# **ARTICLE IN PRESS**

American Journal of Emergency Medicine xxx (xxxx) xxx

Contents lists available at ScienceDirect



American Journal of Emergency Medicine

The rican Journal of gency Medicine

journal homepage: www.elsevier.com/locate/ajem

### Correspondence Sleep deprivation hormesis: The shift that doesn't kill you makes you stronger

Emergency medicine approximates a prehistoric human schedule. Our ancestors spent most of their time walking, socializing, relaxing, and conserving energy [1]. When motivated, they could sprint away from a tiger or toward a mammoth. Humans fasted for hours or days, then consumed large amounts of food when they found a beehive or large mammal. Primitive humans faced a range of discomfort in their environments. Without gas-powered furnaces, car air conditioning and safe homes, they frequently felt cold, hot, and tired. By overcoming adversity, humans used *acute* stresses to become more resilient.

Human DNA evolved to detect these signals of discomfort, resulting in environmental effects on aging. Though programmed into almost all animals, aging can be modified by epigenetic forces. Small doses of toxins signaling tough times communicate the message that the organism had better live longer, or its population will go extinct. Stresses that in a very large amount would kill an individual (starvation, hypothermia, running long distances) improve health and longevity in small doses (fasting, cold exposure, exercise). Put more simply by Frederick Nietzsche, "What does not kill me makes me stronger [2]." Scientists call this hormesis: "any process in a cell or organism that exhibits a *biphasic* response to exposure to increasing amounts of a substance or condition [3]."

Google "hormesis" + an adversary in nature, and you will see positive benefits: bitter plant toxins, extreme heat/cold, intense exercise, ethanol, hypoxia, nicotine, even ionizing radiation [4,5]. Almost every stress *that evolving humans inevitably encountered* has a favorable effect *in small doses*. But one unavoidable "toxin," encountered by most of us in the ED, is accused of being harmful in *all* cases: Sleep deprivation. Surely early humans faced sleep deprivation often and for good reason: chasing prey, evading predators or enemies, staying warm, raising babies. Those who adapted would contribute genes more successfully. Then why does the medical literature show detriment to memory, problem solving, athletic performance, emotional stability, immunity, hormone balance, and other functions?

Research has shown impressive, consistent, negative effects on performance *right after* one night of missed sleep, and disturbing effects with chronic sleep deprivation. Inflammatory markers, DNA damage, and stress hormones all become grossly maladaptive. News stories, books and experts warn of this societal threat. But what if sleep deprivation were not always bad?

Insomnia improves with sleep deprivation. Most ER docs can sleep very well anywhere, anytime. Depression also responds to acute sleep deprivation, with robust evidence that one all-nighter elevates the mood [6]. Sleep deprivation may prophylax against PTSD after a fearinducing situation [7]. Sleep deprivation mitigates inflammation and ischemic insult in brain cells, protecting hippocampal neurons from damage [8]. Twelve hours of lost sleep appears to not just protect the hippocampus, but also induces neurogenesis that persists 15 and 30 days later [9]. Yes, sleep loss increases oxidative stress and free radical formation [10], but so do exercise, fasting, and plant polyphenols [5].

Sleep researchers allow a biased hypothesis to direct research. Most protocols test individuals immediately after deprivation, neglecting measurements after adequate *recovery* sleep. Elite athletes immediately after a competition meet criteria for ICU admission. Lactate, creatine kinase, free radicals, electrolyte abnormalities, cortisol levels and other markers appear dangerously deranged. Similarly, subjects' psychomotor vigilance and emotional liability after staying up all night suggest severe acute stress.

The mystery lies in what follows. Recovery sleep leads to "dramatic returns toward normal glutathione content and liver catalase activity ... restores or accentuates antioxidants and antioxidant activities [11]." Human subjects allowed ample recovery sleep resemble subjects who did not experience sleep deprivation, trending toward better response time and less sleepiness [12]. What if this paradigm were applied to shift workers? What if people who undergo small doses of sleep deprivation respond like athletes - *stronger*? By conducting systematic and longitudinal studies on effects of sleep deprivation *and* optimization of the recovery process, new studies could elucidate the complete picture of human resilience.

Admittedly, we find solace in a hypothesis that missed sleep could benefit humans. Who doesn't enjoy the camaraderie, the pride in managing an ED at night, the delicious, rapid descent to sleep on arrival home? Studies finding positive effects of sleep deprivation are indeed rare; but to prove the existence of black swans, we only need one [13]. Certainly, if you can avoid night shifts and sleep deprivation, do so. If not, implement a change in mindset: embrace the discomfort of the night shift. Practice behaviors that mitigate the negatives. Do not eat (or eat very little) or stay sedentary on the night shift [14]. Wear glasses that block blue light wavelengths [15,16]. Seek sunlight exposure during the day [17]. Bank sleep leading up to night shifts [18], and obtain ample recovery sleep [19]. Take a chance with a new theory, and use the acute stress of low dose sleep deprivation to become stronger.

### **Funding details**

No funding provided to any of the authors for this or any study.

### **Declaration of competing interest**

The authors report no conflict of interest related to this or any other study.

#### References

- Pontzer H, Wood BM, Raichlen DA. Hunter-gatherers as models in public health. Obes Rev. 2018 Dec;19(Suppl. 1):24–35.
- [2] Nietzsche FW. Twilight of the idols, or, how to philosophize with the hammer. Indianapolis, Ind: Hackett Pub; 1997.

https://doi.org/10.1016/j.ajem.2020.04.092 0735-6757/© 2020 Elsevier Inc. All rights reserved.

## **ARTICLE IN PRESS**

#### Correspondence

- [3] Calabrese EJ, Mattson MP. How does hormesis impact biology, toxicology, and medicine? NPJ Aging Mech Dis. 2017 Sep;3(1):13.
- [4] Li X, Yang T, Sun Z. Hormesis in health and chronic diseases. Trends Endocrinol Metab. 2019 Sep;30(12):944–58 [S1043-2760(19)30174-2].
- [5] Mattson MP. What doesn't kill you. Sci Am. 2015;313:40-5.
- [6] Echizenya M, Suda H, Takeshima M, Inomata Y, Shimizu T. Total sleep deprivation followed by sleep phase advance and bright light therapy in drug-resistant mood disorders. J Affect Disord. 2013 Jan;144(1–2):28–33.
- [7] Kuriyama K, Soshi T, Kim Y. Sleep deprivation facilitates extinction of implicit fear generalization and physiological response to fear. Biol Psychiatry. 2010 Dec;68 (11):991–8.
- [8] Weil ZM, Norman GJ, Karelina K, Morris JS, Barker JM, Su AJ, et al. Sleep deprivation attenuates inflammatory responses and ischemic cell death. Exp Neurol. 2009;218 (1):129–36 Jul.
- [9] Grassi Zucconi G, Cipriani S, Balgkouranidou I, Scattoni R. 'One night' sleep deprivation stimulates hippocampal neurogenesis. Brain Res Bull. 2006;69(4):375–81 Apr.
- [10] McEwen BS. Sleep deprivation as a neurobiologic and physiologic stressor: allostasis and allostatic load. Metabolism. 2006 Oct;55(10 Suppl 2):S20–3.
- [11] Everson CA, Laatsch CD, Hogg N. Antioxidant defense responses to sleep loss and sleep recovery. Am J Physiol Regul Integr Comp Physiol. 2005;288(2):R374–83 Feb.
- [12] Lamond N, Jay Sm Fau Dorrian J, Dorrian J Fau Ferguson SA, Ferguson Sa Fau -Jones C, Jones C Fau - Dawson D, Dawson D. The dynamics of neurobehavioural recovery following sleep loss. (0962-1105 (Print)).
- [13] Taleb N. The black swan: The impact of the highly improbable. 1st ed., , xxviiiNew York: Random House; 2007 [366 p. p].
- [14] Gupta CC, Centofanti S, Dorrian J, Coates AM, Stepien JM, Kennaway D, et al. Subjective hunger, gastric upset, and sleepiness in response to altered meal timing during simulated shiftwork. Nutrients. 2019 Jun;11(6):E1352.

- [15] Mortazavi SA, Parhoodeh S, Hosseini MA, Arabi H, Malakooti H, Nematollahi S, et al. Blocking short-wavelength component of the visible light emitted by smartphones' screens improves human sleep quality. J Biomed Phys Eng. 2018 Dec;8(4):375–80.
  [16] Niwano Y, Iwasawa A, Tsubota K, Ayaki M, Negishi K. Protective effects of blue light-
- [16] Niwano Y, Iwasawa A, Tsubota K, Ayaki M, Negishi K. Protective effects of blue lightblocking shades on phototoxicity in human ocular surface cells. BMJ Open Ophthalmol. 2019 May;4(1):e000217.
- [17] Figueiro MG, Steverson B, Heerwagen J, Kampschroer K, Hunter CM, Gonzales K, et al. The impact of daytime light exposures on sleep and mood in office workers. Sleep Health. 2017;3(3):204–15 Jun.
- [18] Rupp TL, Wesensten NJ, Bliese PD, Balkin TJ. Banking sleep: realization of benefits during subsequent sleep restriction and recovery. Sleep. 2009;32(3):311–21 Mar.
- [19] Ferguson B, Shoff H, Shreffler J, McGowan J, Huecker M. Does my emergency department doctor sleep? The trouble with recovery from night shift. J Emerg Med. 2019; 57(2):162–7 Aug.

Martin R. Huecker\* Jacob Shreffler Brian Ferguson University of Louisville, Department of Emergency Medicine, 550 South Jackson, Louisville, KY 40202, United States of America

\*Corresponding author.

E-mail address: martin.huecker@louisville.edu (Martin R. Huecker).

12 March 2020 Available online xxxx