



EPISODE #171

WHAT IS YOUR CHRONOTYPE? WITH DR. MICHAEL BREUS

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Wendy Myers:

Hello, everyone. Thank you so much for joining the Live to 110 Podcast. My name is Wendy Myers. You can learn more about me at Liveto110.com. And check out my detox program, MineralPower.com where I relieve you, I give you freedom from brain fog and fatigue.

Today, we have a very interesting podcast, Dr. David Breus, who is a sleep psychologist. He's going to be talking on the program about sleep.

He was the host of the phenomenally successful, Sleep Success Summit. You can check it out at SleepSuccessSummit.com.

And he's going to be talking about some underlying root causes of why you're not sleeping, the problems with sleep medication, and some supplements you can take to facilitate sleep. Very, very interesting discussion.

We're also going to be talking about his new book, The Power of When. You can check that out, ThePowerofWhen.com. And we're going to be discussing the concept of chronotypes that he explores in the book, and the 400 studies that support that, and when is the best time to do many activities throughout your day—to having sex, the best time to have sex, the best time to pursue creative endeavors, the best time to ask your boss for a raise.

Really, really interesting talk that we have on the podcast today.



Please keep in mind that this podcast is not intended to diagnose or treat any disease or health condition, and it's not a substitute for professional medical advice. The Live to 110 Podcast is solely informational in nature and for entertainment purposes only. So please consult your health care practitioner before engaging in anything that we suggest today on the podcast.

01:50 ABOUT DR. MICHAEL BREUS

Wendy Myers:

Our guest today is Dr. Michael Breus, Ph.D. He is a clinical psychologist with the Diplomate of the American Board of Sleep Medicine and a Fellow of the American Academy of Sleep Medicine.

He was one of the youngest people to have passed the board at age 31. And with a specialty in sleep disorders, he's one of only 136 psychologists in the world with his credentials and distinction.

Dr. Breus is in on the Clinical Advisory Board of the Dr. Oz Show, and is a regular contributor to the show, 30-plus times. Dr. Breus is the author of the soon-to-be published, September 2016, *The Power of When*, a groundbreaking bio-hacking book proving that there is a perfect time to do everything based on your hidden biological chronotype.

Dr. Breus gives the reader the exact perfect time to have sex, to run, to run a mile, eat a cheeseburger, ask your boss for a raise, and so much more.

Dr. Breus was recently asked by the National Sleep Foundation to be the inaugural sleep technology ambassador at Health 2.0, a cutting-edge health technology conference.

Dr. Breus has supplied his expertise with both consulting and as a sleep educator spokesperson to brands such as Advil PM, Breathe Right, Crown Plaza Hotels, Dong Energy from Denmark, Merck and many, many more.

For over 14 years, Dr. Breus has served as the sleep expert for WebMD. Dr. Breus also writes the *Insomnia Blog*, and can be found regularly on the Huffington Post, Psychology Today, Share Care and the Oz Blog.

Dr. Breus has provided editorial services for numerous medical and psychology peer review journals, and has given hundreds of presentations to professionals and the general public.

He has published an original research and worked on grant-funded projects and clinical trials.

Among his numerous national media appearances, Dr. Breus has been interviewed on CNN, Oprah, The View, Anderson Cooper, Rachel Ray, Fox & Friends, The Doctors, Joey [Bear], The CBS Early Show, The Today's Show, and Kelly & Michael.

He's an expert resource for most major publications, doing more than 100 interviews per year. He also

appears regularly on Dr. Oz and Sirius XM Radio.

Dr. Breus has been in private practice for 16 years, and recently relocated his practice to Los Angeles.

Dr. Breus, thank you so much for coming on the podcast.

Dr. Michael Breus: Hey, thanks for having me. I'm excited to be here.

Wendy Myers: So you're known as the Sleep Doctor, but can you tell the listeners a bit about yourself and your background.

Dr. Michael Breus: Sure, of course. Happy to do so. I have a Ph.D. in Clinical Psychology, and I'm board-certified in clinical sleep disorders. So I actually took a medical specialty board without going to medical school, and when I passed, they said, "Holy cow! I guess you're a sleep doctor now."

There are about 160 of us that have ever done that. And I've been an actively practicing sleep specialist for the last 16 years.

So I treat people with apnea, narcolepsy, insomnia, parietic limb movement, sleepwalking, sleep talking in kids, seniors, you name it. I've had them in practice. And it's been a lot of fun. It's definitely been an interesting ride, to say the least.

Wendy Myers: And that is so important because I watched my own father suffer from sleep apnea, and diagnosed for so many years. And it just destroyed his heart and his brain. It killed so many brain cells. And he finally got a CPAP machine.

Dr. Michael Breus: Good. How's he doing?

Wendy Myers: Well, he passed away, unfortunately. He actually had some health issues and whatnot. He passed, but I think definitely his lack of sleep for so many years really did him in. It really contributed to his health issues.

Dr. Michael Breus: It's so interesting because people take sleep for granted. And I hear this all the time, "Oh, I'll sleep when I'm dead."

Well, that might happen a lot sooner than you were thinking, depending upon how deprived of sleep you are.

A lot of people don't even understand, but sleep affects every organ system, every disease state. There literally isn't anything you can do that isn't affected by both the quantity and the quality of your sleep.

A lot of people, often times, they're talking about how many hours do I get, or how many minutes do I have. But we also have to think about the quality aspect of that as well because that can be really important.

Wendy Myers: Sleep affects everything. If you're not sleeping well, you can't detox. If you're not sleeping well, it affects everything, like you said.

06:18 THE SLEEP SUMMIT

Wendy Myers:

You actually hosted the Sleep Summit that happened recently. And people can still engage with that. They can still purchase it, if they want. Tell us where they can find that summit, and what it's all about.

Dr. Michael Breus:

So it's called The Sleep Success Summit, and you can go to SleepSuccessSummit.com. It's certainly available for purchase.

It was fantastic. We had 35 speakers of every kind of area you could possibly imagine.

I had pediatricians. I had the NASA sleep specialist—the guy who takes care of all the astronauts. I had Arianna Huffington come on and talk. I had functional medicine experts, Chinese medicine experts. We had biohackers. We had people who were interested in meditation and sleep.

Whatever they could find that had anything to do with sleep, endocrinology, thyroid—you name it, and we had a lot of people talking about sleep.

And it was really pretty fascinating because we decided not to just go with conventional. It wasn't just about western medicine and sleep apnea, which has been a lot of the information is out there. It was really about anything that you could think of that has to do with holistic health and sleep.

07:35 SLEEP AND PRESCRIPTION MEDICATIONS

Wendy Myers:

A lot of people when they go to their physician, they get a prescription medication for sleep. Tell us how that can backfire.

Dr. Michael Breus:

Well, in about a zillion different ways actually. So I'm not a huge proponent of pharmaceuticals to help with sleep. I would tell you that 90% of people out there don't need a pill to make them sleep.

However, that being said, there are certain situations where pharmaceuticals can actually be appropriate. If I've got a patient who's got major depression, or bipolar disorder, or schizophrenia, those are situations where a medication to help them sleep actually could be appropriate.

But for the vast majority of people, you don't actually have to have a pill to help you sleep. Now, I will also say that there are some situations where people, I just need to stabilize them. I need to get them to a spot where they're sleeping okay, and then I can slowly wean them off either whether it's a supplement, nutraceutical or even a pharmaceutical.

Now, as a Ph.D., I don't prescribe medication, so I don't have any skin in that game at all. I know about them all, and I've worked with most of them. And the biggest problem that we see is that there are certain categories of pharmaceuticals that are super addictive. Those are called the benzodiazepine.

So anything with the letters P-A-M on the back of it, that's probably not the thing that you really want to be on. Those are the generic names. Trade names are things like Valium, Xanax, Restoril, things like that. While they can be very, very effective for helping reduce anxiety, and even helping people fall asleep, you have two problems then—you have a sleep problem and you have a pill problem.

And you have to get comfortable with the idea of being on a medication for an extended period of time.

And again, my philosophy is most people don't need that. That's not necessary for most people. We also now know that some of these medications in a different category called non-benzodiazepine hypnotics—Ambien, Lunesta fall into that category. We know that for those folks, there are some weird side effects.

People sleep eating, sleep driving, saying all kinds of crazy stuff. You would be pretty surprised at some of the things that people have done, have no recollection whatsoever.

I saw a great piece with Steve Martin, the comedian. He was being interviewed. He's a poker player. And he said that he took Ambien one night, and when he woke up the next morning, when he went to his online poker site, he had won \$1500.

So he was excited, but scared at the same time.

Wendy Myers:

Yes, I had a friend of mine that was taking Ambien. She was gaining weight. She gained about 10 pounds over a month. She realized that she was eating everything in her refrigerator. She would wake up and eat and wouldn't remember.

I thought it was really funny.

Dr. Michael Breus:

It can be scary. I had a patient who walked in and decided to fry up some eggs. They had an open flame—lots of bad stuff can go on when you're under those medications' influence.

People got to respect the drug and know what they're on, what the parameters are, the rules are, and make sure that there is somebody out there who's keeping an eye on them because it can get dangerous.

10:52 RESTORATIVE SLEEP AND BENZODIAZEPINES

Wendy Myers:

Yes, and it's problematic too because you don't actually get a restful of sleep. You don't get a restorative sleep when you're on this medication. Yes, your eyes are closed, but you're not getting this helpful, restorative sleep.

Can you explain that?

Dr. Michael Breus:

Yes, I can. Depending upon the medication, each of the medications has different effects and what we call sleep architecture. So that's how much stage 1, stage 2, stage 3, 4 and stage REM you get.

Those benzodiazepines, the first group of medications I was talking about, they knock out a good bit of your stage 3, 4, which is your physically-restorative sleep. They can even knock out some REM sleep. Some of them give you too much, and some of them can give you not enough. It varies from drug to drug.

And that can be dangerous as well because REM sleep is your mentally-restorative sleep, so you want to get a bunch of both. You don't want any medication that can potentially block those out.

11:44 NON-BENZODIAZEPINE HYPNOTICS

Dr. Michael Breus:

When you look at the non-benzodiazepine hypnotics, the Ambien and the Lunestas of the world, their claim to fame is that they don't change your sleep architecture, that whatever you had before is roughly the same that which you're going to get then.

But let's take a look at that. The sleep that you had before was probably pretty crappy. It probably wasn't great sleep to begin with.

So people shouldn't think that they're getting the unnatural sleep. They're not getting, I guess the best word would be a nutritious sleep. It's like having empty calories. I would consider that to be empty sleep, is what they're dealing with a lot of times on those medications.

12:19 ENHANCING SLEEP WITH SUPPLEMENTS

Wendy Myers:

What are your favorite supplements to enhance sleep?

Dr. Michael Breus:

Again, I'm not the biggest fan of putting stuff in to make people sleep. However, there are some instances where it does make sense.

Melatonin actually can be something that can be quite helpful for some people. But the thing for people to remember is melatonin is a sleep regulator, not a sleep initiator.

Up to now, all the things that we've been talking about make you feel sleepy and make you want to fall asleep. It turns out that there are two distinct systems in the brain for sleep—one is a sleep drive, like hunger. So I'm hungry, I'm hungry. I eat something and that hunger dissipates.

That's your sleep drive. And that's what all of the drugs we've been talking about so far affect. They

increase that sleep drive.

The second one is your circadian rhythm, or that biological clock that tells when to eat, when to sleep, when to do those things, that's what melatonin can have an effect on.

So it turns out that when you reach the age of about 55, your melatonin actually starts to decrease in terms of levels of production. So it may make sense for people to have a melatonin supplement once we start to see melatonin starting to fall off.

Or let's say you travel to Europe, or travel across the US, or go through multiple time zones, if you've got jetlag, melatonin actually works really good because it can snap your clock back to where it needs to be.

So melatonin can be used in some good situations for sure. A couple of caveats for people to think through with melatonin, number one, it's not a sleeping pill, and it shouldn't be taken like one. It takes 90 minutes for plasma concentration levels to reach a point where it can actually be effective. So if you're going to take melatonin, you should take it 90 minutes before bed.

Also, 95% of it is sold in an over-dosage format. Most people don't know that. The appropriate dose would be between a half and 1-mg for the average adult. But I see them in 3, 5, 10-mg.

Also, most people don't know, but melatonin is by prescription only in Europe, and at very high doses, it's actually a contraceptive because it messes with a woman's hormonal distribution and things like that. And so I really can't emphasize enough—do not give melatonin to children. That is a bad idea.

I can't think of anything worse than introducing a contraceptive into a young female developing body. We just don't know what that's going to do.

I'm not saying it's bad. I'm saying I don't know, and I wouldn't give it to my daughter. That's for sure.

Wendy Myers:

Thank you so much for clarifying that because there's a lot of confusion around sleep medications and sleep supplements, and there are a lot of little distinctions you have to make.

Dr. Michael Breus:

And a couple of things that are easy, good stuff that people can use out there, one of them is magnesium. There's a lot of good data looking at magnesium as a calming mineral. And it can be very helpful.

For people who tell me that, "Oh, I can't turn off my brain when I get in bed," magnesium actually turns out to be a really good thing that people can consider taking that can be quite helpful. I would definitely recommend magnesium.

If you're looking on the herbal side of things, the herbs they have the most data behind them would be valerian. It's actually a combination of valerian and hops together, like the hops that you would find in beer. Know that does not mean pop a valerian and drink a beer.

I was asked that. No, it does not.

Wendy Myers:

Just to clarify.

Dr. Michael Breus:

Just to clarify. But those two in combination with one another can actually be pretty effective from reducing anxiety and helping get you there.

I would say 5-HTP has got some good data behind it as well, again, as an initiator or a relaxant to get you there.

15:55 ANXIETY AND DEPRESSION

Dr. Michael Breus:

The truth is, most people who are having problems sleeping, it's an anxiety issue or it's a depression issue. It's not really a sleep issue. And so if you can figure out ways to get yourself there without a supplement or without that, then I would consider going for it. But in the 16 years that I've been practicing, talking to people with insomnia because that happens to be my specialty, 75% of people show up to me on drug or supplement. 75%.

And that's okay. I'm not judging here. It doesn't bother me at all. My goal is to get you either off of pharmaceutical or to the lowest effective dose, or to use supplements appropriately because I still believe that nobody's sleeper is broken.

That switch in your head will work no matter who you are. We just have to remind you on how to use it.

Wendy Myers:

That's why I love the Sleep Success Summit because you get down to the underlying root cause of why people aren't sleeping. And so many people have issues with sleep. This summit is so needed.

Can you tell us again where the listeners can find it, and go get more information?

Dr. Michael Breus:

If you go to SleepSuccessSummit.com, the page is up. You can actually order the lectures. And I had some amazing speakers. It was the who's who of the holistic world.

We had Amy Meyers, Dan Kalish, Abel James. We had, like I said, the NASA sleep doctor, Arianna Huffington. We had pediatricians talking about children's sleep. We even had grief specialists, who were talking about how sleep can be affected during the grieving process.

We had PTSD specialists who were talking about trauma and how trauma can affect sleep.

I learned a ton, and I'm a sleep doctor.

17:40 THE POWER OF WHEN

Wendy Myers:

So you have a new book coming out called *The Power of When*. Can you tell us about your book?

Dr. Michael Breus:

So, I would be happy to. Most self-help books tell you what to do, or they tell you how to do it. They don't tell you when to do it.

I stumbled upon this as an idea with my patients.

As I've said, I've been practicing for a while, specifically, with insomnia folks, and they would come in, and they would say, "Dr. Breus, it's not that I can't fall asleep, or I can't stay asleep. It's like I'm sleeping at the wrong time."

"If I could just go to sleep at midnight and wake up at 7:30 or 8:00 o'clock, my life would be fantastic. But my boss wants me at work by 8 o'clock, or my kids want me up at a certain time or my social world is not working well with what would be my normal sleep schedule."

Because I was using techniques that I normally use, things like sleep restriction, stimulus control and cognitive behavioral therapy, non-pharmaceutical, non-supplemental ways to help people with sleep, and it wasn't working.

And so I said, "Well, what would happen if we change your schedule?"

And they're like, "Yes, good luck with that."

And so what I did was I said, "Give me your boss' number."

So I called the boss, or I called the family member, and I said, "I just want to run an experiment for two weeks where I get this individual, and they can go to bed later, and they can sleep later, and nobody's going to bother them whatsoever."

We actually got to run the experiment with a couple of people. They were significantly more productive at work. They were in a much better mood in the morning. Everybody was getting along with them much, much better. And I was like, "Okay, so let's take a look at this a little bit deeper."

19:22 CHRONOTYPES

Dr. Michael Breus:

And so I started to go into the literature. I found over 400 studies, looking at what we call chronotypes.

So people out there may not have heard the word of chronotype before. But you've probably heard of an early bird or a night owl. So those are actually chronotypes.

It turns out there's not just two. There's actually four. And so what I did was, and most of the measurement tools only identified if you were an early bird or a night owl.

So I said, "I'm going to create a tool that people can take a quiz," because people like to take quizzes, "and let's figure out what your chronotype is."

So for anybody out there who's listening, if you go to ThePowerofWhenQuiz.com, it's free, just go in, take the quiz, and you'll learn what one of your four chronotypes are.

So I've already mentioned two, but let me the gamut of what all four of them are.

So the early bird is actually what I call a lion. I renamed the archetypes because I'm not a bird, I'm a mammal. And I wanted to choose mammals that represented what those people really were.

So lions are my early birds or my early morning people. These are my entrepreneurs, my go-getters. But they're very linear in their thinking. My lions go from A to B to C. They're not my intuitives. They're not my idea-starters or visionaries.

They're like the COO of a company. They can get stuff done, and they can manage people really well.

In between are my bears. Bears are some of the best ones out there. These are the glue for society. These are the fun people who get work done, but also like to have a good time. They're the ones who are hanging out by the keg at the party. But they're also the ones who are having great conversations.;

They actually follow a sleep schedule where they get up around 6:30, 7:00 o'clock, and then they're going to bed around 10:30, 11:00 o'clock.

So most of the normal pattern, roughly 55% of people out there are bears.

My night owls, I call them wolves. I happen to be a wolf. These are my creative, slightly introverted. That aspect isn't big for me. And these are people who are really interesting. These are people who get involved in advertising or very artistic, so they're authors, they're musicians, they're actors.

They are those people who got that gift to them.

And then there are those patients of mine that would wander through the door who are my Type A personalities, who are so obsessive-compulsive, they can't seem to get a whole lot done. Those are my dolphins. They're super intelligent people, but once we could get them into a sleep schedule, things would work out better.

So once you take the quiz, you fall into one of these four archetypes. And then from there, I actually know what your hormonal distribution is for a 24-hour cycle.

So then when I said was, "What if I matched your hormones to 50 different daytime activities and figure it out what was the best time for you to do things?"

And it worked. It was crazy.

So I can tell people the best time to have sex, run a mile, eat a cheeseburger, ask your boss for a raise, all based on their chronotype and their hormone distribution.

Wendy Myers: And I'm sure all your Type A's love that, so they can schedule sex and schedule everything.

Dr. Michael Breus: They do. It's a lot of fun for them. They definitely enjoy it.

Wendy Myers: Why did you get involved with this topic?

Dr. Michael Breus: Again, it was because my patients came to me, and I found my techniques were not effective. And I just couldn't live with that. I had to figure out what was going on with them.

It was a journey for me as well. I was learning from my patients and starting to really understand this literature. And quite frankly, the literature hadn't really reached a critical mass until fairly recently. Circadian rhythm research has been going on only really heavily for the last 15 years.

And so we're really starting to see a lot of publications come out in the sleep world about what are circadian rhythms and what's the best time for people to be doing things.

23:18 MANAGING A PERSON'S CHRONOTYPE

Wendy Myers: How can you manage a person's chronotype to so many activities?

Dr. Michael Breus: So what we did was we look at what hormones do you need for each activity.

So let's take sex because it's the one that everybody wants to talk about first.

I can't think of a worst time to have sex than at night, and here's why. What are the hormones that you need? Estrogen, progesterone, testosterone, adrenaline, and we need all to be at high levels, maybe even some cortisol.

And at a low level, again, for sex you'd want melatonin to be down.

So what happens at night? Melatonin is up, and you have a reduction in testosterone, progesterone, estrogen, cortisol, and adrenaline. It's the worst possible time to actually have sex is in the evening, especially the later evenings, which is when most people do.

There was a great study that looked at propensity for sex, and what they found was it really had more to do

with schedule than it did desire.

And so what happened was, is you're finally in bed, you weren't working, nobody was driving you crazy. And so your bed partner said, "Hey, are you interested?"

And you said, "Fine."

And so that's how it all goes.

And I'm not saying that's for all types of sex, obviously. But the passion and the desire and the things that allow for that level of communication to occur on a different level aren't necessarily there late, late, late in the evenings.

And so what I did was I actually created a matrix because what if you're a wolf but your bed partner is a lion? That could be a problem. And a lot of times, it is.

And so I actually created this matrix where you can look where your chronotype is, and then you can look at your partner's chronotype. And it actually gives you two different times, a morning time and an early evening time when you will find that your desire is higher, and that you will receive something different from the sexual experience that you have.

Wendy Myers:

That is so interesting.

Dr. Michael Breus:

It is fascinating. It's so funny because people are always interested in the sex question. Also, "When should I ask my boss for a raise" question, that's a good one. We can always talk about that.

25:31 CHRONO RHYTHMS

Dr. Michael Breus:

But what's fascinating is that our bodies have these chrono rhythms, and we haven't unlocked them. I keep telling people you've got to unlock your clock because once you know where your biorhythm is, boy, there are a lot of cool things that you can do.

And some people tell me that they know already. I don't know if you've had this experience, but some of my patients will tell me, "You know what? I'm a writer, and I just know that I write better between these hours. 3 and 5 is the time when I'm most creative."

"And when I really have to edit my work, I'm actually better doing that in the morning."

Well, that actually would be very consistent with your hormonal distribution for things like cortisol and a couple of different hormones that could be affecting your ability to do those things.

So it's pretty interesting when you start to match it all up. And now is it 100%? No, of course not, because

I wish I could do something that's 100% but it's pretty rare in nature to be able to do that.

But I would tell that it works a lot, and you could ask my patients. They're freaking out. They're like, "This is really cool."

Wendy Myers:

Naturally, people have a lot of issue with their hormones and hormone-disrupting chemicals, menopause and all kinds of things that will disrupt their chemicals at the core, or disrupt their hormones.

So of course, there's going to be variance, individual variance.

You mentioned when is the best time to ask your boss for a raise, that's pretty specific and interesting.

Dr. Michael Breus:

That's cool, right? So there are a couple of different rhythms that you want to think through, not just hormonal rhythms, but what I call circadian rhythms.

And so one of the first ones is positive mood. You want to catch your boss when they're in a good mood because if they are stressed, and life is not working out the way they want it to be, asking them for a raise is probably not going to go over too well.

There have been several different studies to look at positivity in terms of mood. And now, these are not all just 24-hour cycles, but these are actually weeklong cycles.

So it turns out that your boss gets in a better mood as the week progresses. The closer to Friday that you can get, the better your boss is going to be in a good mood, number one, because they don't have a bunch of stuff that's sitting on their plate, hopefully, that they have to do still, and hopefully, they've got and accomplished the different tasks that needed to be accomplished, so that they can be less stressed.

And then number three is they're [right] [butting] up against the weekend, and so they're looking for some social event or spending time with family and friends, and things like that.

So Friday turns out to be the most positive day in the workweek.

Then as you go through the day, the closer you get to quitting time, the more positive people get.

So going later in the day like after lunch is actually a great time to hit your boss up, to talk to him about whether or not you should get a raise.

Now, one thing that's also good to know, by the way, is your boss' chronotype. And let me tell you how you can figure it out. You don't have to have him take the quiz although if they want to—I'm actually starting to work with companies now where company-wide, they're all taking the quiz. And we're actually figuring out best times for creative meetings versus analytic meetings.

We're figuring out who should be coming in later, and who should be coming in earlier. And we're finding

productivity levels are just jacking through the roof.

The easy way to tell what your boss' chronotype is what time do they get to the office. If your boss is one of those people that's there at 7:30, they're a lion. There's no question in my mind. And they're the operator. They're getting stuff done.

So you're going to want to hit them right after lunch around the 2:30, 3:00 o'clock range.

The reason that's also good for you is you want to look at your chronotype and you want to look at when are you the most cognitively onboard, when are you the most perceptive, and when are you going to be able to present yourself in the most favorable light.

So where's your confidence level?

So we're looking at two different factors—my boss, where they are and their whole chrono rhythm, as well as my confidence and ability to be able to turn to people and say, "Hey, let me tell you why I'm so important for this company, and why I'm thinking that I should get a raise."

So if you look in the book, it actually delineates those times. And I actually created another matrix because anytime you have communication between two people, there's the possibility that there could be two different chronotypes, and we want to try to nail that in.

So if your boss is a lion, remember, an early morning person, you're going to want to hit him around 2:30, 3:00 o'clock.

But if you're a wolf, like a night person, you're actually going to be better off hitting them later, but you don't want to go too late because asking your boss on Friday night for a raise is probably not going to work out very well.

So I would say you wouldn't want go past, about 3:30, 4:00 o'clock. So it's a tight window there for you.

If you're a lion along with your boss, you can actually go out to lunch with them and hit them up right then and there. It's a more casual scenario. You're going to be confident. You're going to have a little bit of blood sugar increase because you're adding some protein, carbohydrates and fats to you, which will actually give you energy, which then gives you confidence.

You're also hitting them at a time when they're filling up their tank.

You want to make sure you catch people with a full stomach because people are always happier when they have a full stomach.

So you start to line all these factors up, and it actually becomes pretty interesting.

30:43 EXERCISE SCHEDULE AND ROUTINE

Wendy Myers: And you also created a matrix for the best time to go for a run.

Dr. Michael Breus: I did.

Wendy Myers: Well, that's really interesting, when the best time to exercise is. For me personally, I find the best times in the morning, and I seem to be the most productive with my workout. But other people, they like to do it in the afternoon, and in the evening. And I think that's crazy.

So what is the deal with that?

Dr. Michael Breus: So it depends on the type of exercise, it turns out. In my chapters, I actually delineate a cardio or a run versus yoga, stretching versus playing a team sport versus training for strength.

So there are actually four different kinds of categories of exercise.

I'm a runner and I do a lot of cardio, so let's talk about cardio because I know a lot of people out there do that as well.

So one of the first things you want to, again, is know your own chronotype. If you're a lion, an early morning person, believe it or not, I might ask you not to exercise in the morning. And you're thinking, "Michael, wait a second. You're telling me I'm a lion. You're telling me I'm a morning person. Why the heck wouldn't I exercise in the morning?"

Because you can use that time to be super valuable and productive in other areas of your life. So planning out your day, doing things around the house that need to get done, even making some social plans because you're on it—you're moving, your brain is really hitting it.

You want to wait until your brain is moving into a little bit slower scenario, so that exercise can actually take over. And exercise will actually be even better.

I'm not talking about waiting hours and hours. I'm just saying that a lot of people—also visual acuity changes with time of day. So if you're a runner and you run before dawn, that can be pretty dangerous. And if you're running right at dawn, you don't want to roll an ankle. You don't want to not be able to see.

I used to live Arizona and we would run through the desert, and you always want to be very aware of desert life, scorpions, rattlesnakes, things like that you want to have a clear vision for.

So we want to worry about that.

Also, you want your body to be able to warm up. And so your core body temperature hits a peak right

before you go to sleep, and then it drops. And about 4:00 o'clock in the morning is when you start to see a rise.

By 6:30, your body hasn't hit its core body temperature rise high enough yet for you to not have to worry about things like injury.

So if you're not a big stretcher and you don't do a nice warm-up, you really want to wait until a little bit later in the morning to be able to exercise.

If you're a bear, exercising in the mid-afternoon to evenings can actually be a great social experience. So during lunch, you can go for a walk because bears are the super social people anyway. And so walking and chatting with somebody can be a lot of fun, or going to work out right after work can actually be good.

Wolves, on the other hand, these are my night people. These are people who, quite frankly, they can exercise at 12:30 at night, and they'd probably be okay.

I'm not recommending that. But that's what a lot of them do.

And so you want to actually use your exercise at times that can be an advantage for you. For example, if you're trying to lose weight, one of the easiest appetite stimulants out there is exercise—or rather, appetite reduction techniques is exercise.

So when you exercise right afterwards, how like are you to pound a cheeseburger? Probably not very likely.

And so being able to monitor your food intake by your exercise timing can also be a very powerful tool as well.

34:10 CHILDREN AND CHRONOTYPES

Wendy Myers:

Yes, fantastic. And then you talk in the book about talking with your children. And that's something really important because when you talk to them, you want them to actually retain it, and take it in, and use it.

So when is the best time to talk to your children?

Dr. Michael Breus:

So this is interesting. It depends on the age of the child because what's really fascinating is children of certain ages are all the same roughly chronotype.

It's not like adults where we have these four different categories.

So when you look at childhood ages, ages 1 to 3, they're lions. So when you have a child that's 1 to 3, what's going on? They're up at the crack of dawn. They're ready to go. Everything's happy and great.

If you look at kids that are 3 to 5 or 6, they're more in the bear-ish range. They're getting up a little bit later. They've lost their morning naps, so they're getting up with the sun, and going down with the sun.

And then when you look at teenagers—middle schoolers are somewhere in between bears and wolves because most teenagers are wolves.

I have a 14-year-old and a 12-year-old, and it's an argument every night to get them to go to bed before 10:30, 11:00 o'clock at night.

And it's not their fault. It's actually their biology. There's been shown in the scientific literature that there's actually a biological shift, and it actually makes their chronobiology turn them into these late night crazy animals.

And so then the question becomes, "When do I talk to them?"

You want to talk to them when they're a little bit distracted, and have a full stomach. And there are certain times for each one of these.

By the way, you're looking at the chrono rhythm for you of when is your highest level of patience.

And so again, a little bit of an interaction here. So if I've got between 1 and 3-year-old, and I want to teach them something, or have them do something, what I'm going to do is I'm going to wait until right after they had either a snack or their lunch because what you get is you get a calm before the storm.

They're digesting their food, they're relaxed, they've got some carbohydrates, which is calming them down, and then watch out because the energy hits, and they are off and moving. There's no way you can get them to listen to anything at that point.

Middle schoolers, 5 years old and all the way up to 12, those kids, you're going to want to catch them right after school, so between 3:00 and 5:00.

The best time, believe it or not, is when you're driving them to an activity. Face-to-face interaction at those ages can be somewhat intimidating, and it can get a little bit more aggressive than you probably want it to be. But when you're driving and your child is in the backseat behind you, and you want to bring something up, that's a great time because you're not bearing down on them. They've gotten through their day, maybe you can even give them a snack in the car on the way to the next activity.

So they're getting a little blood sugar, which will actually calm them down before the spike hits. And you can hit them with whatever you want.

With teenagers, 10:00 o'clock at night is one of the best times to talk to them. They're downright talkative between 10:00 and 11:00 at night.

You walk into their room, and you're like, "What's going on? How was school today?"

"Blah-blah-blah."

It just goes on and on and on.

And that's when you can instill different ideas like, "Hey, when you did this, did you really think that was the best idea," or, "Do you think that was really the best choice that you made here?" "What are some other choices that you think you could have made in that situation or this situation?"

And you will be shocked at how well they respond because they've gone through their day, they've eaten, they've probably done their homework, and now, it's their chill out period just before, hopefully, you're putting them to bed, and they're much more responsive at those times.

37:53 MORE ABOUT THE POWER OF WHEN

Wendy Myers:

And so, is there anything else that you want to talk about in regard to your book, any kind of interesting tidbits that people can look forward to?

Dr. Michael Breus:

Well, the big thing that I want people to remember is you don't have to change your whole world based on your chronotype. What I often times tell people to do is pick one or two things that you want to give a shot to.

So figure out what your chronotype is, check out the quiz, ThePowerofWhenQuiz.com, and figure out what you are. And then if you get the opportunity to purchase the book, look around and see what things might work for you.

I've got sections on creativity, on fun, on health, like when should you be taking your medication. There's actually data now to show that if you take your medication at certain times of the day, it's actually more effective than other things.

I've got stuff on work, relationships, you name it.

I even got a section on when to fight with your partner, so you might want to check that one out as well.

Wendy Myers:

When to have the talk.

Dr. Michael Breus:

Exactly.

38:48 MOST PRESSING HEALTH ISSUE IN THE WORLD TODAY

Wendy Myers: So I have a question I like to ask all of my guests.

Dr. Michael Breus: Fire away.

Wendy Myers: What do you think is the most pressing health issue in the world today?

Dr. Michael Breus: Because I'm a sleep specialist, I'm going to go with sleep and the lack of sleep. I think that sleep deprivation has been historically shown to affect everything. It lowers immune function. As you were talking about your father, it raises cardiac dysfunction.

Literally, every disease out there gets worse the more sleep deprived you are. We were mentioning cancer just a second ago. There are actually studies to show that the more sleep deprived you are, the faster cancer cells multiply.

So if you want to think about a critical rudimentary factor for overall health, I'm going to go with sleep. I would say the thing that's going to probably put the biggest push against the health care system is probably diabetes.

There is just no doubt in my mind. And we also know, by the way, that if you're sleep deprived for more than three days in a row, your body goes into a pre-diabetic state. And so you can become insulin-resistant just based on sleep deprivation which is super scary.

So for all those folks out there who are taking sleep for granted, I would tell you that you're not doing your health any favors by doing so.

Wendy Myers: Yes, and forget that thinking, "Oh, I'll sleep when I—I'll take a dirt nap."

You've got to sleep. And that's for me, I think one my secrets to staying youthful is I've always prioritized sleep. I don't know. I just decided to do that at a young age, and I've always got my seven, eight hours.

Dr. Michael Breus: And it's a big deal. It's interesting. By the way, just so everybody knows, I'm a six-and-a-half-hour sleeper. I have been my entire life. People should not feel like they have to get eight.

Now, I'm not telling you to sleep deprive yourself, but I'm saying figure out what works for you.

If I sleep longer than six-and-a-half to seven hours, I feel terrible. I'm dragging all day long, and I can't feel like I can wake up yet. Whereas, if I get my six-and-a-half to seven, I'm full of energy, I'm ready to rock and roll.

So don't feel like you have to get eight, but figure out what you need, and get it consistently.

40:56 SEEKING PROFESSIONAL HELP

Wendy Myers:

Yes. Very, very sage advice because when people are exhausted, and they've been exhausted for a long time—my question is, at what point do you seek help? For instance, my father, he was probably sleep deprived for a decade at least before he finally went and got a sleep study to figure out what was going on. And it really did his health then.

Dr. Michael Breus:

So I can tell people two easy questions that they can answer to determine if they're sleep deprived or not.

Number one, do you fall asleep within five minutes of your head hitting the pillow? That's actually not a good sign. That's a sign of sleep deprivation.

Sleep isn't an on and off switch. It's more like slowly pulling the foot off the gas, and slowly putting your foot on the brake.

There's about a 15- to 20-minute process that needs to occur. So if you're falling asleep like this, that's not a good sign. That means you're probably sleep deprived.

Number two, if you hit the snooze button more than once in the morning, you're probably sleep deprived as well.

If you answered yes to both of those questions, you may want to have a discussion with your physician about how much sleep do you really need, and how can you go about getting that level of sleep.

Also, by the way, if your bed partner turns to you and says you snore and they've seen you stop breathing, don't walk, run to your doctor and tell them you think you may have signs of something called sleep apnea. There are some great treatments out there.

I have changed people's lives by treating their sleep apnea. No joke.

Wendy Myers:

I know because it's sad when my father was—he was actually falling asleep at work, and then he got fired. And then everything just went downhill after that. It was so sad to finally realize that that was the problem.

Like you said, run, don't walk. Get a sleep study.

Thank you so much for coming on the podcast. That was so interesting. Why don't you tell the listeners where they can find you, learn more about you, your book, et cetera?

Dr. Michael Breus:

So all you got to do is go to my website, ThePowerofWhen.com, and I'm right there. If you can't find me there, I'm at TheSleepDoctor.com. And I'd love to hear your questions. I'm on Facebook. I'm on Twitter. I'm on every social thing there is.

And I'd love it if you'd take the quiz and figure out what you are.

Wendy Myers:

Well, everyone, thank you so much for listening to the Live to 110 Podcast. You can learn about me at



LiveTo110.com, and check out my detox program at MineralPower.com.

Thank you so much for listening to the Live to 110 Podcast.