IMPACT HEALTH
Physician Guided Wellness

THE RECHARGE EDITION / A PHYSICIAN'S GUIDE

Wired and Tired

A practical conversation about getting to sleep, staying asleep and feeling tired during the day.

By Dr. Brittany K. Snustad, MD



For adults who want to understand their experience and find a manageable place to begin.

A NOTE FROM BRITTANY

Let's Start With Your Question

Two questions come up again and again in my conversations about sleep: "Why can't I fall asleep?" and "Why do I wake up and struggle to get back to sleep?" Then there is the person who says, "I am just exhausted all day."

Those are different experiences. I want to hear which one is happening to you before we talk about what to change. I also want to know what your day looks like, because advice has to fit the life you actually have.

I use **Recharge** to organize this conversation about sleep and tiredness. It is not a diagnosis, and you do not need a quiz result or normal blood tests to use this guide.

We will look at the questions I ask, the practical steps I discuss, and how to choose one manageable place to begin. You do not have to take on everything at once.

> **FIND YOUR STARTING POINT**
>
> Getting to sleep: page 3.
> Waking in the night: page 5.
> Supplements: page 6.
> Tired all day: page 7.
> Make a manageable plan: page 11.

01

"I Can't Shut My Mind Off"

When someone says, "I cannot shut my mind off," I start with what the time before bed actually looks like. Are they answering messages, finishing work, thinking through tomorrow or trying to do all three?

My usual suggestion is to aim for **two hours without electronics before bed**, keep the room comfortably cool, and consider reading or meditation. That two-hour window is my practical goal; it does not need to become another reason to feel you failed.

A cool, dark, quiet room and less screen exposure near bedtime can support sleep. [1]

> **GIVE THE EVENING A MANAGEABLE ENDING**
>
> Choose one task to prepare earlier. Put tomorrow's reminders on paper. Decide where your phone will charge, and have a quiet activity ready outside bed.

If your responsibilities make a long wind-down unrealistic, start with a shorter repeatable window. You can adjust the plan to your evening rather than waiting for a perfectly quiet house.

"Should I Just Go to Bed Earlier?"

A common misunderstanding is that spending more time in bed must mean getting more sleep. I hear from people who go to bed early, then lie awake, watch television or scroll through their phones.

I encourage them to notice the difference between time in bed and time asleep. For example, getting into bed at nine and scrolling until eleven is not two extra hours of sleep.

Go to bed when sleepy, and keep a reasonably consistent wake-up time. If you cannot settle, a quiet activity out of bed until you feel sleepy again may help. [2]

ONE PRACTICAL ADJUSTMENT

Choose another place for tomorrow's planning or screen time. Let going to bed mark a change in what you are doing.

This is not a request to deliberately deprive yourself of sleep. If sleep problems persist, ask about cognitive behavioral therapy for insomnia, often called CBT-I. It offers structured help beyond a list of bedtime tips. [2]

02

"I Wake Up and Can't Get Back to Sleep"

"I fall asleep fine, but I wake at three and cannot get back to sleep." When I hear this, I want to know what the waking is like. Are thoughts keeping you occupied? Is something physically uncomfortable? Is it happening regularly?

If thoughts are the problem, I often suggest keeping a pen and paper nearby. Write down the task or reminder so you do not have to keep rehearsing it. Keep the note brief; this is not the time to plan the whole next day. [1]

> **A BEDSIDE NOTE MIGHT SAY**
>
> "Ask about the school form tomorrow."
>
> "Put the appointment in my calendar after breakfast."

If you remain awake and frustrated, return to a quiet activity until sleepy, if you can do so safely. [2]

Repeated waking deserves its own conversation. Tell your practitioner about gasping, witnessed breathing pauses or marked daytime sleepiness; these can be signs of a sleep disorder that needs assessment. [8]

"What About Magnesium or Melatonin?"

People often ask me about magnesium and melatonin. I discuss these differently depending on whether the difficulty is getting to sleep, staying asleep or both.

Magnesium glycinate

Magnesium glycinate is something I recommend in selected sleep conversations. Research supporting magnesium for sleep is limited; benefit is not established for everyone. Kidney problems and medicine interactions matter. Review the product and dose with your practitioner or pharmacist. [4]

Melatonin

I sometimes consider melatonin when someone has trouble falling asleep. It is not my usual recommendation when repeated nighttime waking is the main concern. That is my practice approach, not a rule that melatonin causes awakenings in everyone.

Melatonin can cause daytime drowsiness, dizziness or vivid dreams and can interact with medicines. Suitability and timing need individual review. [5]

> **BEFORE TRYING A PRODUCT**
>
> What are we trying to help?
> Is it appropriate with my health history and medicines?
> How will we decide whether to continue?

This guide does not prescribe a supplement or a dose. A product should not replace assessment of persistent sleep problems.

To explore the magnesium and melatonin options Dr. Snustad recommends, visit myimpacthealth.net/supplement-options and see Sleep & Stress. Impact Health and Dr. Snustad earn money from purchases through their online store.

03

"I'm Exhausted All Day"

When someone says, "I am exhausted all day," my first three questions are simple:

THE QUESTIONS I ASK

How are you sleeping?

Are you exercising?

What is your diet like?

The answers tell me where to ask more. They are not a conclusion that someone simply needs better habits.

Persistent fatigue can have several contributors, including medicines, mood, sleep problems and medical conditions. [7] Mention other changes even if they seem unrelated to sleep.

If you have enough opportunity to sleep but remain unrefreshed, say that clearly. You do not need to finish a habit plan before arranging care.

> *A useful conversation includes what you have tried and what has not changed.*

"How Do I Get Through Without More Coffee?"

When someone tells me they are tired all day, I ask how much caffeine they are using to get through it. It is easy for a morning coffee to become an afternoon coffee and then an energy drink before evening activities.

In my practice, I often discuss keeping caffeine at **200 mg a day or less** and moving it earlier. In some situations I discuss a lower amount or finishing by noon. These are starting points I individualize, not a threshold at which everyone will have a crash.

Caffeine sensitivity varies. It can disrupt sleep, and stopping abruptly can cause headache or tiredness. A gradual reduction may be easier. [3]

> **LOOK AT THE WHOLE ROUTINE**
>
> Note the drink, serving size and time. Include coffee, tea, energy drinks and other sources. Check caffeine amounts where available; a "cup" is not a consistent dose.

If you are pregnant, breastfeeding, taking medicines or having troublesome effects, discuss your plan with your practitioner or pharmacist. [3]

"What About Food and Water?"

Two other questions I ask are whether meals are getting squeezed out of the day and whether drinking water is easy to forget. Before building a complicated plan, I want to understand those basic routines.

I emphasize including protein in meals. A breakfast you have thought about the night before, or leftovers ready for lunch, may be more workable than starting from scratch when you are already tired.

> **MAKE ONE MEAL EASIER**
>
> Set aside part of dinner for tomorrow's lunch, or decide on breakfast before the morning rush. Choose foods that fit your preferences and any medical eating plan.

I have used an **80-100 ounce daily water goal** in individual coaching conversations. It is not a minimum for every reader. Fluid needs vary, food and other drinks contribute, and excess water can be harmful. Follow any prescribed fluid limit. [6]

The useful habit is remembering to drink regularly in an amount suited to you. A bottle or a drink with meals can serve as a reminder; you do not need to force a fixed number of refills.

"I Have Nothing Left for Exercise"

I often hear, "By the time I get home, I have nothing left for exercise." My practical suggestion is to look for an earlier opening: a work break, a short walk before leaving work, or a time already available in the day.

I use ten minutes of walking as an example of a small action someone might repeat. It is an option to adapt, not a test of motivation or a promise that it will resolve fatigue.

Regular physical activity can support sleep. If evening exercise leaves you too alert, consider an earlier time. [1]

> **GIVE IT A PLACE IN THE DAY**
>
> An ordinary-day version: a short walk during a break.
>
> A busy-day version: a smaller amount that is comfortable and appropriate for you.

If activity makes you significantly worse, stop treating the problem as something to push through and discuss it with your practitioner. The right starting point depends on your health and how you respond.

04

"I Know What to Do, but I Have No Time"

The obstacle I hear most often is time: work, children, activities, meals and the tasks that never seem to end. A long list of health advice can feel like another job.

I often talk about the **Slight Edge principle**: small actions repeated consistently. In practice, that might mean ten minutes of walking, half an hour on Sunday to plan meals, or putting time for preparation on the calendar.

The point is to choose something you can return to. A plan that only works on your easiest day is difficult to keep.

> **MAKE THE PLAN SMALLER**
>
> Instead of preparing every meal: decide on tomorrow's breakfast.
>
> Instead of changing the whole evening: choose where the phone will charge.
>
> Instead of waiting for free time: name a small opening in your schedule.

Some demands cannot simply be moved. Work with what is available and ask for support where possible. If a change does not help your symptoms, that is information to discuss, not a failure of effort.

Choose Your One Step This Week

Choose one change from this guide that fits the problem you most want help with. You do not need to change your meals, caffeine, exercise and bedtime together.

> **ONE EXAMPLE TO TRY**
>
> If tomorrow's tasks follow you into bed, take a few minutes earlier in the evening to put them on paper. Leave the list where you can return to it in the morning.

Give the action a specific place in your day. If the first version is too much, make it smaller. Review what was practical and what you noticed, without setting a deadline for better sleep.

The one change I want to try

When and where I will do it

My smaller version on a busy day

You can work on a routine and ask for medical help at the same time. Do not wait for this week's plan to work if symptoms need attention.

A Few Notes for the Conversation

If notes help you describe your experience, keep them brief for a week or two. You are collecting examples for a conversation, not grading your sleep.

A FEW USEFUL DETAILS

When you went to bed and roughly when you slept.

What you remember about waking.

Caffeine timing and the change you tried.

How you felt and functioned the next day. [2]

An illustrative entry: "Tuesday: put tomorrow's tasks on paper. Still woke in the night, but did not keep checking my phone. Very tired after lunch."

One thing I notice about my nights

One thing I notice about my days

If keeping a record makes you anxious or feels burdensome, skip it. You can explain the problem without a perfect diary.

05

"My Tests Were Normal. What Now?"

If you have been told your tests are normal but still feel exhausted, I want to acknowledge that experience. The symptoms you describe deserve a conversation. You should not feel that you have to stop asking questions.

I encourage people to bring their actual results to an appointment and discuss them alongside what is happening in their lives. What was tested? What does that result help explain? What remains unanswered?

A useful next conversation can include your nights, daytime tiredness, medicines, eating habits and daily demands. Assessment of sleep difficulties can involve a sleep history and, when appropriate, further evaluation. [2]

ASK FOR A PLAN

What have these results helped us understand?

What else should we consider?

What is the next step, and when will we review it?

Bring a list of medicines and supplements and describe what you have already tried. Your symptoms, history and priorities all belong in the discussion.

When to Seek Medical Help

GET EMERGENCY HELP

Call 911 or your local emergency number if fatigue occurs with chest pain, shortness of breath, feeling faint, a fast or irregular heartbeat, severe pain, unusual bleeding or a severe headache. [7]

GET IMMEDIATE MENTAL HEALTH SUPPORT

For thoughts of suicide or self-harm, seek immediate help. In the U.S., call or text 988; call 911 for immediate danger. [7]

ARRANGE AN ASSESSMENT

Persistent or worsening tiredness, or sleep problems affecting daily life, deserve attention. Mention gasping, witnessed breathing pauses or severe daytime sleepiness. [7, 8]

Do not drive or operate equipment when too sleepy to do so safely. Arrange another way to travel.

These examples are not a complete list. Seek help whenever symptoms concern you; a quiz result or this book should never delay care.

06

About Dr. Snustad



Dr. Brittany K. Snustad, MD, shares practical education through Impact Health about everyday energy, sleep and the habits people find difficult to fit into busy lives.

Her starting point is a conversation: what does tiredness mean for this person, what happens during their nights, and what gets in the way of the changes they want to make?

Her teaching emphasizes manageable steps, consistency and plans that work around real responsibilities. The patient questions and practical examples in this guide come from her descriptions of her own approach.

Impact Health education works alongside care from your own practitioner. It does not establish an individual medical relationship or replace that care.

> *Understand the experience. Choose a manageable next step.*

07

What's Next

You do not have to put every idea into practice today. Choose one that fits, and keep the questions you would like to explore next.

YOUR FREE EDUCATIONAL EMAILS

Keep learning with practical ideas about sleep, everyday energy and making healthy habits fit into busy weeks.

Skipped the email opt-in after your free energy quiz? You can sign up now and keep learning one topic at a time.

Sign up for free educational emails

Already signed up? You do not need to sign up again.

I want this guide to be a starting point for continued learning. The questions you recognize here can help you decide what you would like to explore next.

Look for information in the emails about additional Impact Health education and opportunities to keep learning. You are welcome to keep using the free information whether or not you choose a paid offering.

YOUR NEXT STEP

Choose one small action from this guide. If you would like more helpful information, join the free educational emails and keep learning at a pace that works for you.

Dr. Brittany K. Snustad, MD

A Note About This Guide

This guide provides general education for adults. It does not diagnose the cause of your symptoms, prescribe individual treatment, or replace care from your own qualified practitioner.

Recharge is an educational label for the experiences discussed here. It is not a diagnosis or a validated assessment. A quiz match does not establish a medical condition.

Descriptions of Brittany's practice approach are not instructions for every reader. Decisions about supplements, medicines, fluid targets, testing and persistent symptoms need individual consideration. Do not change prescribed treatment because of this guide.

Linked source numbers support the general teaching and qualifications beside them. They do not prove what is causing a particular reader's symptoms or validate a specific product.

Everyday examples illustrate planning ideas. They are not testimonials or promises of improvement. For an emergency, contact your local emergency service.

> *Education alongside your care.*

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