PHYSICAL HEALTH & HEALTHY LIVING FACTSHEET

Sleep, Rest and Recovery

Understanding sleep needs, fatigue and restorative rest

The short version

Sleep is a biological need, while rest can also happen when awake. Both support recovery, but neither is simply a matter of discipline. Pain, illness, medicines, hormones, mental health, caring, work patterns, environment and sleep disorders can all interfere. Helpful routines matter, but persistent or dangerous symptoms need assessment rather than more self-blame.

Sleep, rest and recovery are related but different

Sleep	A recurring biological state with different stages that support physical and mental processes. Sleep opportunity, continuity, timing and quality all matter.
Rest	Reduced demand while awake. Rest may be physical, mental, emotional, sensory or social and does not have to mean lying down or sleeping.
Recovery	The process of restoring capacity after ordinary activity, stress, illness, treatment or exertion. Recovery time differs between people and circumstances.
Fatigue	A sense of exhaustion or reduced capacity that may not disappear after sleep. It can be linked to health conditions, treatment, pain, stress or sleep loss.
Sleepiness	A tendency to fall asleep. Excessive daytime sleepiness is different from feeling drained or lacking energy and can affect safety.
Pacing	Balancing activity with planned recovery to reduce repeated overexertion and crashes while preserving meaningful activity where possible.

How sleep works

Sleep is shaped by both sleep pressure, which generally builds the longer we are awake, and the body clock, which helps organise sleep and wakefulness across roughly 24 hours. Light, timing, routine, activity and individual biology all influence this system.

Sleep stages	Sleep cycles through non-REM and REM stages. Normal sleep includes brief awakenings that may not be remembered.
Sleep duration	The NHS gives 7 to 9 hours as an average adult range, but needs differ. How a person functions and feels also matters.
Sleep quality	Continuity, depth, timing, breathing, comfort and feeling restored can matter as much as total hours recorded.
Body clock	Morning light, regular wake time, meals, movement and social routines provide timing signals. Shift work, jet lag and irregular schedules can disrupt them.
Life-stage change	Sleep patterns can change with age, pregnancy, parenthood, menopause, illness and caring responsibilities without meaning the person has failed.

A realistic sleep-supporting routine

- keep wake time reasonably consistent when possible
- create a gradual wind-down rather than demanding instant sleep
- notice how caffeine, nicotine and alcohol affect you
- go to bed when sleepy where circumstances allow
- use morning daylight and daytime movement
- make the room as dark, quiet and comfortable as practical
- review pain, temperature, bladder symptoms and medication timing
- avoid driving or hazardous tasks when sleepy

Good habits are support, not a cure-all

A perfect routine cannot overcome every cause of poor sleep. Insomnia, breathing disorders, restless legs, pain, trauma, neurological conditions, medicines and environmental or social pressures may require targeted help.

Insomnia and disrupted sleep

Insomnia involves regular difficulty falling asleep, staying asleep, waking too early or feeling unrefreshed, together with daytime effects. Short-term insomnia lasts less than three months; longer-lasting problems may need structured assessment and treatment.

Common influences	Stress, anxiety, depression, pain, menopause, noise, temperature, shift work, substances, medicines and other sleep conditions can contribute.
Daytime effects	Tiredness, irritability, difficulty concentrating, reduced confidence and worry about the next night may maintain a difficult cycle.
Keep perspective	One poor night is unpleasant but not proof that sleep is permanently broken. Clock-watching and forcing sleep can increase alertness and worry.
Use a diary briefly	Record bed and wake times, awakenings, naps, substances, symptoms and daytime function for one or two weeks. Avoid monitoring if it increases distress.
Evidence-based help	Cognitive behavioural therapy for insomnia addresses thoughts and behaviours that maintain insomnia. A GP may offer or refer for suitable support.

Sleep aids and medicines

- pharmacy sleep aids do not cure insomnia and some are intended only for short-term use
- sedating products can cause next-day drowsiness, falls, confusion or interaction with other medicines
- do not start, stop or combine prescribed medicines without professional advice
- sleeping tablets may worsen some breathing disorders, including sleep apnoea
- supplements and herbal products are not automatically safe or effective

Speak to a GP

Seek help when sleep problems have lasted for months, self-help has not worked or sleep is affecting daily life and coping. Assessment should look for causes rather than simply adding a sedative.

Sleep apnoea and breathing during sleep

Obstructive sleep apnoea happens when the upper airway repeatedly narrows or closes during sleep, causing reduced or stopped breathing and fragmented sleep. It can occur at different body sizes and needs proper diagnosis and treatment.

Night-time signs	Loud snoring, witnessed pauses in breathing, gasping, choking, repeated waking, restless sleep or needing to urinate frequently.
Daytime signs	Unrefreshing sleep, morning headaches, excessive sleepiness, fatigue, poor concentration, memory difficulty or mood change.
Assessment	A GP may refer to a sleep service. Breathing, oxygen level, heart rate and sleep-related information can often be recorded at home.
Treatment	Treatment depends on severity and circumstances. It may include CPAP, a mandibular advancement device, positional measures, addressing contributing factors or specialist procedures.
CPAP support	Mask fit, dryness, pressure, leaks, skin comfort and anxiety can often be addressed by the sleep team. Do not quietly abandon treatment when adjustments may help.

Sleepiness and driving

Do not drive when sleepy. Diagnosed or suspected sleep conditions associated with excessive sleepiness can have DVLA implications. Follow medical advice and check current GOV.UK driving rules rather than assuming you are safe to drive.

Do not dismiss breathing symptoms as ordinary snoring

See a GP if breathing stops and starts during sleep, there is gasping or choking, or daytime tiredness or sleepiness is persistent. Untreated sleep apnoea is associated with important health and safety risks.

Other sleep disturbances

Restless legs	A strong urge to move the legs with uncomfortable sensations, typically worse at rest and at night. It may relate to iron deficiency, pregnancy, kidney disease or medicines.
Sleepwalking	Getting up or carrying out actions while not fully awake, usually with little memory afterwards. Safety measures are important if there is injury or wandering risk.
Night terrors	Episodes of screaming, movement or intense fear while still asleep, usually early in the night and often not remembered. They differ from remembered nightmares.
Nightmares	Distressing dreams that wake the person and can be remembered. Stress, trauma, anxiety, medicines and sleep disruption may contribute.
Sleep paralysis	A temporary inability to move or speak when falling asleep or waking. It can feel frightening but is usually harmless; frequent distressing episodes deserve review.
Narcolepsy	A rare condition involving uncontrollable daytime sleepiness and sometimes sudden muscle weakness, sleep paralysis or vivid dream-like experiences. Symptoms need medical assessment.

Safety for unusual night-time behaviours

- clear floors and reduce trip hazards
- gently guide a sleepwalker rather than confronting them
- record timing, triggers, injuries and witnessed behaviour
- secure doors, windows, stairs and hazardous objects
- do not forcibly restrain someone having a night terror unless preventing injury
- seek help for new, frequent, dangerous or seizure-like episodes

Fatigue, pain and restorative rest

Fatigue is not always caused by inadequate sleep and may not be corrected by sleeping longer. Health conditions, anaemia, thyroid problems, diabetes, infection, cancer, treatment, medicines, mental health, pain and post-exertional symptom worsening can all contribute.

Physical rest	Changing position, reducing load, supporting painful areas, lying down or using a lower-effort version of a task.
Mental rest	Pausing decisions, screens, studying, planning or problem-solving. Quiet repetition or a familiar activity may be more restful than doing nothing.
Sensory rest	Reducing light, noise, touch, movement, heat, smell or visual clutter according to individual needs.
Emotional rest	Time without performing, masking or supporting everyone else. This may involve boundaries, support or a safe conversation.
Active recovery	Gentle movement, breathing, warmth, nourishment, hydration or meaningful calm activity can sometimes restore better than complete stillness.

Pacing recovery

- plan breaks before complete exhaustion
- use lower-energy, usual and better-day plans
- notice delayed worsening over the following hours or days
- alternate physical, mental and emotional demands
- do not spend all available energy on a better day
- seek condition-specific advice when exertion causes disproportionate relapse

Fatigue deserves assessment

See a GP if unexplained fatigue has continued for weeks, affects daily life or occurs with symptoms such as weight loss, mood change, breathlessness, palpitations, excessive thirst, weakness or witnessed breathing problems during sleep.

Shift work, caring and disrupted schedules

Some people cannot follow a conventional night-time schedule. Shift work, night-time caring, babies, symptoms and treatment schedules can fragment sleep. The aim is to protect sufficient sleep and recovery within real constraints, not blame the person for an impossible routine.

Protect sleep time	Treat planned sleep as essential. Reduce avoidable interruptions, communicate needs and use curtains, eye masks, earplugs or white noise where safe and suitable.
Use light deliberately	Bright light supports alertness; darkness supports sleep. Consider timing, the journey home and whether light exposure is safe for your work and health.
Plan caffeine	Caffeine may support temporary alertness but can remain active for hours. Avoid using it so late that it disrupts the next sleep period.
Short naps	A planned short nap can help some people, but timing and length affect sleep inertia and later sleep. Never use a nap as permission to drive while sleepy.
Workplace responsibility	Fatigue is also a safety and work-design issue. Employers should manage risks from long hours and poorly designed shift patterns rather than relying only on individual resilience.

A flexible 24-hour recovery plan

- identify the main sleep opportunity
- prepare food, fluids and medicines safely
- share night-time responsibility where possible
- use a brief diary to test what actually helps
- protect one or two predictable recovery periods
- plan transport if sleepiness may make driving unsafe
- review whether work or caring support can be adjusted
- seek assessment rather than continually pushing through

Rest is part of health, not a reward for finishing everything

Your sleep, rest and recovery checklist

Sleep pattern	Usual sleep and wake times, time to fall asleep, awakenings, naps, shift patterns and whether sleep feels refreshing.
Night-time signs	Snoring, pauses in breathing, gasping, limb sensations, pain, reflux, sweating, bladder symptoms, nightmares or unusual behaviours.
Daytime effects	Sleepiness, fatigue, headaches, concentration, mood, falls, driving safety, work and ability to manage daily activities.
Contributors	Health conditions, medicines, hormones, substances, stress, trauma, caring, environment, accessibility and work demands.
Recovery plan	A suitable wind-down, protected sleep opportunity, meaningful rest, pacing, symptom management and support from others.
Professional help	Know when to contact a pharmacist, GP, sleep service, pain or fatigue team, mental-health service, employer or emergency care.

Important information

This factsheet provides general education for adults and does not diagnose sleep disorders or prescribe treatment. Seek urgent help for severe breathing difficulty, chest pain, stroke symptoms, serious injury, a suspected seizure or another emergency. Do not drive or operate dangerous equipment when sleepy.

Evidence and review

Prepared in line with Health Matters UK's Evidence & Editorial Standards. Information was checked against current NHS, NICE and UK Health and Safety Executive resources. External guidance remains the responsibility of the issuing organisation.

- NHS. Insomnia. nhs.uk/conditions/insomnia/
- NHS. Sleep apnoea. nhs.uk/conditions/sleep-apnoea/
- NICE NG202. Obstructive sleep apnoea/hypopnoea syndrome in over 16s. nice.org.uk/guidance/ng202/
- NHS. Restless legs syndrome. nhs.uk/conditions/restless-legs-syndrome/
- NHS. Sleepwalking; Night terrors and nightmares; Sleep paralysis. nhs.uk/conditions/
- NHS. Tiredness and fatigue; Excessive daytime sleepiness; Narcolepsy. nhs.uk/
- Health and Safety Executive. Shift workers and fatigue. hse.gov.uk/humanfactors/topics/

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