Your questions are answered by Dr Neil Stanley, Director of Sleep Science at Sleepstation.

Dr Neil is an independent sleep expert, involved in sleep research for more than 38 years. He started his career at the Neurosciences Division of the RAF and later became Director of Sleep Research at The University of Surrey.

Q: Does Continuous Positive Airway Pressure therapy still offer benefits to people diagnosed with mild sleep apnoea?
A: Mild sleep apnoea is routinely treated with CPAP and it would be beneficial.

Q: What is the best approach for travelling across time zones?
A: If it's light when you get to your destination, stay awake. If it's dark, go to sleep.

Q: What's your opinion on the sleep monitoring devices and apps e.g. smartwatches, Fitbits and so on. Can they be useful for finding out about Obstructive Sleep Apnoea and other sleep conditions?
A: Wearables on the whole are inaccurate. They can give a reasonable estimate of total sleep time but cannot measure light, deep or REM sleep. It's far better to rely on how you feel.

Q: What's the best time of the day to measure your blood pressure, so it doesn't give you a misleading result?
A: There is no ideal time, but it's best to measure it in the morning and evening at the same time each day.
Q: What happens if you sleep a few hours at night and an additional hour when you get the time?
A: You should really not need an additional hour if you were getting sufficient sleep at night. If it's unavoidable, then sleeping when you are sleepy is always best.

Q: Does it help if you sleep with your mouth open?
A: Some people are mouth breathers, others aren’t. During sleep, you will do what comes naturally. This could only be a problem if snoring or pausing in breathing occur during the night.

If you’re a member of the engineering community and would like some personalised support, our sleep improvement programme may just be what you need. It’s all the science-backed support of a sleep clinic but completely online and at your own pace. [Sign up here](#).