every day — even after a bad night, even on weekends. A steady wake time is what keeps your body's internal clock aligned, and everything else gets easier once it's steady. Then let in some morning light soon after you rise; daylight is the signal that resets the clock for the day. (*National Institute on Aging; Harvard Health; Sleep Foundation*)

WIND DOWN — SIGNAL THAT IT'S SAFE TO SLEEP.

Give your body about an hour to shift from day to night. Dim the lights and turn off screens; the American Academy of Sleep Medicine suggests putting devices away 30 to 60 minutes before bed. Keep the bedroom cool, dark, and quiet. A calm, same-every-night routine — a warm bath, a few pages of a book, quiet music — tells your body that rest is coming. (*NIA; Mayo Clinic; AASM*)

LET GO — STOP CHASING SLEEP.

The harder you try to force sleep, the more it slips away, so don't lie there fighting it. Mayo Clinic's advice is to remain *passively* awake — release the effort. If you've been awake and frustrated for roughly 15 to 20 minutes, get out of bed, do something calm and dimly lit, and return when you feel sleepy. And don't watch the clock; counting the hours you're losing only feeds the worry that keeps you up. (*Mayo Clinic; American Academy of Sleep Medicine*)

A few small things that help — or hurt: – **Caffeine** lingers far longer than you'd expect. Keep it out of the second half of your day — experts suggest avoiding it for at least eight hours before bed. (*Sleep Foundation*) – **Alcohol**

may help you drift off, then fragments your sleep later in the night. The National Institute on Aging advises avoiding it, even in small amounts. (NIA) - **Naps** are fine — keep them short (20–30 minutes) and not too late in the afternoon. (Mayo Clinic) - **Move your body** during the day; regular activity helps you sleep, just not in the last few hours before bed. (NIA)

That's the whole method, distilled. If you have the energy for more — the *why* behind each of these, and gentle help for the harder nights — it's all in the chapters ahead. But if today you only had room for one page, you've got what matters.

ANCHOR. WIND DOWN. LET GO.

INTRODUCTION

INTRODUCTION

Your sleep isn't the enemy

Somewhere along the way, sleep stopped being simple.

There was a time when you closed your eyes and the night took care of itself. You didn't think about it, the way you don't think about breathing. And then, gradually or all at once, it changed — and now night can feel like something you have to get through rather than something that carries you.

Maybe it's the lying awake at the start, watching the minutes climb while your body refuses to let go of the day. Maybe it's the waking — at two, at four — sharp and complete, as though someone flipped a switch. Maybe it's the too-early morning, eyes open at five with hours to go and no way back down. Maybe it's the tiredness that sleep doesn't seem to fix, the kind you feel behind your eyes at three in the afternoon. Maybe it's the worry itself — the quiet dread, come evening, that tonight will be another hard one.

Whatever brought you here, let this be the first thing you read and the first thing you set down: you are not a bad sleeper. You are not failing at something everyone else has figured out. And you are certainly not alone in this. Trouble sleeping is one of the most common experiences of later life — the National Institute on Aging calls insomnia the single most common

sleep problem in adults sixty and older, and researchers estimate that somewhere between 40 and 70 percent of older adults live with ongoing sleep difficulties. If your nights have grown harder, you are in enormous, ordinary company.

This guide is a companion for those nights. It's built on a simple, freeing idea that the next chapter will unfold in full: your sleep has not broken. It has *changed* — in ways that are normal, expected, and, best of all, workable. Once you understand what shifted and why, you stop fighting your own body at two in the morning and start giving it what it actually needs now.

What this guide will not do. It won't hand you a rigid program you'll feel ashamed of abandoning by Thursday. It won't tell you to simply think positive or just relax — advice that has never once helped anyone actually fall asleep. It won't pretend there's a single trick that fixes everything, and it won't push you toward a bottle of pills; in fact, you'll find that the most effective help for sleep, the kind experts recommend first, has nothing to do with medication at all. And it will never ask you to chase eight perfect hours as though anything less is a failure.

What it will do is explain your sleep in plain language, hand you small and genuinely doable steps, and stay gentle with you the whole way. You'll learn why your inner clock now runs early, why your sleep turned lighter, and what to do about the racing mind that arrives at three a.m. right on schedule. You'll learn which everyday habits quietly protect your sleep and which quietly steal it. And you'll learn the few signs that are worth a conversation with your doctor — so you can stop carrying that worry alone.

You'll notice the guide keeps coming back to three simple moves: **anchor** your day with a steady wake time, **wind down** so your body knows rest is coming, and **let go** of the struggle when sleep is slow to arrive. That's the whole spine of it. Everything else is detail and encouragement.

How to use what's ahead. You don't have to read straight through, though you can. Each chapter stands on its own — go where your trouble is. If the early-morning waking is what haunts you, start with the chapter on your

body clock. If it's the racing mind, go there first. At the end of every chapter you'll find the same three companions:

- **Pause & Reflect** — a few gentle questions, not a test. Just an invitation to notice what's true for you.
- **What to Remember** — the comforting truths of that chapter, gathered in one place to return to on a hard night.
- **A Gentle Next Step** — one small, specific thing to try this week. Not ten. One.

There's no finish line here, and no grade at the end. Some nights will still be hard — that's true for good sleepers and always has been. The aim is simply this: more nights that hold you, fewer that don't, and far less fear in the space between.

So take a breath. The night ahead doesn't have to be a battle. Let's begin by understanding what's really going on — because once you do, so much of the worry falls away.

WHY SLEEP CHANGES AFTER 60

What's normal, and what isn't

It's a little after four in the morning. The house is dark and quiet, and you are wide awake.

You didn't mean to be. You went to bed at a reasonable hour, tired in the good way. And now here you are, staring at the ceiling, listening to the refrigerator hum two rooms away, wondering what is wrong with you. Wondering if this is how it's going to be from now on. Maybe you reach for your phone to check the time and do the math — *if I fall asleep right now, I'll still get four hours* — and the math only makes it worse. Wondering, quietly, if your sleep is simply broken.

Let's start there, because it's the most important thing in this whole guide: your sleep is not broken. It has changed. Those are two very different things, and the difference is where your relief begins.

Almost everything you're about to feel discouraged by — waking earlier than you'd like, surfacing two or three times in the night, sleep that feels thinner than it used to — is, for most people, a normal part of how the aging body sleeps. Not a malfunction. Not something you caused by doing bedtime wrong. A shift. And once you understand the shift, you can stop fighting your own body and start working with it. That's what this chapter is for — to trade the 4 a.m. panic for a clear picture of what's actually happening, so the nights ahead feel less like a mystery and more like something you understand.

THE AMOUNT YOU NEED HASN'T CHANGED

Here's a belief worth setting down right away: the idea that older people need less sleep. It's one of the most common things people believe about growing older, and it isn't true.

The National Institute on Aging is direct about it — older adults need about the same amount of sleep as all adults, seven to nine hours each night. What changes isn't the *amount* your body needs. What changes is *when* your body wants it, and *how* it delivers it.

That distinction matters more than it sounds. If you believe your body suddenly needs less, you'll shrug off the tiredness, push through the foggy afternoons, and never look for the cause. But the need is still there, the same as it ever was. Meeting it simply takes a little more understanding than it used to — which is exactly what you're building here.

HOW SLEEP ACTUALLY WORKS (JUST ENOUGH TO HELP)

You don't need a degree in sleep science. But two simple ideas explain almost everything that follows, so they're worth a minute.

Your body decides when to sleep using two systems working together. The National Institute on Aging describes them plainly. The first is your **circadian rhythm** — "the body's clock" — a roughly 24-hour cycle that sets the *timing* of sleepiness and alertness. As evening comes and the light fades, your body releases **melatonin**, a hormone that makes you feel drowsy. The second system is **sleep pressure**: while you're awake, a chemical called adenosine slowly builds up in your brain, and the longer you're awake, the stronger the pull toward sleep grows. During sleep, that chemical clears out, and you wake ready to begin again.

Think of it as a clock and a hunger. The clock says *when*. The pressure says *how much*. Good sleep happens when the two line up — when you go to bed as your clock is dimming the lights and your sleep pressure has built up over a full day. A great deal of this guide is really about helping those two systems line up again, because with age, the clock in particular starts to drift.

WHAT ACTUALLY SHIFTS

Two real changes happen with age, and naming them takes away a lot of their power.

Your inner clock moves earlier. As the Sleep Foundation explains, starting somewhere around age 60 to 65, your circadian rhythm shifts *forward in time*. Sleep researchers call it a "phase advance." In plain terms: you get sleepy earlier in the evening, and you wake earlier in the morning. If you find yourself nodding off during the evening news and then snapping fully awake before dawn, you aren't doing anything wrong. Your clock moved, and your body is following it faithfully. Part of why this happens, the Sleep Foundation notes, is that aging eyes let in less of the light that keeps the clock set — which is also a clue to one of the gentlest fixes, and we'll come to it in the chapter on your body clock.

Your sleep gets lighter. Sleep isn't one flat state. You move through stages each night — from light sleep, down into deep, slow-wave sleep, and through dreaming (REM) sleep — cycling several times before morning. Each stage does a job. The deep, slow-wave sleep is the kind that leaves you feeling physically refreshed; the National Institute on Aging says simply, "You need deep sleep to feel refreshed in the morning." Dreaming sleep helps your brain sort through the day and process your emotions. With age, the Sleep Foundation notes, you spend more time in the lighter stages and less in the deeper ones, which makes sleep easier to interrupt. The National Institute on Aging puts the whole picture in one line: sleep tends to be shorter and lighter, and you may wake up more often during the night.

This is why the four-a.m. wake-up happens. It isn't a sign that something has gone wrong overnight. It's the lighter architecture of older sleep doing exactly what it now does — surfacing you closer to the top, where a full bladder or a passing noise or simply the end of a cycle can bring you all the way up.

And here's a detail that surprises people: these changes are normal enough that researchers see them even in perfectly healthy older adults — and they begin far earlier than you'd think. A review in *Sleep Medicine Clinics* notes that the drop in deep sleep starts back in middle age, decades before

anyone calls you a senior. You didn't fall off a cliff on a particular birthday. You've been walking down a long, gentle slope your whole adult life, exactly like everyone else who has ever grown older.

SO WHAT DOES "NORMAL" ACTUALLY LOOK LIKE?

It helps to have a picture of the ordinary, so you stop measuring yourself against a standard your body was never going to meet.

Waking a few times a night is ordinary. According to MedlinePlus, the health information service of the National Library of Medicine, older adults wake an average of three to four times a night, and are simply more aware of being awake than they once were. Taking a little longer to drift off is ordinary. Feeling that your sleep runs a bit shorter than it used to is ordinary — the same MedlinePlus source puts the typical figure around six and a half to seven hours of actual sleep for many older adults.

Now hold those two numbers next to each other for a moment, because the gap confuses people. Your body still *needs* seven to nine hours. Many older adults *get* closer to six and a half or seven. That gap isn't a personal failing — it's the very thing this guide helps you close, gently, over the chapters ahead. Naming it is the first step. You're not chasing a number you'll never reach; you're closing a modest, ordinary gap.

And a single rough night is neither a catastrophe nor a diagnosis. The American Academy of Sleep Medicine says it plainly: everyone has the occasional night of poor sleep, and that alone does not mean you have insomnia. Often it just means you stayed up late, woke in the small hours, or carried a stressful day into the dark with you. Sleep, like weather, varies. One grey day is not the climate.

AND WHAT'S WORTH PAYING ATTENTION TO

Understanding what's normal also means knowing the handful of things that are *not*, so you can bring them to a doctor instead of quietly carrying them.

The clearest one is feeling excessively sleepy during the *day*. Many people assume daytime tiredness is just part of getting older, but the Sleep Foundation is clear that it is not — around 20% of older people experience excessive daytime sleepiness, and it can be a sign of an underlying health condition worth checking. Dozing off against your will in your chair after lunch, or fighting to stay awake behind the wheel, is a signal, not a life sentence, and it's one your doctor will want to hear about.

A couple of others are worth tucking away for now. Loud snoring broken by silent pauses, or by gasping and choking sounds — often the thing a spouse notices long before you do — is worth mentioning to a doctor rather than ignoring; there's a whole chapter later on what it can mean and how treatable it usually is. And ongoing trouble deserves attention rather than endurance. The National Institute on Aging describes insomnia — trouble falling asleep or staying asleep at least three nights a week — as the most common sleep problem in adults age 60 and older, and when it runs longer than three months it's called chronic insomnia. The reassuring part: there is real, effective help for it, much of it in the chapters ahead, and none of it starting with a pill. Struggling sleep is common; it is also treatable. Those two facts sit side by side, and both are true.

We'll return to all of this, gently, one piece at a time. For now, the point is only this: most of what's happening to your sleep is normal, and the few things that aren't are worth a calm conversation with your doctor — not a night of worry.

THE PERMISSION YOU NEED

You have permission to stop treating your changed sleep as a personal failure. You have permission to let go of the eight-hours-or-else rule and the fear that one bad night has undone you. You have permission to believe that your body, at this age, is doing something ordinary rather than something wrong. Lighter is not broken. Earlier is not broken. Waking at

four and drifting back down is not broken. Your sleep changed, the way bodies change, and everything in this guide is built to help you meet it where it is — with a little understanding, and a great deal less fear.

PAUSE & REFLECT

There are no right answers here. These are just for you.

- When you can't sleep, what's the story you tell yourself about what it means? Is it a kind story?
- Which is harder for you right now — falling asleep, staying asleep, or waking too early?
- If you knew for certain that a rough night was normal and not dangerous, how would you lie in bed differently?

WHAT TO REMEMBER

- Your sleep hasn't broken. It has changed — and change can be worked with.
- You still need about seven to nine hours. The need didn't shrink; the timing and the texture shifted.
- Waking a few times a night, and waking earlier than you used to, are normal parts of older sleep.
- One bad night is weather, not climate. It is not a diagnosis.
- Daytime sleepiness that won't quit, or trouble that lasts for months, are worth a doctor's ear — help exists, and it works.

A GENTLE NEXT STEP

This week, change nothing. Just notice. For a few nights, pay attention to *when* your body wants to sleep and *when* it wakes you — without judging it, without reaching for the clock to calculate the damage. You're not fixing anything yet. You're getting to know the rhythm your body is actually keeping now, so that everything ahead has something true to build on.

--- ---

THE MYTHS THAT KEEP YOU AWAKE

Unlearning what you've been told

You're lying in bed doing the math again.

It's a quiet, practiced kind of arithmetic by now — you know it well enough to run it half-asleep. It's 1:47 in the morning. If sleep comes right now, this very second, you'll get six hours and thirteen minutes. Not eight. Never eight. You do the subtraction anyway, the way you always do, watching the number shrink with every stretch of ceiling you stare at. By 2:30 it's down to five and a half. By 3:15, four hours and change, and something in your chest tightens along with it — a low, familiar dread that has nothing to do with being tired and everything to do with the number itself. Somewhere along the way, eight hours stopped being a nice idea and became a verdict. Hit it, and you're fine. Miss it, and you've failed at something as basic as resting.

You might also be carrying a quieter, heavier belief — one you may not even say out loud anymore, just assume, the way you assume the sun will rise. *I'm a bad sleeper.* Maybe you've said some version of it at breakfast, or to your doctor, or just to yourself in the dark: *I've just never slept well.* As if it were a fixed trait, like your height or the color of your eyes, rather than something that ebbs and flows and — this is the important part — can change.

Both of those beliefs feel true, because they're the ones you've been carrying for years. But neither one holds up, and that matters, because what you believe about your sleep shapes how you experience it — sometimes even more than the sleep itself does. This chapter is about

setting a few of those beliefs down. Your restless nights are real — that's never in question. But some of what's keeping you awake isn't your body at all. It's the story running underneath it.

THE EIGHT-HOUR RULE THAT NEVER EXISTED

Start with the number itself. Somewhere, everyone absorbed the same rule: eight hours, no more negotiable than a speed limit. It's on posters in doctors' offices and in the corner of a hundred wellness articles, presented as if it were carved into the body the same way for every person alive.

It isn't. The Sleep Foundation says plainly that the ideal amount of sleep varies from person to person — some people genuinely need more than the suggested amount for their age, some need less, and both are within the range of normal. Eight hours is a useful average, not a personal assignment. You were never handed a number to hit. You were handed a rough guideline, the way "medium-sized coffee" is a rough guideline — useful for a stranger behind a counter, meaningless for describing your particular thirst.

So how do you know if you're getting enough? Not by counting — by noticing. The Sleep Foundation points to something more useful than the clock: how you feel and function during the day. Paying attention to your energy, your mood, and your ability to concentrate is what actually tells you whether your sleep is meeting your needs, not whether the number lines up with a chart. Some people function beautifully on seven hours. Some genuinely need closer to nine. The number that matters is the one written in how you move through your Tuesday afternoon, not the one on a sleep app.

None of this erases the general range worth aiming for. Older adults, the National Institute on Aging notes, need about the same amount of sleep as all adults — seven to nine hours a night — and that need doesn't shrink with age, even though sleep itself changes shape, as you read in the last chapter. What's worth retiring is the idea that there's one precise number,

and that missing it by twenty minutes means something has gone wrong. There's a wide, reasonable range, and you're allowed to live somewhere inside it without treating every night as an exam you either pass or fail.

ONE BAD NIGHT IS NOT A VERDICT

Here's a piece of arithmetic worth doing instead: how many nights, out of the last year, were actually rough? Not the nights you remember most vividly — those tend to be the worst ones, because worry sticks harder than rest does — but the real count. For most people, it's a small fraction. And even that fraction doesn't mean what you've been afraid it means.

The American Academy of Sleep Medicine puts it simply: everyone has the occasional night of poor sleep, and that alone does not mean you have insomnia. Often it's stress, or a late night, or a mind that wouldn't quiet down for reasons that had nothing to do with your sleep itself. A single hard night is not a diagnosis. It's not even particularly meaningful, statistically speaking — it's one data point in a long, uneven string of nights that make up an ordinary life.

This holds true even once your sleep genuinely does improve. Researchers who study insomnia recovery are careful to set realistic expectations from the start: it is normal to have occasional nights of poor sleep during and after successful treatment. In other words, even people who have done real, effective work on their sleep still have the odd rough night afterward — and it doesn't undo the progress or mean the work has failed. A bad night, even a good while into getting better, is just weather passing through. It isn't a reversal. It isn't proof that nothing has changed. It's simply a night, one among many, and tomorrow gets to be a different one.

THE STORY "I'M A BAD SLEEPER"

Now to the quieter belief — the identity one. If you've struggled with sleep for a while, it's easy for the trouble to stop feeling like something that's happening and start feeling like something you *are*. Not "I'm having a hard

stretch with sleep" but "I am a bad sleeper," said the way you'd say "I'm a morning person" or "I'm terrible with directions." A fixed trait. A closed case.

It's worth knowing how common the trouble itself actually is, because company changes how a thing feels. Researchers who study insomnia in older adults report that up to half of older adults describe symptoms of insomnia at some point. Half. If this has been part of your life, you are standing in a very large, very ordinary room, not off in some corner by yourself.

But — and this is the part worth sitting with — the same research is careful to say that this does not mean insomnia is a normal part of aging. Those are two different statements, and the difference matters enormously. "Common" is not the same as "permanent," and it's certainly not the same as "who you are." Trouble sleeping being widespread among people your age tells you that you're not broken or unusual. It does not tell you that nothing can be done, or that this is simply your lot from here forward.

That distinction is a large part of why this guide exists. If sleep trouble were an identity, there'd be nothing to do about it but accept it. But it isn't one — it's a pattern, built up over time out of habits, beliefs, a body that's changed, and a nervous system that's learned to treat bedtime as a source of worry instead of rest. Identities feel fixed. Patterns are not. The chapters ahead are full of the "how." For now, it's enough to quietly retire the sentence *I am a bad sleeper* and replace it with something truer: *I'm someone whose sleep has been hard lately, and that can change.*

THE HARDER YOU TRY, THE WORSE IT GETS

There's a particular kind of exhaustion that comes not from being awake, but from trying so hard to stop being awake. You will yourself toward sleep. You concentrate on relaxing, which is its own quiet contradiction — concentration and relaxation pulling in opposite directions at once. You notice the trying isn't working, which makes you try harder, which makes it work even less. It's one of the strangest loops the body can get caught in, and it has a name.

Researchers call it *sleep effort* — the anxiety about sleep, and the active work of trying to control or force it, that builds up around insomnia over time. A 2023 study on the subject found that sleep effort acts as what researchers call a perpetuating factor: something that doesn't cause the original trouble, but keeps it going long after the original cause has faded. The same research found that greater sleep effort was associated with greater insomnia severity — the harder people tried to control their sleep, the worse their sleep tended to be. Trying isn't neutral here. It actively works against you.

This is where the idea worth carrying through the rest of this guide comes in: *the harder you chase sleep, the faster it runs*. Sleep isn't a task you can grip tighter to get more of, the way you might with a deadline or a difficult conversation. It's closer to a shy animal — approach it directly, with effort and intention written all over you, and it backs away. Turn your attention elsewhere, soften, and it has room to come closer on its own.

Mayo Clinic's guidance on this is refreshingly specific: instead of fighting for sleep, remain *passively* awake. Let the effort go. Their reasoning is straightforward — worrying that you can't sleep is often what's keeping you awake in the first place, and releasing that particular worry is itself what allows the body to relax enough to drift off. It sounds almost too simple to be real advice, but it's built on the same mechanism the research on sleep effort describes: less gripping, less monitoring, less trying — and, paradoxically, more actual sleep.

None of this means you did something wrong by trying hard. Of course you tried hard — you were tired, and trying is what people do when something matters to them. But sleep is one of the rare things in life that responds to being tried for by pulling further away. Knowing that isn't a criticism. It's a relief, once it lands, because it means the fix isn't more effort. It's less.

OLDER DOESN'T MEAN LESS

There's one more myth worth naming directly, because you may be quietly leaning on it without realizing: the idea that as you age, your body simply needs less sleep, so struggling to get seven or eight hours doesn't really

matter.

It's an understandable belief — sleep does get lighter and more broken up with age, as the last chapter covered, so it can feel like your body has scaled back its demands to match. But that's not what's actually happening. The Sleep Foundation is direct about it: the notion that older adults need less sleep oversimplifies how sleep actually works, and believing it can lead to behaviors that aren't good for you — shrugging off tiredness, skipping the habits that protect rest, assuming the fatigue is just how things are now. The National Institute on Aging says something similar from a different angle: older adults need about the same amount of sleep as all adults, seven to nine hours a night.

What's changed is your body's *ability* to deliver that amount smoothly through the night — not its underlying *need* for it. That distinction is worth holding onto, because it changes what you do next. If the need had genuinely shrunk, there'd be nothing to address; less sleep would simply be enough. But the need hasn't gone anywhere. It's the delivery that's gotten more complicated, and a complicated delivery is a solvable problem, not a permanent condition to accept and move past.

So when you find yourself at two in the afternoon, rubbing your eyes, thinking *well, I suppose I just don't need as much anymore* — that thought is worth catching. It isn't a fact about your body. It's a myth wearing the costume of self-acceptance, and left unchecked, it can quietly excuse away tiredness that deserves a real look, and real help.

STOP CHASING, START RELEASING

Understanding the myths is half the work. The other half is a few concrete habits that make the letting-go easier to actually practice, especially at two in the morning, when insight is hardest to hold onto.

Stop watching the clock. Checking the time when you wake at night feels productive, like you're gathering useful information. In practice, it does the opposite. Researchers who study stimulus control — one of the most effective approaches for restoring sleep — specifically caution against clock-watching, because it reinforces wakefulness rather than easing you

toward rest. Every glance at the numbers hands your sleep-effort loop new material to work with: a fresh count of lost hours, a fresh reason to tighten up. If you can, turn the clock's face away from the bed, or move your phone out of reach, so checking isn't even an option while you're half-asleep.

Let go of the fight, on purpose. When you notice yourself straining toward sleep — willing it, monitoring for it, growing frustrated at its absence — that's the moment to remember Mayo Clinic's advice: remain passively awake. Let your body rest in the dark without demanding that it perform. Loosen your shoulders. Let your thoughts drift instead of chasing them into order. You're not giving up on sleep by doing this. You're removing the one ingredient — effort — that the research shows makes it harder to reach.

Know when to get up, even if the exact number is fuzzy. If you've been lying there awake and frustrated for a while, get out of bed rather than staying and stewing. The American Academy of Sleep Medicine's guidance puts the marker at around twenty minutes; you'll come across other guidance that suggests a bit sooner, or a bit later, into the higher end of twenty or even thirty. Don't let the disagreement over the exact minute paralyze you — the principle underneath all of it is the same: don't stay in bed fighting for sleep once frustration has taken over. When that moment arrives, get up, go to another room if you can, and do something calm and dimly lit — nothing bright, nothing engaging, nothing that argues with

your body about whether it's daytime. Read a few pages under a low lamp. Sit quietly. Then, when you feel sleepy again — genuinely sleepy, not just resigned — go back to bed.

This isn't a failure lap. Getting up isn't giving up; it's declining to turn your bed into a wrestling ring. Over time, this keeps your bed associated with rest instead of with struggle, which makes the whole cycle gentler the next time it happens — and there will be a next time, because that's simply how

sleep goes, for you and for everyone else who has ever needed it.

PAUSE & REFLECT

There are no right answers here. These are just for you.

- Which myth have you been carrying the longest — the eight-hour rule, the "bad sleeper" label, or something else entirely? Where do you think it first came from?
- Think back to the last truly rough night. How much of what followed the next day was the tiredness itself, and how much was the story you told yourself about what that tiredness meant?
- What would shift for you if you fully believed that sleep responds better to being released than to being chased?

WHAT TO REMEMBER

- There's no single, precise number you're required to hit every night. A wide range is normal, and how you feel by day matters more than the tally.
- Older adults need about the same amount of sleep as everyone else — the need hasn't shrunk, even though sleep now delivers itself differently.
- One hard night is not a diagnosis, even well into a sleep that's genuinely improving.
- Struggling with sleep doesn't make you a "bad sleeper." It makes you one of a great many people whose pattern can still change.
- The harder you chase sleep, the faster it runs. Trying less, not more, is often the way back to it.

A GENTLE NEXT STEP

This week, retire one sentence: *I am a bad sleeper*. When it surfaces — and it probably will, likely at the worst possible hour — quietly swap it for something truer: *my sleep has been hard lately, and that can change*. And the next time you wake in the night, try leaving the clock alone, just once. Notice the pull to check the time competing with the pull to simply rest, and let rest have that one small win.

THE ANCHOR: YOUR BODY CLOCK

The one habit that sets everything else

Monday you were in bed by nine, worn out from the day. Tuesday it was closer to eleven — a good show, a phone call that ran long, the kind of evening that slides past you before you notice. Wednesday, after a night that left you staring at the ceiling until nearly two, you finally drifted off around three and didn't stir until almost ten. You told yourself you needed it. Your body had been shortchanged, and this was the makeup.

Except Wednesday night didn't come easier. If anything, it came harder. You lay down at your usual time and your body wasn't ready — not sleepy the way it should have been, not settled. You tossed for an hour, maybe more, wondering why the extra rest from that morning hadn't left you refreshed and ready. By Thursday you were exhausted and confused in equal measure, caught in a week where nothing about your sleep felt steady, where every night was its own separate guess.

Maybe your week doesn't look exactly like that one. Maybe it's a grandchild who stays over and throws two nights off. Maybe it's a trip, or a holiday, or simply the freedom of not having anywhere to be, which somehow makes your sleep looser instead of easier. Whatever the shape of it, the feeling underneath is usually the same: a sense that your sleep is being decided for you, night by night, by whatever the day happened to bring — never something you're actually steering.

If that pattern sounds familiar — a different bedtime depending on the day, a late morning here and there to recover from a rough night, sleep that never quite finds its footing — you're not managing your sleep wrong so much as managing it from the wrong end. And there's real relief in that,

because it means the fix isn't about trying harder at bedtime. It's about something simpler, and something you have far more control over than you might think: the moment you get up.

YOUR CLOCK DOESN'T CARE WHAT YOU DID LAST NIGHT

In the last chapter, you met the two systems that decide when you sleep: your circadian rhythm, the internal clock that sets the *timing*, and your sleep pressure, the hunger that builds the longer you're awake. Most people, when their sleep goes sideways, try to fix it from the sleep-pressure side — go to bed earlier, sleep in later, nap to make up the difference. It feels logical. More time in bed should mean more rest.

But your internal clock doesn't run on how tired you are. It runs on cues — and the single strongest cue it listens to is not when you go to sleep. It's when you get up.

The American Academy of Sleep Medicine includes this among its core guidance for healthy sleep: keep a consistent sleep schedule, and get up at the same time every day, even on weekends or during vacations. The National Institute on Aging says something very close, aimed specifically at people your age — follow a regular schedule, going to sleep and getting up at the same time each day, even on weekends or when traveling. Neither organization treats this as one tip among many. It reads more like the foundation the other tips rest on.

Harvard Health explains why a wake time carries so much weight. Your internal clock isn't set once and then left alone — it needs to be reset every day, and what resets it is your first exposure to light in the morning. Every single day, your body is effectively asking, *when does the day begin?* And the answer it gets shapes everything that follows: when melatonin starts to rise in the evening, when your body temperature dips, when that pull toward sleep arrives. A wandering wake time sends a wandering answer. Your clock never quite knows what time zone it's living in, even though you haven't gone anywhere.

Think of it less like a single habit and more like a lighthouse. A lighthouse doesn't do its job by flashing occasionally, whenever it feels like it. It does its job by holding a rhythm so steady that ships can set their own position by it. Your wake time works the same way for your body. Hold it steady, and everything downstream — your evening sleepiness, your energy in the afternoon, how quickly you drift off at night — has something reliable to orient around. Let it drift, and your whole system spends its energy trying to relocate itself instead of settling into rest.

WHY "SLEEPING IN" BACKFIRES

The instinct to sleep in after a bad night makes a certain kind of sense. You're depleted, so you rest more. But sleep doesn't work the way a bank account does, where a deposit anytime makes up for a withdrawal anytime. Timing matters as much as amount, and a late morning doesn't just fail to fix the debt — it can hand you a new one.

Mayo Clinic Press is direct about the mechanism: sleeping in on the weekends makes it more likely that you'll have trouble falling asleep at night. The late morning pushes your whole clock later, the same way a late-arriving wake-up light would. Your body, still following that later wake time, doesn't want to wind down at your usual bedtime that night — and now you've built yourself a harder evening on top of an already hard week.

This is worth sitting with, because it runs against everything that feels intuitive. When you're exhausted, "sleep more when you can" seems like the obviously kind thing to do for yourself. And it is kind — just not in the way it feels like it should be. The kinder move, even though it takes more will in the moment, is to get up close to your usual time regardless of how the night went, and let your body bank the good rest that comes later, once your clock is steady again. One hard morning in service of many easier nights is a fair trade, even when it doesn't feel like one at six in the morning.

THE LIGHT THAT SETS THE CLOCK

If a steady wake time is the anchor, morning light is what makes the anchor hold. Harvard Health describes the mechanism in the body itself: sunlight stimulates the hypothalamus, the part of the brain that helps regulate your circadian rhythm, and the advice is to get some light time soon after you wake — ideally before 10 a.m.

You don't need special equipment or a clinical routine for this to work. What your body is looking for is simply information — a clear, bright signal that says *the day has started* — and it gets that signal fastest and most reliably from real daylight. Standing at an open door with your coffee. Sitting on the porch or by a window while you read the news. Walking to get the mail, or around the block, or out to feed the birds. Even an overcast morning outdoors carries far more usable light than a well-lit room, because window glass filters out a good portion of what your clock is actually looking for.

This pairs with your wake time rather than replacing it. The wake time tells your body when the day begins. The light confirms it — clearly enough that your internal clock has no ambiguity left to sit with. Together, they're the pairing Harvard Health points to when it describes what leads to regular, dependable sleep onset at night: a steady wake time, paired with morning light, helps align your circadian rhythm so the rest of your day, and the rest of your night, has something to follow.

WHY THIS MATTERS MORE AFTER 60

Here's where the age piece comes in, and it's worth knowing, because it changes how much this particular habit is worth to you right now.

You already learned, in the last chapter, that starting somewhere around 60 to 65, your circadian rhythm shifts forward — the "phase advance" that makes you sleepy earlier in the evening and wakes you earlier than you'd like. The Sleep Foundation confirms this shift begins in that same window, age 60 to 65. But there's a second piece to the story, one that makes the wake-time-and-light habit more valuable now than it was at forty, not less.

As the Sleep Foundation explains, aging eyes simply let in less light than younger eyes do — particularly the short-wavelength light that your circadian system relies on most heavily to stay set. Your eyes aren't failing you. This is an ordinary part of how eyes age, the same way reading glasses become ordinary. But it does mean the light-based signal your clock depends on arrives fainter than it used to, even in identical daylight conditions. Your clock is straining to read a signal that has quietly dimmed.

The encouraging half of this finding is what the Sleep Foundation says comes next: getting more light during the day may help you sleep through the night. Because the signal arrives fainter, the practical answer isn't to give up on it — it's to seek out more of it, more deliberately, than you might have needed to years ago. What used to happen almost by accident — a bright walk to the car, an errand run at midday — now deserves a little more intention. Not more effort in the sense of more work. More intention, the way you'd turn up the volume on a conversation you still very much want to be part of.

This is, in its own quiet way, good news. It means the fix for this particular piece of aging sleep isn't a pill, a supplement, or anything complicated. It's daylight — outdoors, on your face, not long after you wake — something available to you most mornings for free.

You have permission to stop reading any of this as evidence that your body is falling short. Eyes that let in less light at seventy than they did at thirty are not a malfunction — they're the ordinary arithmetic of getting older, the same as needing better light to read the newspaper. Nothing here is telling you that you're doing mornings wrong. It's telling you that the same habit works, it just works a little harder for its living now — and that a few more minutes outside is a small price for a clock that finally knows what time it is.

THE WAKE-TIME ANCHOR

This is the tool this chapter is built around, and it's simpler than it might sound after everything you've just read: **The Wake-Time Anchor** — one fixed time you get up, every day, regardless of what kind of night came

before it.

Not a target. Not a rough window you aim for on your good days. A genuinely fixed point, the same way a lighthouse doesn't move depending on the weather. Here's how to choose one and hold it.

Pick a time you can actually keep seven days a week. Not the earliest time you're capable of on your most disciplined morning — the time that fits the life you actually live, including weekends, including the mornings you'd rather not. The National Institute on Aging's guidance is to follow a regular schedule, going to sleep and getting up at the same time each day, even on weekends or when traveling, and the American Academy of Sleep Medicine says essentially the same thing. If the time you pick only survives Monday through Friday, it isn't an anchor yet — it's a workday habit, and your clock will still drift every weekend and undo some of what the week just built.

Hold it especially on the mornings you don't want to. The morning after a bad night is exactly when the anchor matters most, and exactly when it's hardest to keep. Everything in you will want to sleep in and recover. Get up anyway, at your time, and let the recovery come from the night that follows — once your clock is steady again — rather than from the morning you're tempted to trade away. This is the piece from earlier in the chapter, put into practice: sleeping in after a rough night tends to make the next night's sleep harder to find, not easier.

Meet the morning with light, not a screen. As soon as you're up, get outside if you can, even briefly — a few minutes on the porch, at the door, on a short walk. If getting outside isn't realistic some mornings, sit near the brightest window in the house while you have your coffee or tea. The goal, according to Harvard Health, is light soon after waking, ideally before 10 a.m. — and given what you now know about aging eyes needing more of it, lean toward more daylight rather than less whenever the day allows: a walk after breakfast, a chair by a sunny window for a while, errands run earlier rather than later.

Let your bedtime follow, not lead. You may notice, once your wake time has been steady for a week or two, that your evening sleepiness starts arriving at a more predictable hour on its own. That's the system working the way Harvard Health describes it — a regular wake time leading to regular times of sleep onset. You don't have to force an earlier bedtime by willpower. Hold the anchor at the wake end, and the other end tends to follow.

Give it more than one night to prove itself. A clock that's been drifting doesn't reset in a single morning. Hold the same wake time and morning light for a week or two before you judge whether it's working. Some mornings will still feel hard — that isn't a sign of failure. It's just the clock catching up.

Let one late night be one late night, not a new pattern. Life doesn't pause for a sleep habit — there will be a late dinner, a grandchild's recital, a holiday that runs past your usual hour. That's not a broken anchor; it's a single exception. The habit that matters is what you do the next morning. Get up at your time anyway, even on a short night, and the anchor holds. It's the drifting from day to day that unsteadies your clock — not one late evening you couldn't, or didn't want to, avoid.

None of this asks you to sleep less, or to white-knuckle your way through exhaustion. It asks for one steady point in your day, held on purpose, so your body stops guessing what time it is. Everything else in this guide —

the wind-down hour, the calm way of handling a wakeful mind, the environment that invites sleep in — works better once this one piece is standing still. Think of it as the post everything else gets tied to.

PAUSE & REFLECT

There are no right answers here. These are just for you.

- Think back over the last week. How much did your wake time actually vary from day to day?
- What's the honest reason mornings after a bad night pull you toward sleeping in — tiredness, comfort, something else?
- Where in your morning is there already daylight you're not using — a porch, a window, a short walk you could take a little earlier?

WHAT TO REMEMBER

- Your internal clock is set mainly by when you wake up, not by when you go to bed.
- A steady wake time — held every day, including weekends and after bad nights — is the strongest single cue your body clock has.
- Sleeping in to "catch up" after a rough night tends to make the following night's sleep harder, not easier.
- Morning light, soon after waking, confirms the signal your wake time sends and helps set the whole day's rhythm.
- Starting around 60 to 65, aging eyes let in less of the light your clock relies on — which is exactly why seeking out more daytime light helps, not a sign anything is wrong with you.

A GENTLE NEXT STEP

Choose one wake time you can genuinely hold for the next seven days — weekends included — and commit to nothing else this week. Each morning, however the night went, get up at that time and spend a few minutes in real daylight before you do anything else. You're not trying to fix your whole sleep this week. You're setting the anchor everything else in this guide will be built on.

THE WIND-DOWN HOUR

Teaching your body it's safe to sleep

The television is still on. It's the second half of the evening news, or maybe you've drifted into whatever came on after it — you're not really watching, not really not-watching either. Your phone is somewhere nearby, and every so often you pick it up: a headline, a message from your daughter, a few minutes scrolling through nothing in particular. The room is fully lit. It's been fully lit all evening, the way it always is.

Then, at some point, you decide it's time. You turn everything off — the television, the lamp, the phone screen going dark in your hand — and you get into bed expecting your body to follow along. It doesn't. Your mind is still bright, still moving, still half-tuned to whatever you were watching a minute ago. You lie there in the dark, wide awake in a room that's suddenly gone quiet, wondering why sleep won't come even though you did everything "right." You went to bed at a decent hour. You're tired. And still, nothing.

It helps to understand what's actually happening: your body doesn't switch from day to night like a light switch. It shifts more like a dimmer — gradually, over time, in response to signals you give it. Flip straight from bright screens and evening news to a dark, silent bedroom, and you haven't given your body any runway. You've asked it to land a plane with no warning it was supposed to be descending.

This chapter is about that runway. Not a strict bedtime ritual you have to perform perfectly, and not one more thing to feel behind on — just an understanding of what your body actually needs in the hour before sleep, and a simple, repeatable way to give it that.

If you've quietly blamed yourself for this — told yourself you must be doing something wrong, or that other people simply have an easier time drifting off — set that story down for now. The gap between "lights off" and "actually sleepy" isn't a personal failing. It's a gap your evening habits either close or widen, and nobody ever hands you the instructions for which is which. You're about to get them.

WHY YOU CAN'T JUST SWITCH OFF

Start with the light, because it explains more than it seems like it should.

The American Academy of Sleep Medicine is direct about what a bright screen does to you late in the evening: when you look at a brightly lit screen before bed, it can trick your body clock into a level of daytime-level alertness. Think about what that means. You're not just failing to relax — your phone or your television is actively telling your brain that it's still daytime, still time to be alert and engaged, right up until the moment you turn it off and expect sleep to arrive on command. The AASM's recommendation is specific: turn off electronic devices at least 30 to 60 minutes before bedtime.

Mayo Clinic backs this from another angle. Its sleep guidance is plain that exposure to light in the evenings might make it more challenging to fall asleep, and it advises against prolonged use of light-emitting screens just before bedtime. And in a Mayo Clinic conversation about sleep, cardiovascular specialist Dr. Virend Somers goes a step further with his own patients, offering a clear, memorable rule: turn off all screens, including your smartphone, an hour before bed.

You'll notice those two numbers aren't identical — 30 to 60 minutes from the AASM, a full hour from Dr. Somers. That's fine. They're not in conflict; they're two experts pointing at the same general truth from slightly different angles. What matters is the direction, not the exact minute: screens off well before you actually try to sleep, not the second you decide you're done for the night.

This isn't about willpower, and it isn't a judgment on how you spend your evenings. It's simply useful to know that the glowing rectangle in your hand and the bright box across the room are, chemically speaking, arguing with your bedtime. Once you know that, you can decide what to do about it — which is exactly where this chapter is headed.

It also explains something that might have puzzled you: why you can feel genuinely exhausted at nine and then wide awake at ten, the moment you finally lie down. The tiredness was real. But a lit screen an hour earlier had quietly told your brain to stay in daytime mode, and that message doesn't vanish the second you power the device off. It takes time to fade — which is exactly why the window matters more than the instant.

THE WARM BATH TRICK (AND WHY IT ACTUALLY WORKS)

Here's one that surprises people, because it seems backwards at first: a warm bath before bed doesn't work by cooling you down. It works by warming you up — so that your body can cool down afterward, on its own, right as you're trying to fall asleep.

A peer-reviewed study published in the *Journal of Physiological Anthropology* looked closely at how bathing affects body temperature and sleep. The finding: bathing conditions that produce roughly a 0.9°C increase in body temperature appear effective for falling asleep and for sleep quality, because core temperature then shows a greater drop before sleep. In other words, the warmth itself isn't the point — the *drop* that follows is. Your body naturally cools a little as part of settling into sleep, and a warm bath gives that cooling process a bigger, cleaner signal to work with.

Timing matters here too. The same research clarified that bathing 60 to 180 minutes before bedtime shortens the time it takes to fall asleep. That's a fairly wide window — anywhere from an hour to three hours ahead of lights-out — which is good news, because it means you don't need to hit some precise minute to benefit. A bath after dinner, well before you're actually ready for bed, gives your body time to warm and then gently cool right on schedule.

None of this requires anything elaborate. It doesn't have to be a long soak or a special ritual — Mayo Clinic simply notes that doing calming activities before bedtime, such as taking a bath or using relaxation techniques, might promote better sleep. The mechanism is real; the execution can be as ordinary as your regular evening bath or shower, just placed with a little intention.

Picture it in practice. Say you usually shower in the morning and bathe only occasionally. You don't have to overhaul that. On an evening when a warm bath or shower already fits — after dinner, before the news, whenever it naturally sits in your evening — simply notice that you've landed inside a useful window. You're not adding a task to your day. You're recognizing that something you may already do, on the nights you already do it, is quietly working in your favor.

A ROUTINE YOUR BODY LEARNS TO TRUST

Beyond light and temperature, there's a third piece, and it's less about any single ingredient than about rhythm itself: doing roughly the same calming things, in roughly the same order, most nights.

The National Institute on Aging puts it simply, in language worth holding onto: have a bedtime routine. Find ways to relax before bedtime each night. Read a book, listen to soothing music, or take a warm bath. Notice what isn't on that list — no elaborate program, no fifteen-step ritual. Just a small handful of quiet, low-stimulation things, repeated.

Why does repetition matter so much? Because your body learns from pattern the same way the rest of you does. A routine you repeat most nights becomes a kind of language your body starts to understand — a way of saying *it's almost time* long before your head hits the pillow. The first few nights, it might not feel like much. Over time, the routine itself becomes part of the cue. You dim the lamp, and some part of you exhales a little, simply because dimming the lamp is what happens before sleep.

The room you're winding down in matters as well. The National Institute on Aging advises making your room comfortable for sleep and keeping the temperature not too hot or cold — deliberately general language, because

the point isn't a thermostat number, it's comfort. Mayo Clinic frames the same idea a little more specifically: keep your room cool, dark, and quiet. You don't need to reconcile those two into one exact rule. Between them, the guidance is clear enough to act on: a room on the cooler, comfortable side, not one that's overheated or stuffy, sets you up better than one that fights against the cooling your body is already trying to do.

And there's one more piece worth naming plainly, because it ties everything in this chapter together: the National Institute on Aging also suggests keeping the television, computer, cell phone, and tablet out of the bedroom altogether. This isn't about banning screens from your life. It's about letting the bedroom itself work best as a room your body associates with one thing only — rest.

THE WIND-DOWN HOUR

All of this — the light, the warmth-then-cooling, the repeated small rituals, the room itself — points toward the same practical idea: give your body about an hour to shift from day to night, on purpose, instead of asking it to do that shift instantly the moment you decide you're tired.

Call it the **Wind-Down Hour**. It isn't a strict schedule with a stopwatch, and you don't need to follow it to the minute to benefit from it. It's simply a shape for the last hour before bed — the same handful of moves, most nights, in roughly the same order:

Dim the lights, and put the brightest screens away. Somewhere in that 30-to-60-minute-to-an-hour window the AASM and Dr. Somers both point to, turn off the television and set your phone aside. If you want something to do with your hands or your eyes, let it be low light and low stimulation — not the news, not a scrolling feed.

If a bath or warm shower fits your evening, let it happen here. You don't need to build your whole routine around it, but if it's already part of your evening, this is a good place for it — comfortably before bed rather than right up against it, so your body has time to do the cooling that actually helps you drift off.

Do the same few calming things you always do. A book. Soothing music. A warm drink if that's your habit. The specific activity matters far less than the fact that it's *your* activity, repeated, low-key, and free of anything urgent or upsetting.

Set the room the way your body likes it. Comfortable, on the cooler side, dark, quiet. Whatever small adjustments that takes for you — a fan, a cracked window, heavier curtains — make them part of the routine too, so they happen automatically rather than as an afterthought at eleven at night.

Let the bedroom be for sleep. If the television and the phone are the last things you look at before you close your eyes, your bedroom stays tangled up with daytime alertness. Leave those in another room, and let this one belong to rest.

Here's what that might actually look like on an ordinary evening, if it helps to see it laid out. Say your usual bedtime is around ten. Somewhere between eight and half past, you finish up whatever's on the television and set your phone down in another room rather than beside your chair. If a bath fits tonight, it happens next — comfortably before bed, not rushed against it. After that, the lamp goes on instead of the overhead light, and you settle into your book or your music for a while, the room already set to the cooler, quieter version of itself. By the time you actually climb into bed, your body has had the better part of an hour to notice the shift — the light dimming, the temperature dropping, the noise falling away — instead of being asked to fall asleep the instant the television clicks off.

That's the whole shape of it — five ordinary moves, repeated most nights, giving your body the runway it needs instead of the sudden stop it's been getting. You don't have to do all five perfectly, and you don't have to start tonight with the full routine. Even picking one piece — screens off a little earlier, or the bath moved up by an hour — is real progress. The point was never to perform the routine flawlessly. The point is to stop demanding an instant landing from a body that was built to glide down slowly.

YOU ARE NOT THE PROBLEM HERE

If you've spent years believing that lying awake after the television goes off means something is wrong with you, let this chapter offer a different reading: it means your body was doing exactly what a bright, stimulating, fully-lit evening had trained it to do. You weren't failing to relax. You simply hadn't been given the hour your body actually needed.

You have permission to make that hour boring, on purpose. You have permission to let the evening quiet down gradually instead of shutting off abruptly. And you have permission to build a Wind-Down Hour that looks like your life — your book, your music, your bath, your own particular version of quiet — rather than someone else's idea of the perfect bedtime ritual.

Some nights the routine will slip — a phone call runs long, a grandchild wants one more show, life happens the way it does. That's not a broken night and it's not a broken habit. Pick the routine back up the next evening,

the same way you'd pick up a book you'd set down. The runway doesn't need to be perfect to work. It just needs to be there, most nights, so your body has somewhere familiar to land.

PAUSE & REFLECT

There are no right answers here. These are just for you.

- What are you usually doing in the hour before you turn off the lights? Is it winding you down, or winding you up?
- Which piece of the Wind-Down Hour feels easiest to try first — the screens, the bath, the room, or the routine itself?
- If your bedroom belonged only to rest, what would need to move out of it?

WHAT TO REMEMBER

- Your body shifts from day to night gradually, not instantly — bright screens late in the evening work against that shift.
- Turning off devices 30 to 60 minutes before bed, or a full hour by Dr. Somers's rule, gives your body the runway it needs.
- A warm bath doesn't help by cooling you — it helps by warming you first, so the drop in temperature afterward eases you toward sleep. Bathing roughly one to three hours before bed is the window that helps most.
- A repeated, low-key routine — reading, soothing music, a warm bath — teaches your body to recognize that rest is coming.
- A comfortable, cooler room and a bedroom kept free of screens both support the same goal: a space your body knows is only for sleep.

A GENTLE NEXT STEP

Pick one piece of the Wind-Down Hour and try it for the next few nights — nothing more. Maybe it's setting your phone down an hour before bed. Maybe it's moving your shower a little earlier in the evening. Choose the smallest change that feels doable, and let that be enough for now. The rest of the routine can wait until this one piece feels ordinary.

WHEN YOUR MIND WON'T QUIET

The 3 a.m. wake-up and the racing thoughts

It's 3:14 in the morning, and you are wide, wide awake.

Nothing woke you, not really — no siren, no dropped glass, no bad dream you can point to. You simply surfaced, the way you sometimes do now, and the moment your eyes opened, your mind opened with them. The electric bill you haven't paid. Whether your daughter got home safely after her late shift. The appointment tomorrow — today, now, technically — and whether you remembered to write down the questions you meant to ask the doctor. The load of laundry still damp in the washer. A conversation from six years ago that you suddenly, inexplicably, need to re-litigate at 3 a.m., word for word, as if there's still a verdict to reach.

You do the math you always do. *If I fall asleep right now, I'll get three hours and forty-six minutes.* You do it again a few minutes later, and the number is smaller and somehow angrier. You turn over. You turn back. You try to think about nothing, which is its own kind of impossible, because trying to think about nothing is still thinking. The room is dark and quiet and everyone else in the house is asleep, and you are alone in here with a mind that has picked exactly this hour to run through everything it has been putting off since noon.

If this is a familiar room to you — this particular, wide-awake, overcrowded 3 a.m. — you are not doing anything wrong, and you are not alone in it. This chapter is about that hour. Not the falling asleep at the start of the night, which the next chapters will help with in other ways, but this: the mind that won't quiet once it's already surfaced, and the handful of small, well-tested moves that can help it settle back down.

THE STRUGGLE IS THE PROBLEM, NOT JUST THE SYMPTOM

Here is something worth sitting with before anything else: the *effort* you're putting into falling back asleep may be the very thing keeping you up.

That sounds unfair, and it is a little unfair, but it's also one of the most useful things sleep researchers have learned. A peer-reviewed study on what scientists call "sleep effort" — the anxiety about sleep, and the energy spent trying to force it — found that this effort acts as what researchers describe as a factor that perpetuates and maintains insomnia. In plain terms: the harder you strain toward sleep, the more it slips out of reach, and the people who report struggling hardest to sleep tend to report the most severe insomnia. Trying is, in this one narrow case, part of what's working against you.

Mayo Clinic puts a name to the way out of that trap: **remain passively awake**. Rather than gripping at sleep — willing it, chasing it, growing more frustrated by the minute — the goal is closer to floating. Mayo notes plainly that worrying about your inability to sleep can itself keep you awake, and that letting go of that worry is part of what helps you relax enough to drift off. It's a strange instruction at first. You've spent your whole life solving problems by working harder at them. This is one of the rare places where working harder makes things worse, like closing your hand tighter around water and watching it run out between your fingers faster the tighter you squeeze.

There's a second thing happening in that 3 a.m. bed, and it's worth naming too, because naming it takes away some of its grip. The longer you lie there awake — tense, watching the clock, running the math — the more your mind and body quietly learn to associate *the bed itself* with being awake, alert, and frustrated. Researchers who study behavioral treatments for insomnia describe exactly this: the bed stops being a cue for sleep and starts being a cue for lying there struggling. You're not imagining that your bed has started to feel less like a place of rest and more like a place where the fighting happens. In a very real sense, it has — and the good news is that this association can be retaught, deliberately, the same way it was learned.

GIVE THE BED ONE JOB

The retraining has a name — sleep specialists call it **stimulus control** — and the idea behind it is almost embarrassingly simple: the bed gets one job.

The American Academy of Sleep Medicine describes the core instruction this way: use the bed only for sleep and for sex. Not for reading the news on your phone. Not for paying bills, folding laundry that got left on the corner of it, or running through tomorrow's list. Not even for lying there working out a problem, however tempting that feels at 3 a.m. when the house is quiet and your mind finally has your full attention. Every one of those other uses teaches your brain, a little more each time, that the bed is a place where wakeful things happen — which is precisely the opposite of what you want it to learn.

Researchers who've studied this approach lay out the fuller set of habits alongside it: go to bed only when you actually feel sleepy, not simply because the clock says it's time. Keep a standard time for getting up, morning after morning, the same idea you'll meet again in the chapter on your body clock. Get out of bed if you find yourself awake for a long stretch, rather than lying there working at it. Skip the reading, the television, the snacking, and the worrying while you're in bed or even in the bedroom. And leave daytime naps out of the picture, so your body has one clear signal for what this bed, this room, is *for*.

None of this happens overnight, and that's worth saying plainly. You're not failing if the first few nights of protecting your bed's one job still feel restless. You're unteaching a habit your mind has practiced for years, maybe decades. It takes the same patience you'd give any relearning — a little time, a little repetition, and a lot less judgment of yourself along the way than you're probably tempted to bring to it.

THE 20-MINUTE RULE

So what do you actually *do* at 3:14 in the morning, lying there with your mind already running? This guide calls the answer **The 20-Minute Rule**, and it is exactly what it sounds like: if you've been awake and frustrated for

somewhere around fifteen to twenty minutes, get up.

The American Academy of Sleep Medicine states the instruction directly — if you're not asleep after about twenty minutes, get out of bed and do something else relaxing, and return to bed when you feel sleepy again. Other researchers who've reviewed these behavioral techniques describe a slightly shorter window, and sleep specialists don't all agree on the exact number down to the minute — you'll see fifteen, you'll see twenty, you'll occasionally see a source stretch it toward thirty. Don't get hung up on the stopwatch. The principle underneath all of them is the same: once lying there has turned from resting into struggling, staying put only deepens the very association you're trying to undo. Somewhere in that fifteen-to-twenty-minute range, when frustration has replaced any real drowsiness, it's time to get up.

Here's what "getting up" actually looks like, in practice, in your own house, at an hour when you'd rather not be awake at all. You get out of bed — gently, without turning on the overhead light or reaching for your phone. You go to another room, or at least another spot, and you do something calm and dim: sit in a chair with a paperback under a small lamp, listen to something low and unhurried, do a few slow stretches, fold that same laundry if it genuinely settles you. What you're avoiding is anything bright, anything stimulating, anything that argues with your body's case that it's still nighttime. You stay there, unhurried, until you notice the pull of sleepiness returning — the heavy eyes, the harder-to-follow thoughts — and only then do you go back to bed.

This is, for many people, the hardest instruction in the whole guide to actually follow, because it runs against everything your tired body wants to do, which is stay put and just try harder. But trying harder is the thing that isn't working. Getting up is not giving up. It's declining to turn your bed into the site of the struggle.

DON'T WATCH THE CLOCK

Back in that room at 3 a.m., one more instruction, small but stubborn in its usefulness: leave the clock alone.

Researchers who study these behavioral techniques are specific about this — they caution patients not to “clock-watch,” because the act of checking the time reinforces exactly the wakefulness you’re trying to loosen your grip on. Mayo Clinic’s advice is more direct still: hide the clock from view. Turn your phone face-down, or better, leave it in another room entirely. Every glance at the time is another small dose of arithmetic — *if I fall asleep now, I’ll get this many hours* — and that arithmetic, as you already know from tonight, only ever makes things worse. It doesn’t buy you a single extra minute of sleep. It just hands your already-busy mind one more thing to chew on.

If you take nothing else from this section, take this: the numbers on the clock are not information you need right now. They’re bait. You’re allowed to let them sit there, glowing quietly, entirely unread until morning.

THE WORRY WINDOW

Some nights, though, the racing mind isn’t really about the clock or the bed at all — it’s about everything that’s still unfinished. The bill. The appointment. The conversation you meant to have and didn’t. Those thoughts don’t wait politely for daylight; they show up exactly when you have nothing to do but listen to them.

The American Academy of Sleep Medicine offers a genuinely clever answer to this, and this guide gives it a name: **The Worry Window**. The idea is to set aside a block of time earlier in the day — the afternoon or early evening, well before bed — and use it, deliberately, to review the day and plan for tomorrow. You sit down, on purpose, with the thoughts that would otherwise ambush you at 3 a.m., and you give them their appointment during daylight instead. The point, in the AASM’s own description, is to let your mind be at rest by the time you actually go to bed, because those thoughts have already had their turn.

There’s something almost countintuitive about scheduling your worrying, and it can feel a little silly the first time you try it — sitting down on purpose to think about the electric bill. But the logic holds up: your mind isn’t trying to ruin your night. It’s trying to make sure nothing important

gets dropped, and if it doesn't trust that those things will get handled, it will keep raising its hand at the worst possible hour to make sure you don't forget. Give it an earlier hour where it's genuinely allowed to speak, with a notepad and a plan for tomorrow in hand, and 3 a.m. has a lot less unfinished business to bring you.

You don't need an elaborate ritual for this. A short, quiet stretch of time with a pen and paper, run through what's on your mind and what you'll do about it tomorrow, is the whole method. The Worry Window isn't about solving everything. It's about closing the loop enough that your mind can set it down for the night.

RELAX THE BODY, QUIET THE MIND

Alongside stimulus control and the Worry Window sits a third tool, gentler and more physical: relaxation training. The American Academy of Sleep Medicine describes it as learning to relax both mind and body together, through a handful of specific approaches — working the muscles, working the breath, and working your focus, all aimed at loosening the anxiety and tension that keep you alert when you'd rather be settling down.

One version of this you can try tonight, if you like, is **progressive muscle relaxation**. Harvard Health describes the method simply: you gradually tense and then release your muscles, working your way up the body, usually starting at your feet. For some people, it's a racing, worried mind that's standing between them and sleep. For others, it's plain physical tension — shoulders climbing toward the ears, a jaw clenched without noticing — and this technique speaks to both. You tighten your feet for a few seconds, then let them go loose and heavy. You move to your calves, then your thighs, working slowly upward, noticing the difference each time between the tension and the release. It's not complicated, and it doesn't require anything you don't already have lying in bed with you.

Slow, deliberate breathing belongs in this same toolkit, as a quiet companion to the muscle work — lengthening each breath, letting the exhale run a little longer than the inhale, giving your body's own signals of calm something to follow. You don't need a formal technique to benefit

from it; simply slowing your breath on purpose, a few times, tends to nudge your whole system a notch calmer. If breathing work is new to you, there's no wrong way to begin — just slower, and on purpose, is enough for tonight.

None of this is about forcing relaxation any more than the earlier sections were about forcing sleep. You're not gripping your way to calm. You're giving your body a slow, deliberate signal — muscle by muscle, breath by breath — that it's safe to let go.

WHY THIS COMBINATION WORKS: A WORD ABOUT CBT-I

It's worth knowing that everything in this chapter — the one job for your bed, the 20-Minute Rule, no clock-watching, the Worry Window, the relaxation work — isn't a collection of separate tips. Together, they form the heart of what's known as **CBT-I**, Cognitive Behavioral Therapy for Insomnia, and it's worth understanding why that matters.

The American College of Physicians' clinical guideline states plainly that cognitive behavioral therapy for insomnia should be the first-line treatment for adults with chronic insomnia — meaning it's the approach doctors are advised to reach for *before* medication, not after it's failed. A clinical guideline developed for the VA and Department of Defense calls CBT-I the "gold standard," built from exactly the pieces you've just read: stimulus control, relaxation therapy, and work on the thought patterns that keep insomnia going — and it specifically notes that sleep hygiene tips alone, the general good-habits advice, are not enough on their own to treat chronic insomnia. You need the fuller toolkit, not just the highlights.

The National Institute on Aging says something similar, aimed squarely at readers your age: cognitive behavioral therapy can help with the insomnia that's so common after sixty, and while sleep medicines may help in the short term, they carry risks and shouldn't be used long term. That's not a scolding about pills — it's a genuinely hopeful piece of information. The most effective help for the 3 a.m. wake-up isn't a prescription. It's a set of learnable, repeatable behaviors, most of which you now have in your hands from this one chapter alone. If tonight's tools don't fully settle things and

the trouble keeps returning, night after night, that's worth a conversation with your doctor about CBT-I by name — it's a real, structured treatment, often delivered over several sessions, not something you have to piece together alone in the dark.

LETTING GO, ON PURPOSE

This is the chapter this guide's whole framework has been quietly pointing toward. You've anchored your day with a steady wake time. You've wound your evenings down so your body knows rest is coming. And now, here, in the room where the mind won't quiet, comes the third move: letting go.

Letting go doesn't mean giving up on sleep, and it doesn't mean pretending the racing thoughts aren't real. It means loosening your grip on the fight itself — closing your hand a little less tightly, so to speak, and trusting the process instead of forcing the outcome. You have permission to get out of bed at 3 a.m. without treating it as defeat. You have permission to schedule your worrying for a kinder hour. You have permission to stop watching a

clock that was never going to help you. None of that is giving up. It's the letting go that, paradoxically, tends to bring sleep closer than gripping ever did.

Anchor. Wind down. Let go. Tonight, if 3:14 finds you again, you'll have

somewhere to put your hands instead of the fight.

PAUSE & REFLECT

There are no right answers here. These are just for you.

- What does your mind usually reach for first at 3 a.m. — a worry, a memory, a to-do list? Does it have a favorite?
- Have you ever noticed your bed starting to feel like a place of struggle rather than rest? What would it take to give it back its one job?
- If you gave your worries a scheduled appointment earlier in the day, what would you want to say to them?

WHAT TO REMEMBER

- The effort you put into forcing sleep can be part of what keeps it away. Remaining passively awake, rather than straining toward sleep, is the goal.
- Your bed does its best work when it has one job: sleep and sex, nothing else. Everything else teaches your mind that the bed is for being awake.
- If you're awake and frustrated for roughly fifteen to twenty minutes, get up, do something calm and dim, and return only when you feel sleepy. Sources vary slightly on the exact number — the principle matters more than the stopwatch.
- Leave the clock alone. Checking the time only feeds the very wakefulness you're trying to loosen.
- A scheduled Worry Window earlier in the day can keep unfinished thoughts from ambushing you at 3 a.m.
- Relaxing the body — through progressive muscle relaxation or slow, deliberate breathing — helps quiet the mind too.
- These tools together are the heart of CBT-I, the treatment doctors are advised to reach for first for ongoing insomnia, before medication.

A GENTLE NEXT STEP

This week, pick just one tool from this chapter to try — not all of them at once. If your nights tend to spiral toward worry, set a Worry Window: a short, quiet stretch of time tomorrow afternoon with a pen and paper, running through what's on your mind and what you'll do about it. If it's

more often the lying-there-awake that gets you, try the 20-Minute Rule the next time you wake in the night: notice the frustration building, get up, do something calm and dim, and come back only when sleepy. One tool. One week. See what it teaches you.

YOUR BEDROOM, YOUR SANCTUARY

Dark, cool, quiet — and for sleep only

The television is still on when you climb into bed. You tell yourself it's just for a few minutes, just until you feel drowsy, the blue-grey flicker throwing shapes across the ceiling while a late-night host talks to someone about a movie you'll never see. Through the gap in the curtains, the streetlight outside does its steady work, laying a pale stripe across the covers that never quite goes away, not even at 2 a.m., not even at 4. You turned the heat up earlier because the evening felt chilly on the couch, and you never turned it back down, so now the room holds onto that warmth the way a held breath holds onto air. Somewhere near your feet, tomorrow's mail sits in a small stack, and the chair in the corner is doing double duty as a coat rack and a place where laundry waits to be dealt with.

None of this feels like a problem. It feels like a bedroom — your bedroom, arranged the way it's been arranged for years, maybe the same way it's been arranged since before you can quite remember deciding it. But your body is a much simpler creature than you might give it credit for, and every one of these small things is telling it something. The light says *stay alert*. The warmth says *don't fully let go*. The television says *there's still something to pay attention to*. And your body, dutifully, does not settle. Nothing is wrong with you — you've simply asked it to sleep in a room that is quietly asking it to stay awake.

This chapter isn't about redecorating. Nobody's coming to judge the color of your walls or the age of your mattress. It's about noticing that your bedroom has a job — one job — and helping it do that job a little better.

A ROOM IS A SIGNAL, NOT JUST A SPACE

Somewhere back in Chapter Four, you met the idea of the wind-down hour — the last stretch of the evening where you teach your body, gently and repeatedly, that rest is coming. Your bedroom is where that teaching either lands or falls apart. You can dim every light in the house, put your phone in another room, and do everything right for sixty minutes — and still undo a good portion of it the moment you lie down in a space that's too bright, too warm, or too full of things that have nothing to do with sleep.

That's because your body doesn't experience your bedroom as neutral. It reads it, the way it reads everything, for cues about what's supposed to happen next. A room that's dim, cool, and quiet tells your body: *this is the place where you let go*. A room that's lit by a screen, warmed by an unadjusted thermostat, and cluttered with the day's unfinished business tells your body something much less restful: *stay a little alert, there might still be something to do here*. Neither message arrives as words. It arrives as your body simply... not settling, the way it wouldn't settle anywhere it didn't feel safe to.

Think of it less like willpower and more like stagecraft. You wouldn't expect an audience to feel calm in a room with the house lights blazing and a radio playing in the background — the room itself works against the mood you're going for, no matter how good the performance is. Your bedroom works the same way. You can do everything right earlier in the evening and still lose ground if the set itself isn't dressed for rest.

The good news is that this works in your favor once you understand it. You don't have to talk your body into sleep. You don't have to try harder, or lie there willing yourself to relax. You just have to stop sending it mixed signals — and that part is almost entirely within your control.

THE CASE FOR DARK

Darkness is one of the clearest signals you can offer. Mayo Clinic's guidance for a restful sleep environment is refreshingly plain: keep your room cool, dark, and quiet, and consider tools like room-darkening shades, a fan, or

other devices that support that. It isn't a subtle recommendation — it's the baseline.

If your curtains let in a stripe of streetlight, or a hallway fixture leaks under the door, that's worth noticing rather than shrugging off. You don't have to turn your bedroom into a cave. You just have to close the gaps that keep telling your body it's still daytime out there.

THE CASE FOR COOL

Temperature is where people get the most curious, and it's worth being precise here, because the number that gets repeated most often is not, in fact, aimed specifically at people over sixty. It comes from research on adults generally.

The Sleep Foundation puts the ideal room temperature for sleep at around 65 degrees Fahrenheit, noting that most doctors recommend keeping the thermostat somewhere between 65 and 68 degrees. Harvard Health backs this up independently: most people sleep better in a room that's slightly cool, and it suggests keeping the temperature in that same 65-to-68-degree range overnight. Both of those are general adult guidelines — good, useful ones — but they weren't developed with your decade of life specifically in mind.

The National Institute on Aging, which does speak directly to older adults, doesn't hand you a number at all. Its advice is simpler and a little more forgiving: make your room comfortable, and keep the temperature not too hot or cold. That's it — no thermostat setting to hit precisely, no number to feel like you've failed if you miss it.

So here's how to hold both of those at once. If you want a starting point, the 65-to-68-degree range is a reasonable one to try, borrowed from the wider research on adult sleep. But the real target — the one aimed at you, specifically, at this stage of life — is simpler than a number on a dial: not too hot, not too cold, comfortable enough that your body isn't working to regulate itself all night. If 65 degrees leaves you shivering and unable to relax, that isn't the room doing its job. Comfortable is the goal. The number is only ever a suggestion in service of it.

THE CASE FOR QUIET

The third signal is the quietest one to manage, and often the hardest, since so much noise arrives from outside your control — traffic, a neighbor's dog, a partner's snoring, the house settling in the way old houses do. Mayo Clinic's advice here is practical rather than perfectionist: use what helps. Earplugs, a fan for steady background sound, a white-noise machine, anything that turns unpredictable noise into something your brain can tune out. You're not trying to achieve silence. You're trying to remove the sudden, jarring sounds that pull you back up toward wakefulness — the garbage truck at 5 a.m., the car door two houses down, the sound that arrives out of nowhere and yanks you from wherever you were in your sleep.

A steady hum in the background — a fan, a small machine set to something like ocean or rain — does something clever here. It doesn't erase the noise around you so much as give your brain a constant, predictable sound to rest against, so the sudden ones stand out less. You're not fighting silence into the room. You're giving it something steadier to lean on.

ONE ROOM, ONE JOB

Here's where the chapter turns from the room's atmosphere to the room's *purpose* — and this part tends to surprise people, because it asks you to look at your bedroom not just as dark-or-bright, warm-or-cool, but as a space that's either doing one job or several.

Harvard Health's guidance is direct: use the bedroom only for sleep and intimacy, and keep electronic devices and anything work-related in another room. The National Institute on Aging says something similar, aimed squarely at your stage of life — try not to watch television or use a computer, cell phone, or tablet in the bedroom.

It's worth sitting with why, because it isn't about screens being inherently bad. It's about what your brain learns from repetition. Every time you watch the news from bed, answer an email from bed, or scroll through your phone from bed, you're teaching your brain that the bed is a place where

alert, engaged things happen — not just sleep. Do that enough times, and your brain starts treating the bed itself as a cue for wakefulness, so that the moment you lie down, some part of you is primed to stay switched on, whether or not the television is even playing.

This doesn't mean tearing the television out of the wall tonight, and it certainly doesn't mean adding one more rule you'll feel guilty about breaking. It means, when you can, giving the bed back its one job. The paperwork moves to the kitchen table. The evening news happens from the couch. The phone charges somewhere that isn't arm's reach from your pillow. Little by little, the bed goes back to meaning exactly one thing to your body: *this is where I sleep*.

If the television has been part of your bedtime for years, you don't have to give it up in a single night, and nobody's asking you to. You might simply notice, the next few times you reach for the remote in bed, that you noticed — and let that be enough for now. Awareness is its own kind of progress. The habit doesn't have to end today to start loosening its grip.

THE PART OF THIS CHAPTER THAT ISN'T ABOUT SLEEP AT ALL

Everything so far has been about helping you fall asleep and stay asleep. This next part is about something else — what happens on the nights you have to get up.

You already know the walk. Bed to hallway, hallway to bathroom, sometimes at an hour when the house is fully dark and your eyes are still thick with sleep. It's an ordinary trip you've made a thousand times. But it's also, quietly, one of the more vulnerable moments in your whole night — half-awake, in the dark, moving through a space where your footing depends on being able to see it.

The National Institute on Aging is straightforward about why this matters: a lack of quality sleep can lead to real consequences, including an increased risk of falls or accidents. That's worth pausing on, because it reframes this whole chapter. The dark, cool, quiet room isn't only about comfort — it's

part of what keeps you steady on your feet, day after day. Poor sleep and physical safety aren't separate topics. They're connected, and a well-set-up bedroom protects both.

So the NIA's advice here isn't about the room's atmosphere anymore — it's about the room's safety. A nightlight in the hallway or bathroom. A flashlight kept somewhere within reach. And removing the ordinary things that are easy to trip over in the dark — area rugs, phone chargers, cords running across the floor between the bed and the door.

CDC's STEADI fall-prevention program, built specifically to help older adults stay steady in their own homes, gives the same advice in almost the same words: put a nightlight along the path from your bed to the bathroom, and keep that path clear — remove rugs, or secure them with double-sided tape or a non-slip backing so they can't slide or catch a foot.

None of this requires a renovation. A plug-in nightlight costs less than a cup of coffee. A flashlight on the nightstand takes ten seconds to place there. Rolling up a rug you'd tripped on twice already is the kind of small task that's easy to keep putting off — until you don't have to anymore. These are some of the smallest changes in this entire guide, and some of the most protective.

YOUR ENVIRONMENT CHECKLIST

You don't need to do all of this in one evening. Walk through it whenever you have a few spare minutes, and treat it the way you'd treat any small home project — a little at a time.

Dark – Curtains or shades that actually block outside light, especially streetlights or early dawn – No bright electronics glowing across the room (chargers, clocks, standby lights)

Cool – Room feels comfortable, not too hot or cold — a starting point of 65–68°F is reasonable, but comfort is the real target – Bedding and sleepwear you can adjust easily if the room runs warm or cool through the night

Quiet – Earplugs, a fan, or a white-noise source on hand if outside noise is a regular problem – Nothing in the room that beeps, buzzes, or notifies through the night

One job – No television in active use from bed – Phone charging away from arm's reach – Work papers, mail, and to-do lists live somewhere else

Safe in the dark – A nightlight along the path from your bed to the bathroom – A flashlight or lamp within easy reach of the bed – Rugs, cords, and clutter cleared from the walking path

You have permission to do this slowly. You have permission to leave the television where it is for now and start with the rug you've meant to move for months. There's no version of this checklist where you fail by going out

of order.

PAUSE & REFLECT

There are no right answers here. These are just for you.

- Walk through your bedroom in your mind, right now. What's the first thing that catches the light when it shouldn't?
- Is there something in your room doing a job other than sleep — a television, a stack of work, a phone within reach — that you'd be willing to move this week?
- If you had to get up in the dark tonight, is the path to your bathroom one you could walk with your eyes half-closed and still feel steady?

WHAT TO REMEMBER

- Your bedroom sends your body signals, even when you're not paying attention to them — dark, cool, and quiet tell it that rest is safe.
- The 65-to-68-degree range comes from research on adults in general, not a rule written for your age specifically. The real target, from the National Institute on Aging, is simply comfortable — not too hot, not too cold.
- A bed used only for sleep and intimacy teaches your brain that lying down means rest, not alertness.
- Poor sleep is linked to a higher risk of falls and accidents, which is part of why nighttime safety belongs in this chapter, not a separate one.
- A nightlight on the path to the bathroom and a clear floor are small changes with outsized protection.

A GENTLE NEXT STEP

This week, pick one thing from the checklist — just one — and take care of it. Move the rug. Plug in a nightlight. Set the phone to charge in another room. Let that be enough for now. The room doesn't have to be perfect by tomorrow night. It just has to be a little more clearly on your side.

WHAT HELPS, WHAT HURTS

Caffeine, alcohol, naps, meals, and movement

It's four in the afternoon, and the day has gotten long. You're tired in that flat, mid-afternoon way — not sleepy exactly, just worn thin — so you pour another cup of coffee. It's just coffee. You've had it every day of your life. You don't think about tonight; you think about getting through the next few hours.

The television is on by five, and somewhere in there your eyes close. Just for a minute, you tell yourself. When you open them again the light outside has changed — an hour has gone, maybe closer to two — and you come up out of it feeling worse than before you sat down, thick-headed and slow, like you're wading through the afternoon instead of walking through it.

Dinner runs later than planned, because the fog from the nap took a while to clear. There's a glass of wine with it, and maybe a second one after, because it's been a long day and the wine helps you unwind — you can feel it working, the shoulders coming down, the mind going quiet. By ten you're in bed, pleasantly loose, sure that tonight will be an easy one.

And then it's eleven. Then it's midnight. Then it's two in the morning, and you are entirely, maddeningly awake, running back over the whole day and wondering what you did wrong. You did the relaxing thing. You did the winding-down thing. Why isn't it working?

There's a kind truth underneath all of it: nothing about that day was a moral failing. You didn't break a rule. But a few ordinary choices — the kind almost everyone makes without a second thought — were quietly working against the sleep you wanted that night. This chapter names them gently, so you can see them clearly, as a handful of small swaps rather than a list of things to fear or forbid yourself. Nothing here is a commandment. It's just

some plain information about how your body handles caffeine, alcohol, naps, food, and movement — so you can make the choice that actually gets you what you're after.

THE CUP THAT FOLLOWS YOU INTO THE EVENING

Caffeine feels like it works fast and leaves fast — a jolt, then nothing. That's not really how it behaves in your body. The Sleep Foundation explains that caffeine's half-life — the time it takes your body to clear half of it — runs anywhere from two to twelve hours, and for most people, about half the caffeine you drink is still in your system four to six hours later. That three o'clock cup you barely remember by dinnertime hasn't actually left. A meaningful piece of it is still circulating well past sundown, quietly keeping your nervous system a notch more alert than you'd like it to be at bedtime.

Because of that long, slow fade, the Sleep Foundation's guidance is simple: avoid caffeine for at least eight hours before you plan to sleep. The National Institute on Aging says much the same thing in plainer terms, without putting a number on it — avoid caffeine late in the day, whether it's coming from coffee, tea, chocolate, or soda. Between the two, you have both the *why* and a workable number to build a habit around.

The swap: you don't have to give up caffeine — most people don't need to, and no source here asks you to. What helps is moving your window earlier. If bedtime is ten, that eight-hour line falls at two in the afternoon. A cup with breakfast, maybe a second with lunch, and then let the rest of the day run on something else — water, a decaf, a short walk outside when the slump hits at four. The walk, as it happens, does a better job of waking you back up than the coffee would have anyway.

Picture the same afternoon slump from the start of this chapter, played differently. Two o'clock arrives, and the tired feeling shows up right on schedule. Instead of the coffee pot, you fill a glass of water and step outside for five minutes — just to the end of the driveway and back, enough to feel the air change. It isn't as fast as caffeine. It doesn't need to be. By the time you're back at your desk, the flat feeling has lifted a little, and there's nothing circulating in your system tonight to argue with your bedtime.

THE GLASS THAT HELPS YOU FALL ASLEEP AND THEN DOESN'T

Alcohol earns its reputation honestly — it really does make it easier to drift off. The Sleep Foundation confirms what your own experience has told you: alcohol can reduce the time it takes to fall asleep, at least initially. That part isn't in your head. The trouble shows up later. That same relaxed, easy drift-off gives way, a few hours in, to lighter, more fragmented sleep and frequent awakenings — especially during the second half of the night, which is exactly the stretch you're hoping to sleep straight through.

So the glass of wine that seemed to help you unwind at ten o'clock is very often the reason you're wide awake at two. It isn't that the wine failed you. It's that it was never built to carry you through a full night — it front-loads the ease and back-loads the disruption. For this reason, the National Institute on Aging's guidance to older adults is direct: avoid drinking alcohol, even in small amounts, when sleep is what you're after.

The swap: if a glass of wine has become part of how you wind down, the goal isn't to white-knuckle your way past it — it's to notice what job it's actually doing for you, and hand that job to something that won't cost you the second half of the night. If it's the ritual you love — the pour, the quiet moment on the couch — try a warm decaf tea or sparkling water in the same glass, at the same time, in the same chair. If it's the relaxation you're after, that's exactly what a wind-down routine is built for, and you'll find a full one in the chapter on evening habits. Either way, you're not being asked to give something up. You're being offered a trade that actually delivers on the promise.

Try it for a week and pay attention to what actually happens, not what you expect to happen. The glass of wine at dinner becomes a cup of decaf, poured into the good glass, at the same spot on the couch. The first night might feel like something's missing — that's the ritual talking, not the sleep. By the third or fourth night, notice the two-in-the-morning wide-awakeness. Is it still there? For a lot of people, it quietly isn't.

THE NAP THAT STEALS THE NIGHT

Naps are not the enemy here, and nothing in this chapter asks you to swear them off. Used well, a nap is simply a nap — a short rest that helps you get through the day. Used carelessly, it can quietly rearrange your night without you ever connecting the two.

Mayo Clinic puts a shape around "used well": a nap of twenty to thirty minutes is ideal, and it's worth trying not to go past thirty. Mayo is plain about why the length matters: the longer you nap, the more likely you are to wake up groggy rather than refreshed. That heavy, foggy feeling you had coming out of the recliner in the opening scene of this chapter wasn't bad luck. It was simply a nap that ran too long for the kind of rest it was supposed to give you.

Timing matters just as much as length. Mayo Clinic is specific: napping after 3 p.m. can make it harder to sleep soundly that night. The National Institute on Aging says it a little more broadly — avoid napping in the late afternoon or evening. And there's a detail here worth sitting with, because it's specific to where you are in life: the Sleep Foundation notes that for older adults in particular, daytime napping is associated with self-reported sleep problems, including waking up frequently during the night. That two-hour nap in front of the evening news isn't just borrowing a little rest from the night ahead — for someone your age, it's more closely tied to the very sleep problems this guide is helping you work through.

The swap: keep the nap, shrink the window. A set timer — twenty minutes, thirty at the most — turns an accidental two-hour slide into the kind of short rest that actually helps rather than one that quietly competes with your night. And keep it earlier in the day, well ahead of that three o'clock line, so it tops off your tank instead of draining tonight's.

If the recliner has become a trap in the early afternoon, try moving your rest somewhere less comfortable on purpose — a straight-backed chair instead of the recliner, right after lunch instead of after the evening news has already started to wind down the day. Set a timer before you sit. When it goes off, get up, even if you'd happily sleep another hour. You're not

depriving yourself of rest. You're keeping the rest in the part of the day where it helps you, instead of the part where it quietly borrows against tonight.

WHAT'S ON YOUR PLATE — AND IN YOUR GLASS — LATE IN THE DAY

A big dinner, eaten late because the day ran long, asks a lot of your body right when it should be winding down instead of digesting. The National Institute on Aging's advice here is specific: avoid large meals within two to three hours of your bedtime, and avoid drinking large amounts of liquid late in the day. Give your body that window, and it can spend the evening settling toward sleep instead of working on a full stomach.

The liquid part deserves its own careful word, because for many people your age, the reason to think about evening fluids isn't comfort — it's the trips to the bathroom that come with it. This is called nocturia, and the clinical guidance, from a review in StatPearls, is to avoid fluid intake for about two hours before bed. But — and this matters — that same source is careful to add a caution that belongs right alongside the advice: some older adults are already mildly dehydrated, and the fix isn't to drink less overall. It's to shift *when* you drink, taking in more fluid earlier in the day so you arrive at evening already well hydrated, rather than restricting fluids altogether and running low.

The swap: move dinner earlier when you can, and if that's not always possible, aim for something lighter in the two to three hours before bed rather than skipping the meal entirely. With fluids, think of it as front-loading rather than cutting back — a full glass of water with breakfast, another through the afternoon, so that easing off in the two hours before bed doesn't leave you short. The goal isn't less water in your life. It's water at better times in your day.

Think of your fluids the way you'd think of a garden hose left running earlier in the day, then gently turned down toward evening — not shut off, just eased back. A full glass with breakfast, another beside lunch, a smaller

one with an early dinner, and then a lighter hand on the water glass for the two hours before bed. You still get everything your body needs. You just stop asking your bladder to work the night shift.

MOVING YOUR BODY, TIMED RIGHT

Regular movement is one of the steadiest supports for good sleep — nothing in the research here suggests otherwise, and nothing in this guide asks you to sit still. The question isn't *whether* to move. It's *when*.

The National Institute on Aging gives the clearest, most age-specific number: get regular exercise, but not within three hours of your bedtime. That three-hour window is the one worth building your day around. Other sources land in a slightly different place — Harvard Health advises against strenuous physical activity for at least two hours before bed, and notes that high-intensity exercise done less than an hour before bedtime tends to mean a longer time falling asleep and lower-quality sleep once you get there. The exact number matters less than the pattern underneath it: your evening body needs time to come down off a workout before you ask it to power all the way down into sleep. Give it that runway — three hours if you can manage it — and exercise remains the ally it's meant to be.

The swap: this doesn't mean the evening has to be still. A brisk morning or afternoon walk, a strength session after breakfast, gardening in the cooler part of the day — all of that counts, and all of it helps your nighttime sleep more than it could ever hurt it. If evening is genuinely the only time you have, let it be gentle rather than vigorous — a slow walk, some easy stretching — and save the harder effort for hours your body has time to recover from before you ask it to rest.

If your only real window for exercise has always been after dinner, you don't have to abandon it — just change its character. Swap the brisk power-walk or the exercise class for a slow loop around the block, or a few gentle stretches in front of the television instead of on the treadmill. Save the harder effort — the class, the longer walk, the weights — for a morning

slot, even if it means trading it for something else in your day. Your body will thank you twice: once for moving, and once for the sleep that follows because you moved at the right hour.

NONE OF THIS IS A RULEBOOK

Read back over this chapter and it might look like a list of things to avoid. It isn't meant to. It's a short map of how a handful of ordinary choices — the cup, the glass, the nap, the plate, the walk — interact with the sleep you're after, so that you can make an informed trade instead of a blind guess. You

don't have to get every one of these right, every single day, to sleep well. You're not being graded. Pick the one that fits the life you actually have this week, and let the rest wait their turn.

PAUSE & REFLECT

There are no right answers here. These are just for you.

- Of the five — caffeine, alcohol, naps, meals, movement — which one, if you're honest, plays the biggest role in your rough nights?
- Is there a small swap in this chapter that feels genuinely doable this week, not someday?
- What did that habit — the late coffee, the evening glass, the long nap — used to give you? What else, in your day, could give you that same thing?

WHAT TO REMEMBER

- Caffeine lingers far longer than it feels like it does — keep it out of at least the last eight hours before bed, and out of the late afternoon and evening generally.
- A glass of alcohol may help you fall asleep, but it tends to fragment the second half of your night; even small amounts are worth rethinking if sleep is the goal.
- Naps are fine — kept to twenty or thirty minutes and taken before mid-afternoon. Longer or later naps are linked to worse sleep at night, especially at your age.
- Give your body two to three hours between a large meal and bedtime, and shift more of your fluids earlier in the day rather than cutting back overall.
- Regular movement supports sleep — just give it a few hours' distance from bedtime, roughly three when you can manage it.
- None of this is a rulebook. It's information, offered so you can choose well — not one more thing to get perfect.

A GENTLE NEXT STEP

Pick just one swap from this chapter — the one that felt most true when you read it — and try it for the next few nights. Not all five. One. Notice what changes, and what doesn't, without judging either way. You're

| gathering information about your own body, one small, doable step at a time.

WHEN IT'S MORE THAN HABITS

Medical causes, medications, and when to see a doctor

You wake up to a hand on your shoulder.

"You stopped breathing," your partner says, still half in the dark themselves. "Just now. For a few seconds. Then you gasped and rolled over."

You don't remember any of it. You feel fine — a little groggy, the way you always are lately, but fine. You tell them it was probably nothing, a trick of a half-asleep mind, and you both drift back down. But it isn't the first time they've mentioned it. There was the loud snoring a few months ago that made you feel self-conscious enough to laugh it off. There was the morning your friend asked, kindly, if you'd been sleeping enough, because you'd nodded off twice during lunch. On their own, none of it seemed like much. Small things. The kind of thing you get used to explaining away.

This chapter is for that pile of small things. Everything else in this guide has been about habits — the ones that help sleep and the ones that quietly work against it. Habits matter enormously, and most nights, they're the whole story. But some nights, and some people, are dealing with something a habit alone won't fix. A body that's snoring in a way that isn't just noise. Legs that won't settle. A bladder that pulls you up three times before dawn. A mood that's grown heavier than tiredness explains. A medication, taken faithfully for another reason entirely, quietly working against your rest.

None of this is meant to alarm you. Most of what's in this chapter is common, well understood, and treatable — often more easily than people expect. The purpose here isn't to hand you something new to worry about at 4 a.m. It's the opposite: to help you recognize the handful of things worth a doctor's attention, so you can stop wondering and start finding out.

A plain reminder before we go further. This chapter is general information, not a diagnosis — nobody can diagnose you from the pages of a guide, and this one won't try. Nothing here is a reason to start or stop any medication on your own. If something below sounds like you, the right next step is always the same: talk to your doctor or your pharmacist. They know your history, your other conditions, and your medications in a way this book never will.

WHY THIS BELONGS IN A SLEEP GUIDE

It can feel strange to find a chapter about medical conditions and medications tucked inside a guide about better nights. But the National Institute on Aging is plain about the connection: illness, medications, mental health, and pain can all make it hard to get a good night's sleep, and sleep disorders — including insomnia, sleep apnea, and restless legs syndrome — become more common as people get older. In other words, the line between "sleep habit" and "sleep health" isn't always as clean as the rest of this guide might suggest. Sometimes the kindest thing this book can do is tell you when to close it and call someone else.

WHEN SNORING IS MORE THAN SNORING

Snoring has a reputation as a joke — something for a partner to complain about over coffee, something to feel a little embarrassed by. Most snoring is exactly that harmless. But there's a pattern worth knowing, because it isn't harmless, and it's easy to miss from the inside of your own sleep.

The American Academy of Sleep Medicine describes the common signs of obstructive sleep apnea plainly: loud or frequent snoring, silent pauses in breathing, choking or gasping sounds, and daytime sleepiness or fatigue. Notice how many of those you'd never catch yourself — the silence, the pause, the sound you make when breathing starts again. This is why the person who first raises the concern is so often not the one having the trouble breathing, but the one lying next to them, listening. If your partner has mentioned any of this, or if you've noticed the daytime side of it — the dozing off in your chair, the fight to stay alert after lunch — that's worth bringing to a doctor rather than a punchline.

Mayo Clinic puts it as a direct recommendation: consult a healthcare professional if you have, or your partner notices, waking up gasping or choking, pauses in your breathing during sleep, or excessive daytime drowsiness. This isn't about catastrophizing an ordinary snore. Plenty of people snore and sleep just fine. It's about that specific cluster — the pauses, the gasping, the daytime toll — because together, they're the pattern apnea tends to leave behind.

Here's the part worth taking seriously, said as gently as it can be said: the National Institute on Aging notes that undiagnosed or untreated sleep apnea can lead to serious health problems, including heart attack. That sentence is not meant to frighten you into a sleepless night of your own. It's meant to explain why this particular item, of everything in this chapter, deserves a phone call rather than a shrug. The good news sits right alongside the serious part — sleep apnea is one of the most diagnosable, most treatable conditions in this whole chapter, usually starting with a simple sleep study and often resolving with equipment as ordinary as a small bedside device. You don't have to live with it, and you don't have to solve it tonight. You just have to mention it.

THE LEGS THAT WON'T SETTLE

There's a particular kind of restlessness that has nothing to do with your mind. You're lying still, doing everything right — dim room, quiet house, tired body — and your legs simply won't cooperate. A tingling. A crawling sensation, hard to describe to anyone who hasn't felt it. An urge to move that only grows the longer you try to ignore it.

The National Institute on Aging describes restless legs syndrome in almost those exact words: a feeling of tingling, crawling, or pins and needles in the legs, worse at night, that feels better with movement. If that sounds familiar — if you've found yourself needing to stretch, walk, or shift your legs just to get any relief — you're not imagining it, and you're not alone in it. It's a recognized condition with a name, not a personal quirk of your nervous system.

It's also, importantly, treatable. The same NIA guidance notes that treatment — often iron supplementation or medication — is usually helpful. That single word, *usually*, is worth sitting with for a moment. Most people who bring this to a doctor find real relief. It isn't something you're expected to simply endure for the rest of your nights.

THE NIGHTLY TRIPS TO THE BATHROOM

If you're up once, twice, sometimes more, making your way to the bathroom in the dark — you are in very ordinary company. A review published through the National Library of Medicine's StatPearls resource puts a number on it: approximately 50% of all adults older than 65 get up at least once a night to void, and about 24% do so twice or more. Half the room, in other words, if you were to poll everyone your age. This is a genuinely common experience, called nocturia, and knowing that can lift some of the private embarrassment that tends to come with it.

What makes it worth more than a shrug is the connection to something covered earlier in this guide: nighttime safety. That same research notes that a quarter of all falls that happen in older adults happen overnight — and of those, a quarter are directly related to nocturia. Picture it: half-asleep, moving through a dark room, bladder insistent, and a rug or a low table in the path. It's an ordinary situation that can turn into an extraordinary problem in a single missed step. If you've set up the nighttime safety habits from earlier in this guide — a light along the path, a clear floor — you've already done real work to lower that risk. If frequent nighttime bathroom trips are new for you, worsening, or paired with any pain or urgency during the day, that's worth a conversation with your doctor; there are often straightforward reasons and straightforward help.

WHEN THE MIND WEIGHS ON THE BODY

Sleep and mood are old, tangled companions, and it's rarely obvious which one moved first. The National Institute of Mental Health lists difficulty sleeping, waking too early, or oversleeping among the recognizable signs of depression — and notes that in older adults, depression doesn't always look like sadness. It often shows up as grief, or a kind of flatness, and it

commonly travels alongside other health conditions or physical pain rather than announcing itself on its own. If your nights have grown harder and your days have grown heavier — if the tiredness has brought along a loss of interest in things you used to enjoy, or a sadness that lingers longer than a bad week should — that combination is worth naming to a doctor, not just to yourself at 4 a.m.

Pain works in the same tangled way. It's hard to sleep through discomfort, and it's harder still to manage discomfort on too little sleep — each one leaning on the other, night after night. The National Institute on Aging groups this together plainly: illness, mental health, and pain all belong on the same short list of things that can quietly undo a night's rest, right alongside medications, which we'll turn to next.

A gentle note, because this matters. If sleep trouble has arrived alongside sadness that won't lift, or thoughts of hurting yourself, please don't carry that alone until your next appointment. The 988 Suicide & Crisis Lifeline offers free, confidential emotional support, 24 hours a day, seven days a week, to anyone who needs it — you can call or text 988. In a life-threatening situation, call 911. Reaching out isn't a last resort reserved for the worst moment. It's simply support, available the moment you need it, no diagnosis or appointment required first.

WHAT'S IN THE MEDICINE CABINET

Some of the most ordinary medications — the ones taken every morning without a second thought, for entirely unrelated reasons — can quietly interfere with sleep. Harvard Health walks through several worth knowing about. Beta blockers, commonly prescribed for blood pressure or heart conditions, can suppress melatonin, the hormone that helps signal sleepiness. Diuretics, often prescribed for the same reasons, can interrupt sleep simply by sending you to the bathroom more often overnight. Oral steroids like prednisone can raise cortisol, a hormone that works against rest rather than for it. And certain antidepressants — fluoxetine among them — can be stimulating in a way that makes settling down harder.

Read that list again, and notice what it's really saying: none of these are unusual or alarming medications. They're common, useful, often necessary drugs for common, serious conditions. The point isn't to make you suspicious of your medicine cabinet. It's to hand you a possibility you might not have considered — that the culprit behind a run of restless nights might already be sitting in a little bottle on your counter, prescribed for something else entirely.

And here is the hedge worth repeating, because it matters more here than almost anywhere else in this guide: this is not a reason to stop, skip, or change the dose of anything on your own. Stopping a heart or blood pressure medication without medical guidance can be far more dangerous than a few rough nights. What this information is for is a conversation — bringing your medication list to your doctor or pharmacist and asking, plainly, "could any of these be affecting my sleep, and is there a better time of day to take them?" Often, timing alone makes a meaningful difference, and your doctor or pharmacist is the right person to help you find it.

ABOUT SLEEPING PILLS

It's a natural thought, after enough hard nights: *isn't there just a pill for this?* It's worth understanding what the evidence actually says before that thought turns into a trip to the pharmacy.

The National Institute on Aging is candid about the tradeoff — sleep medications can help in the short term, but they carry real risk and the potential to become habit-forming, they don't always leave you feeling rested the next morning, and some lose their effectiveness with continued use. That's not a small list of caveats for something billed as a quick fix.

For older adults specifically, the caution runs deeper. The American Geriatrics Society's Beers Criteria — the widely used, evidence-based guide to medications that carry more risk than benefit for older adults — was updated in 2023 with clear guidance in this exact area. It advises avoiding benzodiazepines entirely for older adults, noting that they increase the risk of cognitive impairment, delirium, falls, fractures, and motor vehicle crashes. It gives the same advice for the newer "Z-drugs" — eszopiclone,

zaleplon, and zolpidem — noting adverse effects similar to benzodiazepines alongside only minimal improvement in sleep. And it flags first-generation antihistamines, including diphenhydramine, as best avoided as a sleep aid, because of their strong anticholinergic effects and the cumulative risk they carry for falls, delirium, and dementia.

That last one is worth sitting with for a moment, because diphenhydramine isn't a prescription most people would recognize by name — it's the active ingredient in many over-the-counter "PM" sleep aids, the kind sold right next to the pain relievers, no prescription required. It can feel like the gentlest possible option because it's sold without a doctor's involvement at all. The Beers Criteria guidance suggests the opposite is closer to the truth for older adults. If you've been reaching for one of these on hard nights, that's not a failure — it's an extremely common, entirely understandable choice. It's just worth mentioning to your doctor or pharmacist at your next visit, so you can find out together what would serve you better.

None of this means there's nothing that works. It means the most effective, safest starting point usually isn't a pill at all. The American College of Physicians recommends cognitive behavioral therapy for insomnia — CBT-I — as the first-line treatment for chronic insomnia in adults, ahead of medication, in part because it's likely to come with fewer harms. If sleep trouble has settled in and stayed for months rather than nights, that's the conversation worth starting: not "what pill can I take," but "what would CBT-I look like for me."

THE "WHEN TO SEE A DOCTOR" CHECKLIST

Here's the tool this chapter is really built around — a plain list to keep nearby, so you never have to sit alone at 4 a.m. wondering whether something is "worth bothering the doctor about." It is. Bring this list to your next appointment, or call sooner if any item feels urgent.

Bring it up at your next appointment if: – ☐ You or your partner have noticed loud or frequent snoring, silent pauses in your breathing, or gasping and choking sounds during sleep. – ☐ You feel excessively sleepy

during the day — dozing off in your chair, struggling to stay alert while driving or in conversation. - [] Your legs feel tingling, crawling, or restless at night in a way that movement relieves. - [] You're getting up to use the bathroom multiple times a night, especially if this is new or worsening, or if it's ever led to a stumble or near-fall in the dark. - [] Sadness, grief, or a loss of interest in things you enjoy has settled in alongside your sleep trouble. - [] Pain is interfering with your ability to fall or stay asleep. - [] You've started a new medication around the time your sleep changed. - [] You've been relying on an over-the-counter "PM" or nighttime sleep aid to get through the night. - [] Trouble falling or staying asleep has lasted three nights a week or more, for three months or longer.

Call sooner — don't wait for a scheduled visit — if: - [] A partner describes an episode of not breathing that frightened them. - [] Daytime sleepiness has become dangerous — for example, you've nodded off while driving. - [] You're experiencing thoughts of harming yourself. Call or text 988, any hour, any day. In a life-threatening situation, call 911.

You have permission to bring this whole list in, even if only two or three items apply. You have permission to hand it over instead of trying to explain everything from memory in a rushed appointment. This is exactly

what it's for.

PAUSE & REFLECT

There are no right answers here. These are just for you.

- Has anyone — a partner, a friend, a family member — ever mentioned something about your sleep or your snoring that you brushed off? What did they say?
- Looking at the checklist above, is there anything on it that quietly applies to you?
- If a pill has been part of your routine for sleep, when did it start, and do you know what's actually in it?

WHAT TO REMEMBER

- Most sleep trouble is about habits, and this guide is built to help with exactly that. But a smaller set of things — apnea, restless legs, nocturia, mood, pain, or a medication — sometimes need more than a habit can fix, and that's not a failure, it's biology.
- Loud snoring with silent pauses, gasping, or daytime sleepiness deserves a doctor's evaluation — untreated apnea can lead to serious problems, including heart attack, but it's also one of the most treatable conditions here.
- Restless legs syndrome is real, has a name, and usually responds well to treatment.
- Frequent nighttime bathroom trips are extremely common and are linked to a real risk of falls — worth mentioning, worth a lit and clear path to the bathroom.
- Common medications — beta blockers, diuretics, steroids, some antidepressants — can disturb sleep. Never stop or change one on your own; bring the question to your doctor or pharmacist.
- Sleeping pills, including over-the-counter "PM" aids with diphenhydramine, carry real risks for older adults per the American Geriatrics Society's Beers Criteria. CBT-I is the recommended first-line treatment for chronic insomnia — no prescription required to start that conversation.

- If sadness or thoughts of self-harm have joined your sleep trouble, the 988 Suicide & Crisis Lifeline is there, free and confidential, any hour you need it.

A GENTLE NEXT STEP

Look at the checklist in this chapter once, honestly, and circle whatever applies to you — even just one item. Then do one small thing with it this week: write it on a sticky note for your next appointment, put a call in to your doctor's office, or simply say it out loud to someone who loves you. You don't have to solve it tonight. You just have to stop carrying it alone.

SLEEPING WELL FOR LIFE

Progress, imperfect nights, and the long view

For a while now, things have been better.

You've been getting up at the same time most mornings, even on the days you'd rather not. You've been dimming the lights an hour before bed, and the room has stayed cool and dark the way you set it up to be. When your mind used to spin at three in the morning, you've learned to get up, sit somewhere quiet and dim, and go back only when you're sleepy — and more nights than not, that has actually worked. You've had a run of good nights. Real ones. The kind where you wake up and don't immediately do the math on how tired you're going to feel.

And then, out of nowhere, a bad one arrives.

You lie there watching the ceiling the way you used to, wide awake at an hour that shouldn't exist, and the old thought creeps back in before you can stop it: *it's happening again. I'm broken again. All of that, and I'm right back where I started.* Maybe you reach for the small comforts that used to help and they don't seem to be working tonight. Maybe you start replaying the day, hunting for what you did wrong — too much coffee, a stressful phone call, a nap that ran long — as if a single bad night needs a full explanation and a full confession.

Here is the thing worth knowing before that spiral gets any further: one hard night, after a stretch of good ones, is not proof that nothing worked. It's not a verdict on you, and it's not a sign that the last several weeks were a fluke. It's something much smaller and much more ordinary than that. This final chapter is about learning to hold that truth — so that the nights ahead, good and bad alike, stop feeling like a test you can fail.

ONE GOOD NIGHT DOESN'T FIX IT. ONE BAD NIGHT DOESN'T BREAK IT.

Hold onto that sentence, because it's the one this whole chapter — and in a way, this whole guide — has been building toward: **one good night doesn't fix it, and one bad night doesn't break it.**

Sleep was never going to become a flat, unbroken line of good nights, world without end. That was never the promise, even in the best-case version of your life. What the research on sleep actually says is that variability — the up-and-down of decent nights and rough ones — is simply part of how sleep works, even for people whose sleep is going well. A peer-reviewed review of insomnia in older adults, published in *Sleep Medicine Clinics*, makes the point directly for anyone who has ever finished a stretch of good sleep and then hit a wall: it is normal to have occasional nights of poor sleep *during and after* successful treatment, and knowing that in advance is part of what keeps expectations realistic. In plain terms — even sleep that is genuinely, measurably better still has the occasional bad night built into it. That's not a flaw in the progress. It's a feature of being a person who sleeps.

The American Academy of Sleep Medicine says something almost identically reassuring, in almost the same plain words: everyone has the occasional night of poor sleep, and that alone does not mean you have insomnia. Often, they note, it's simply stress — a late phone call, a worry that followed you to bed, a day that ran too long and too hot. One night like that doesn't undo the pattern you've built. It's not the return of the old problem. It's weather passing through a climate that has genuinely changed.

So when the bad night comes — and it will, for you, the way it does for everyone who has ever slept — try to let it be exactly what it is: one night. Not a relapse. Not the whole story. Just a chapter of a longer book that has, on the whole, been getting kinder to read.

WHY THE FEAR MAKES IT WORSE

There's a reason the old fear feels so loud on a bad night, even after real progress — and understanding it helps take some of its power away.

Researchers have a name for the trap of trying too hard to sleep: *sleep effort*. It's the anxiety about sleep and its consequences, combined with the sheer effort of trying to control or force it, and a peer-reviewed study on the subject found that it works as a perpetuating factor in insomnia — meaning the more effort and worry a person pours into making sleep happen, the more severe their sleep trouble tends to become. In other words, the panic that shows up on a bad night — *I have to fix this right now, I can't let this become a pattern again* — isn't a neutral bystander. It's part of what keeps you awake.

This is exactly why the "let go" move you learned earlier in this guide matters as much on a good stretch as it does on a hard night. Mayo Clinic's guidance for exactly this moment is to remain *passively* awake — to let go of the effort, rather than doubling down on it. Worrying that you can't sleep, they note, is itself part of what keeps you awake; releasing that worry is what allows the body to relax enough to drift off. Their advice is almost disarmingly simple: hide the clock from view, and stop trying so hard.

So on the bad night, the move isn't to grip tighter. It's the opposite — the same quiet release you've been practicing all along, aimed now at the fear itself rather than just the racing thoughts. *This is one night. I don't have to solve it at 3 a.m. I can let it be a bad night and still trust everything else I've built.*

WHAT ACTUALLY COUNTS AS SUCCESS

If a single number — eight hours, or seven, or some tidy figure you read once and never forgot — has been your private measuring stick for whether you're "doing it right," it's worth trading that stick in for a better one.

The Sleep Foundation puts it plainly: paying attention to how you feel and how you function during the day is what actually tells you whether you're meeting your own sleep needs — not the raw hour count alone. That shifts the whole question. Instead of waking up and immediately calculating your

hours in bed like a scorecard, the better question is simpler and kinder: *how did today go?* Did you have the energy for the parts of your life you care about? Was your patience intact? Did the afternoon feel manageable rather than like wading through fog? Those are the signs that matter, and they tell you more than a number on a nightstand clock ever could.

It also helps to remember that the target was never identical for everyone in the first place. The same source is clear that the ideal amount of sleep varies from person to person — some people genuinely need more than the suggested range for their age, and some need a little less, and both can be perfectly normal. You are not failing a universal standard if your number doesn't match your neighbor's, or your spouse's, or the number in a magazine article. You're learning your own number, the one that lets you feel like yourself the next day. That's the only one that was ever going to matter.

So as you look back over these chapters, consider tracking something different than hours from here on. Notice your mood in the afternoon. Notice whether you're reaching for a third cup of coffee out of real enjoyment or out of desperation. Notice whether the things you used to enjoy still feel like things you have room for. That's the real ledger. The hours will mostly take care of themselves once the days start feeling better — and on the nights they don't, you'll have a truer way to judge how you're actually doing.

THE THREE MOVES, ONE MORE TIME

Everything in this guide has circled back, again and again, to three small moves. It's worth naming them one last time, together, because they're the part meant to travel with you long after you've closed this book.

Anchor. Get up at roughly the same time each day, even after a rough night, even on a weekend. That single habit does more to steady your body's clock than almost anything else in these pages — and morning light soon after you rise reinforces it.

Wind down. Give your body around an hour to shift from day into night — dimmer lights, screens away, a room that's cool and calm, a routine that repeats itself enough to become a signal your body recognizes without being told.

Let go. When sleep doesn't come, don't fight for it. Get up, do something quiet and dim, and return only when you're sleepy — and let go of counting, checking, and calculating. The clock is not your friend at 2 a.m. Put it away.

These three moves aren't a program you graduate from. They're not something you do perfectly for ninety days and then set aside. They're closer to brushing your teeth, or locking the door at night — small, ordinary, repeated acts that quietly protect something valuable, for as long as you keep doing them. Some weeks you'll do all three without thinking. Some weeks you'll slip on one or all of them, and that's all right too. You pick them back up, gently, the way you'd pick up any habit worth keeping — not with punishment, but with a shrug and a fresh start the next night.

IF SLEEP STILL ISN'T SETTLING

Most of what you'll feel from here forward, on the strength of everything in this guide, is ordinary — the normal give-and-take of a body that sleeps like a body, imperfectly, across a long life. But it's worth saying plainly, one more time: if the signs this guide already asked you to watch for are still showing up — the kind of daytime sleepiness that doesn't lift no matter how you adjust your nights, or trouble that has genuinely run on for months rather than settling into the occasional rough patch — those are not things to keep managing quietly on your own. You already know what they look like; you don't need them re-explained here. What you need is the reminder that they're worth a calm conversation with your doctor, the same as they always were. Real, effective help exists for the harder cases. Needing it isn't a failure of this guide, or of you. It's simply the next right step for some people, and there's no shame anywhere in taking it.

For most nights, though, what you're working with now is simpler: a body that sleeps reasonably well, most of the time, with the occasional rough patch that doesn't mean anything is wrong. That's not a consolation prize. That's what good sleep actually looks like, for everyone, at every age.

THE PERMISSION YOU NEED

You have permission to have a bad night without spiraling into what it might mean. You have permission to stop treating your sleep as a project with a finish line, and start treating it as something you tend, gently, for the rest of your life — the way you tend anything that matters and changes with the seasons. You have permission to measure your progress by your afternoons instead of your clock, and to let your own number be enough,

even if it isn't anyone else's. You have permission to let one hard night be exactly that — one night — and to trust the ground you've already built underneath it.

Progress was never going to look like perfection. It looks like this: more nights that hold you, fewer that don't, and a self that meets the hard ones with far less fear than the self who first opened this guide. That's not a

small thing. That's the whole point.

PAUSE & REFLECT

There are no right answers here. These are just for you.

- Think back to how you responded to a hard night before you read this guide, and how you might respond to one now. What's changed?
- What would it feel like to judge a night by tomorrow afternoon instead of by the clock tonight?
- Which of the three moves — anchor, wind down, or let go — do you find yourself reaching for most naturally? Which one still takes effort?

WHAT TO REMEMBER

- One good night doesn't fix it. One bad night doesn't break it. Sleep has always had this rhythm, even for people whose sleep is going well.
- The occasional poor night is normal — even during and after real progress. It isn't a relapse.
- Trying too hard to force sleep can itself keep you awake; letting go of the effort is part of the answer, not a shortcut around it.
- How you feel and function during the day matters more than the number of hours you counted. Your own sleep need is your own — it doesn't have to match anyone else's.
- Anchor, wind down, let go: not a program to finish, but small habits to keep, imperfectly, for as long as you need them.

A GENTLE NEXT STEP

The next time you have a hard night, try saying this to yourself, even if it feels a little silly at first: *one bad night doesn't break it*. Then let the night be what it is, and judge tomorrow by how the afternoon feels — not by how many hours you counted at 3 a.m. That's the whole practice now. Not perfection. Just the willingness to keep meeting your sleep where it is, one ordinary night at a time.

THE REST YOU'RE BUILDING

You've reached the end of the guide. However you got here — reading straight through, or skipping to the chapters that spoke to your particular hard nights — take a breath, because arriving here at all was an act of care for yourself.

Look back at where you started. A page or two ago, sleep may have felt like a mystery, or an enemy, or a nightly test you kept failing. Something had changed, and no one had explained why. That confusion, more than any single bad night, is often the heaviest part — lying awake not just tired, but bewildered, wondering what was wrong with you.

Nothing was wrong with you. That was the first thing this guide set down, and it's the thing worth carrying out the door. Your sleep didn't break. It changed, the way bodies change, in ways that are ordinary and — this is the part that matters — workable. You understand the shift now. You know why the clock moved earlier, why sleep turned lighter, why the mind arrives at three in the morning with its list of worries. And understanding, it turns out, is where so much of the fear quietly drains away.

You also have the moves. When everything else fades, three of them remain, and they hold the whole guide inside them:

Anchor your day with a steady wake time, and let in the morning light.

Wind down so your body learns, night after night, that rest is coming. **Let go** of the struggle when sleep is slow — because chasing it only sends it further.

Anchor. Wind down. Let go. If you forget everything else, you haven't lost the guide. You've kept its heart.

Some nights will still be hard. That has always been true, for good sleepers and poor ones alike, at every age. The goal was never a perfect record — it was more good nights than bad ones, and far less fear in the space

between. A rough night from here on out isn't a relapse or a verdict. It's weather. It passes. One good night doesn't fix everything, and one bad night doesn't break anything. Tomorrow gets to be different.

So be gentle with yourself as you go. Change the small things you can, at the pace that feels kind. Bring the harder things to your doctor without shame. And on the nights that still don't go your way, remember that rest isn't something you earn by trying harder — it's something you allow. You've done the reading. You've done the understanding. Now the quietest, most powerful work is simply to trust your body to find its way back to rest, a little more each week, one good day at a time.

Sleep well. You've earned the peace of knowing what's going on — and the peace, on the hard nights, of knowing you're not alone in them.

YOUR PRACTICAL SLEEP KIT

Cards, trackers & quick reference to print and keep

These pages are meant to leave the book. Print them, fold them, keep them on the nightstand or in a wallet. There's no wrong way to use them and no finish line — return to them as often as they help.

A

THE ANCHOR • WIND DOWN • LET GO CARD

The whole method, on one card. Fold and keep by the bed.



BETTER SLEEP, IN THREE MOVES

A WE GET BETTER WITH AGE REMINDER



ANCHOR

Get up at the same time every day — even after a bad night, even on weekends. One fixed wake-up time sets your whole clock. Add morning light soon after you rise.



WIND DOWN

Give your body an hour to shift from day to night. Dim the lights, screens off, cool room. A calm, same-every-night routine tells your body it's safe to sleep.



LET GO

Awake and frustrated for about 15–20 minutes? Get up, do something calm and dim, return when sleepy. Don't watch the clock. Stop chasing sleep — let it come to you.

Anchor. Wind down. Let go.



THE 3 A.M. CARD

For the nights you wake and can't get back down. Keep it in the nightstand drawer — not a bright phone.



AWAKE AT 3 A.M.? — DO THIS

1. **Don't check the clock.** Turn its face away. Counting lost hours only feeds the worry.
2. **Don't fight it.** Rest quietly. Let your body be still without demanding that it sleep. (Remain "passively awake.")
3. **Still awake & frustrated after ~15–20 minutes? Get up.** Go to another room. Low light only. Read a few calm pages. Sit quietly.
4. **Go back when you feel sleepy** — truly sleepy, not just tired of waiting.

You are not failing. This is how sleep works, for everyone.



THE WIND-DOWN HOUR CHECKLIST

Tick what fits your evening. You don't need all of them — a few, done the same way each night, is what teaches your body that rest is coming.

Starting about an hour before bed:

- ☐ Dim the lights around the house
- ☐ Turn off screens — TV, phone, tablet (aim for 30–60 minutes before bed)
- ☐ Set the bedroom cool, dark, and quiet
- ☐ A warm bath or shower, if you like one
- ☐ Something calm and repeatable: a few pages of a book, quiet music
- ☐ Lay out anything that would otherwise worry you in the morning
- ☐ Same routine, roughly the same order, every night

YOUR SLEEP DIARY

Keep it for a week or two. It's both a mirror for you and a gift to your doctor — patterns are far easier to see written down than remembered. Fill it in loosely; estimates are fine.

	MON	TUE	WED	THU	FRI	SAT	SUN
Time I went to bed							
Roughly when I fell asleep							
Times I woke in the night							
Time I got up for the day							
Caffeine (what & when)							
Alcohol (any?)							
Any daytime nap (how long)							
Movement / exercise today							
How I felt during the day (1–10)							

CAFFEINE & EVENING TIMING CARD

A quick reference for the daytime choices that shape the night.



SMALL CHOICES, BETTER NIGHTS



CAFFEINE

Lingers longer than you'd think. Keep it out of the second half of your day (about 8 hours before bed). Coffee, tea, chocolate, and soda all count.



ALCOHOL

May help you drift off, then breaks up the night. Best avoided, even in small amounts.



NAPS

Fine, but short: 20–30 minutes, and not after mid-afternoon.



EVENING

No large meals within 2–3 hours of bed. Ease off fluids in the last couple of hours (but drink enough earlier in the day).



MOVEMENT

Helps sleep. Aim for earlier; not within about 3 hours of bedtime.



THE "WHEN TO SEE A DOCTOR" CARD

Most sleep trouble is about habits. But a few things deserve a doctor's ear. This card is for those. Bring it to your next appointment.



BRING UP AT YOUR NEXT APPOINTMENT IF:

- ☐ Loud snoring with silent pauses, gasping, or choking during sleep (often a partner notices first)
- ☐ Excessive daytime sleepiness — dozing off in your chair, fighting to stay awake
- ☐ Tingling, crawling, restless legs at night that movement relieves
- ☐ Up to the bathroom several times a night, especially if new, worsening, or you've stumbled in the dark
- ☐ Sadness or loss of interest alongside the sleep trouble
- ☐ Pain that keeps you from sleeping
- ☐ Sleep changed after a new medication
- ☐ Relying on an over-the-counter "PM" sleep aid
- ☐ Trouble ≥ 3 nights a week for ≥ 3 months

CALL SOONER — DON'T WAIT — IF:

- ☐ A partner saw you stop breathing
- ☐ You've nodded off while driving
- ☐ You're having thoughts of harming yourself → **Call or text 988**, any hour. Emergency: **911**.



You have permission to hand this whole card to your doctor, even if only a line or two applies. That's exactly what it's for.

STAY CONNECTED

THE WE GET BETTER WITH AGE COMMUNITY

If this guide gave you something useful, it's just a small taste of what lands in your inbox every week at blog.wegetbetterwithage.com.

We're a warm, welcoming community built around one simple belief: the years after sixty aren't about slowing down — they're about getting stronger, steadier, and more alive, one good day at a time.

Inside, you'll find science-based wellness articles, real stories from people living it, and small, doable steps that fit into the life you already have — no overwhelm, no jargon.

Free subscribers get two articles every week — one every Tuesday, one every Friday — to keep you informed, inspired, and gently moving forward.

Paid members get everything free members do — plus more. Every month we take one theme that really matters — like gratitude or aging in place — and explore it in depth with a Sunday Deep-Dive, turning the science into simple steps you can actually live by. You'll also get the keys to our **full archive of 180+ articles**, so whenever a question comes up — a restless night, a worry about the stairs, a hard conversation ahead — there's already a thoughtful, science-based piece waiting for you.

Subscribe here →

And this isn't the only guide we've made for you. If the 3 a.m. wake-ups come with a racing mind, our Finding Calm guide is a natural companion — and you'll find the whole collection, every We Get Better With Age guide in one place, at guides.wegetbetterwithage.com.

Come join us. The best chapters are still ahead — and they're better shared.

REFERENCES

THE SCIENCE BEHIND THIS GUIDE

Every recommendation in this guide is drawn from trusted health authorities and peer-reviewed research. The full sources are listed here, so you can read further or share them with your doctor.

U.S. GOVERNMENT HEALTH INSTITUTES

- [National Institute on Aging \(NIA\), *Sleep and Older Adults*](#)
- [National Institute on Aging \(NIA\), *6 Healthy Sleep Habits for Older Adults*](#)
- [MedlinePlus \(U.S. National Library of Medicine\), *Aging changes in sleep*](#)
- [National Institute of Mental Health \(NIMH\), *Depression*](#)
- [Centers for Disease Control and Prevention \(CDC\), STEADI — *Check for Safety: A Home Fall Prevention Checklist for Older Adults*](#)
- [988 Suicide & Crisis Lifeline \(SAMHSA\)](#)

PROFESSIONAL MEDICAL SOCIETIES & CLINICAL GUIDELINES

- [American Academy of Sleep Medicine \(AASM\), *Healthy Sleep Habits*](#)
- [American Academy of Sleep Medicine \(AASM\), *Cognitive Behavioral Therapy*](#)
- [American Academy of Sleep Medicine \(AASM\), *Insomnia*](#)
- [American Academy of Sleep Medicine \(AASM\), *Obstructive Sleep Apnea*](#)
- [American Academy of Sleep Medicine \(AASM\), *How technology is helping — and hurting — your sleep*](#)
- [American College of Physicians \(ACP\), *Cognitive Behavioral Therapy as Initial Treatment for Chronic Insomnia*](#)
- [American Geriatrics Society, *2023 Updated AGS Beers Criteria for Potentially Inappropriate Medication Use in Older Adults*, *Journal of the American Geriatrics Society*](#)
- [U.S. Department of Veterans Affairs / DoD, *Clinical Practice Guideline: Treatment of Insomnia*](#)

ACADEMIC MEDICAL CENTERS

- [Mayo Clinic, *Sleep tips: 6 steps to better sleep*](#)
- [Mayo Clinic, *Napping: Do's and don'ts for healthy adults*](#)
- [Mayo Clinic, *Insomnia treatment: Cognitive behavioral therapy instead of sleeping pills*](#)
- [Mayo Clinic, *Obstructive sleep apnea — Symptoms and causes*](#)
- [Mayo Clinic Press, *Trouble sleeping? It might be biology*](#)
- [Harvard Health Publishing, *Sleep hygiene: Simple practices for better rest*](#)
- [Harvard Health Publishing, *Why your sleep and wake cycles affect your mood*](#)
- [Harvard Health Publishing, *Try this: Light therapy*](#)
- [Harvard Health Publishing, *Try this: Progressive muscle relaxation for sleep*](#)
- [Harvard Health Publishing, *Does exercising at night affect sleep?*](#)
- [Harvard Health Publishing, *Are your medications keeping you up at night?*](#)

PEER-REVIEWED RESEARCH & CLINICAL REFERENCES

- [Sleep Foundation, *Aging and Sleep*](#)
- [Sleep Foundation, *How Circadian Rhythms Change as We Age*](#)
- [Sleep Foundation, *How Much Sleep Do Adults Need?*](#)
- [Sleep Foundation, *Debunking Sleep Myths With Facts About Sleep*](#)
- [Sleep Foundation, *The Best Temperature for Sleep*](#)
- [Sleep Foundation, *How Long Does It Take for Caffeine to Wear Off?*](#)
- [Sleep Foundation, *Alcohol and Sleep*](#)

- [Sleep Foundation, *Napping: Benefits and Tips*](#)
- [Sleep Foundation, *Cognitive Behavioral Therapy for Insomnia \(CBT-I\)*](#)
- [Sleep Foundation, *The Best Time of Day to Exercise for Sleep*](#)
- [Vitiello, M.V., *Normal and Abnormal Sleep in the Elderly* \(PMC\)](#)
- [Duffy, J.F. et al., *Aging and Circadian Rhythms*, *Sleep Medicine Clinics* \(PMC\)](#)
- [Brewster, G., Riegel, B., & Gehrman, P.R., *Insomnia in the Older Adult*, *Sleep Medicine Clinics* \(PMC\)](#)
- [*Behavioral Interventions for Insomnia: Theory and Practice* \(PMC\)](#)
- [Borges, C., Ellis, J.G., & Marques, D.R., *The Role of Sleep Effort as a Mediator Between Anxiety and Depression*, *Psychological Reports* \(PMC\)](#)
- [Maeda et al., *Effects of bathing-induced changes in body temperature on sleep*, *Journal of Physiological Anthropology* \(PMC\)](#)
- [StatPearls \(U.S. National Library of Medicine\), *Nocturia*](#)

This guide is educational and reflects general information from the sources above as of 2026. It is not a substitute for personalized medical advice. Always talk with your own doctor about your sleep and your health.

WE GET BETTER WITH AGE

Educational information only — not medical advice. © 2026 We Get
Better With Age.