

Getting A Good Night's Sleep

BY DONNA RILEY-LEIN

To sleep, perchance to dream. Even Shakespeare couldn't overstate the need for sleep. Getting a good night's sleep is tops on the must-have list for many of us.

Unfortunately, going to sleep is more complicated than shutting your eyes and falling into unconsciousness. There are stages of sleep, each critical to health, and a myriad of diseases and conditions that can interrupt or curtail those stages. Lack of sleep is implicated in weight gain and heart disease. It's also a leading cause of traffic accidents, says Dr. Juan Albino, a board-certified sleep medicine specialist and board-certified pulmonologist (a doctor that specializes in lung function) in The Villages.

"People who are tired," said Albino, "often overeat and keep eating to get the energy they are not getting from a good night's sleep. As for the auto accidents, we find that people get little bursts of 'microsleep' where they are falling asleep for a few seconds. Obviously, that's not a good idea when you are driving a vehicle."

This is important, Albino says. "People should tell their doctor if they are falling asleep when they shouldn't be."

Hmmm ... loud snoring, drops off to sleep easily and may be overweight. Sounds like sitcom material.

But it's not funny.

"Severe sleep apnea can shorten a person's life," said Albino. "It certainly makes hypertension and diabetes worse."

Treating sleep apnea can have an effect outside of bed.

"I recall getting a call, and a woman asking me what I had done to her husband," recalled Albino. "He was dizzy and confused. It turned out that we needed to reduce his diabetes and blood pressure medicines."

According to the New England Journal of Medicine, about 9 percent of men and 4 percent of women have some sort of sleep disorder. Without treatment, sleep difficulties can lead to heart attacks and strokes.

And obviously, these problems can also lead to car accidents.

"How do you explain a single-car accident," Albino asked, "especially if the driver fell asleep on the way to or from work?"

Apnea can make trying to sleep a nightmare. And you don't always know what is going on.

"It feels like you are being strangled," Albino said. "The brain is going crazy, so the blood pressure goes higher. Most people wake up a little, not fully, take a breath and go back to sleep. Some get up and go to the bathroom."

Fortunately, doctors are getting savvy about sleep, and don't be surprised if he or she asks more than a few questions about your sleep habits. If a problem is suspected, your doctor may refer you to a sleep specialist.

"Fortunately, most screening is simple," says Dr. Humberto Delgado, a member of the Lake Pulmonary and Sleep Disorders Clinic in Leesburg and The Villages. He is a board-certified pulmonologist and is also board-certified in sleep medicine.

"For many problems," Delgado said, "we send the patient home with a pulse oximeter (a device that fits over a finger and painlessly measures the oxygen content of the blood) and that tells us enough. For other problems, we bring the patient into the sleep center."



Mike and Donna Davis

A LIFESAVING NIGHT

It was a visit to a sleep center that saved Mike Davis. The Village of Summerhill resident and his wife, Donna, have been battling his apnea problem for years. Both are private pilots and loved an active lifestyle. But Mike had gained weight, and was not interested in pursuing all the things the couple enjoyed.

"I noticed that Mike turned ashen gray, stopped breathing and he snored," said Donna. "I stuck a tape recorder on the nightstand and told him to take the recording to his doctor."

This was 1992, long before sleep medicine was part of most doctors' education.

"I had to go to six doctors," recalled Mike, "before I found Dr. Nelson Powell." Powell, a physician and a dentist, was co-director of the Sleep Disorders Research Center at Stanford University Medical Center at that time. To some, including Donna and Mike, he's the "father" of sleep apnea research.

"They discovered his (Mike's) airway was as small as a pencil," Donna said. "It should have been much bigger."

More frightening to Mike and Donna was the fact that his nighttime breathing difficulties were harming his heart. Lungs and heart are intimately connected, and what bothers one often harms the other. Mike recently had multi-bypass surgery and attributes much of his heart trouble to his previous sleep problems.

To correct the sleeping problem, Mike had extensive surgery to his mouth and throat.



Mike Davis demonstrates his CPAP equipment.

All that helped, but Mike, now a member of the AWAKE (Alert, Well, And Keeping Energetic) support group in The Villages, needed something more. He started using a CPAP (Continual Positive Airway Pressure) machine at night. It's very quiet while running, no louder than an aquarium pump. He uses small "nasal pillows" which fit into his nostrils and eliminate the need for a bulky mask. The machinery fits into a small carry-on bag. Mike says that airport personnel have become more aware of the gear and he gets few questions.

"I know I can't do this by myself, so I need a support network, and AWAKE gives me that," Mike said.

KEEPING UP WITH HER ILLNESS

For Constance Kay, finding out she has sleep apnea was just one more thing. The Village of Sabal Chase resident has multiple sclerosis as well as sleep apnea.

"I was a psychologist, a member of the American Psychological Association for 30 years," Constance said, "when I was diagnosed with multiple sclerosis 10 years ago. I won't be involved with a job that involves people's lives when I am impaired myself."

While fatigue is a symptom of MS, Constance knew she was a lot more tired than she needed to be. The former member of the National Tennis Team and a 1964 New Jersey basketball MVP thought she knew what tired was, and this was not it.

"For years," said Constance, "I have had a difficult time sleeping. Part of your MS symptoms is extreme fatigue; you are too exhausted to move. Your life quality is horrible. I was choking at night."

"I really thought I could die," she continued. "I wondered how long I could live like this."

Albino listened, and scheduled a pair of sleep studies. The results were mixed.

"I have both central sleep apnea (where the brain does not give the instruction to breathe) and obstructive sleep apnea (where something blocks the airway)," Connie said.

To correct her condition, Connie now sleeps with her head up at a 35-degree angle. She's purchased a bed that allows her to adjust her head height, and her dog, a King Charles spaniel named Tipper, nestles right beside her. She also works closely with Albino and her

durable medical goods supplier to get the best out of her equipment, which includes an oxygen concentrator (which provides pure oxygen) a BiPAP (Bi-level Positive Airway Pressure) machine that makes exhaling easier, and not one, but two, humidifiers. She finds the air from the oxygen concentrator and BiPAP too dry without them. She also changes masks in the middle of the night, to make sure she continues to have a good fit.

"Traveling can be a challenge," Connie said. "I have a checklist of everything I need to bring."

It has taken a while, but she feels that she, her doctor and her durable equipment representative have formed a team. She's more active, and is enjoying a Villages lifestyle, trying a number of new activities.

"I can't believe how much better I feel," Constance said. "I have strength, energy, and my life has quality again. I will be grateful forever to the other members of the team."

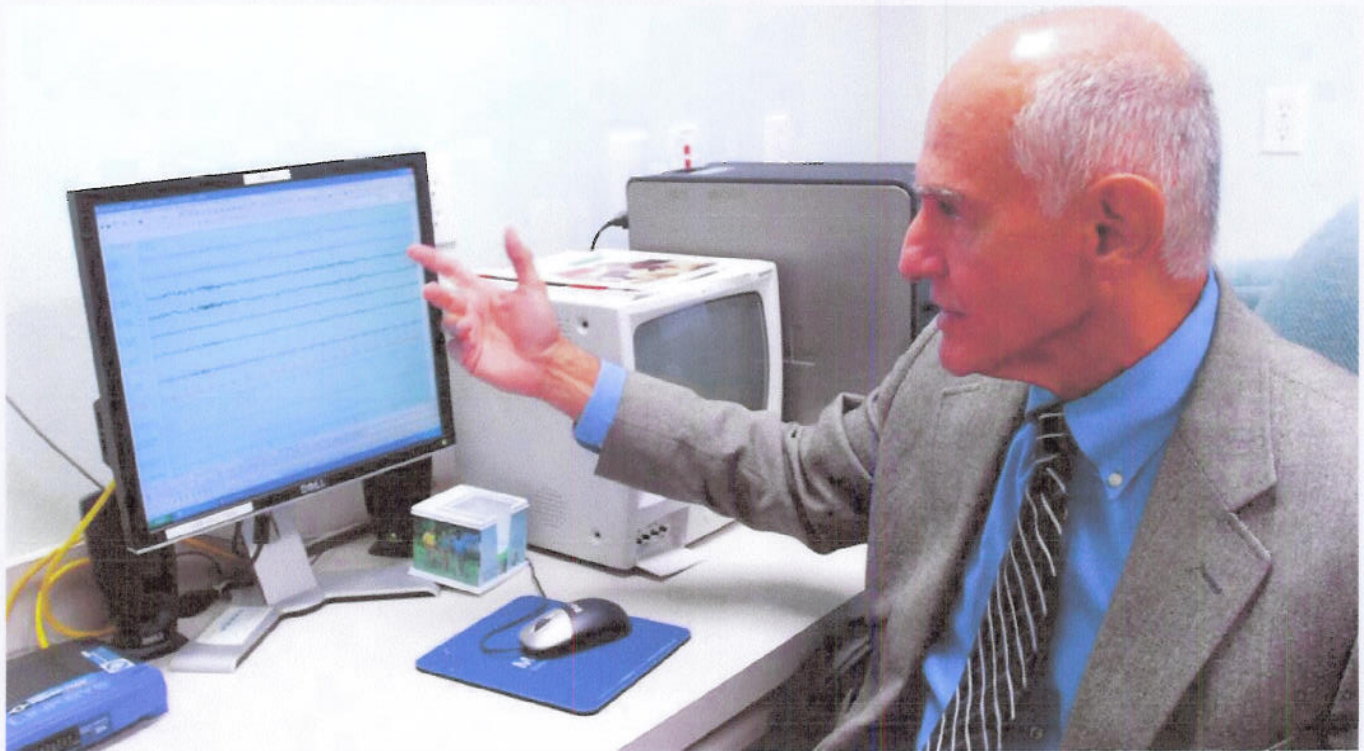
Despite her good care now, there is a price to be paid for waiting so long to treat her apnea. Her heart is involved.

"By not getting a diagnosis soon enough, my life expectancy is lower," said Constance simply. "That is the hand I was dealt, and I have to make the best of it. My goal, my mission, is to get one person, just one person, diagnosed in time."

Connie speaks to groups and is also a member of AWAKE. She's determined to find that person.

Villages resident Constance Kay poses with her BiPAP machine and oxygen concentrator.





Dr. Humberto Delgado sits in front of a monitoring station at the Lake Pulmonary and Sleep Disorders Clinic in The Villages.

Besides sleep apnea, a number of other conditions can harm your chances of getting a good night's sleep, Delgado says, adding that it's always a good idea to bring questions of sleep or about the quality of your sleep to a physician's attention.

"The most common condition is sleep apnea. It's a matter of weight, configuration of the oral and facial architecture. It runs in families," Delgado said. "People who have it should be warning their children if they are overweight, are sleepy or tired during the day or if they snore. We know that memory, concentration and higher (brain) functions suffer with apnea."

If you think it's normal to slow down, think again, Delgado says.

"Many people think 'OK, I'm retired, I'll just sleep.' That's not normal," Delgado said. "More people are going on oxygen now."

Another common problem is "restless leg syndrome," or RLS.

"You have to get up and walk or rub your legs in the middle of the night," Delgado said.

Fortunately, the diagnosis of RLS isn't terribly involved. It takes a patient letting his or her doctor know about the problem, and there are several medications for

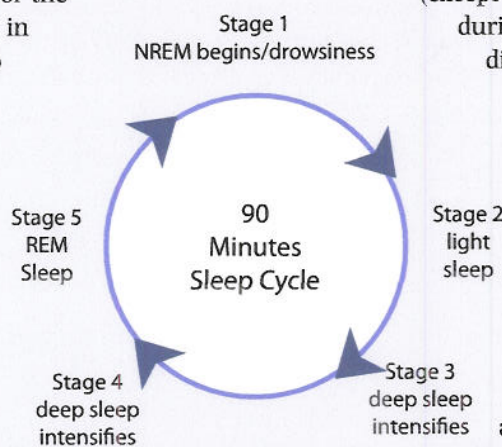
the patient to try. Regular blood tests might be the order of the day, but it's a small price to pay for a good night's sleep.

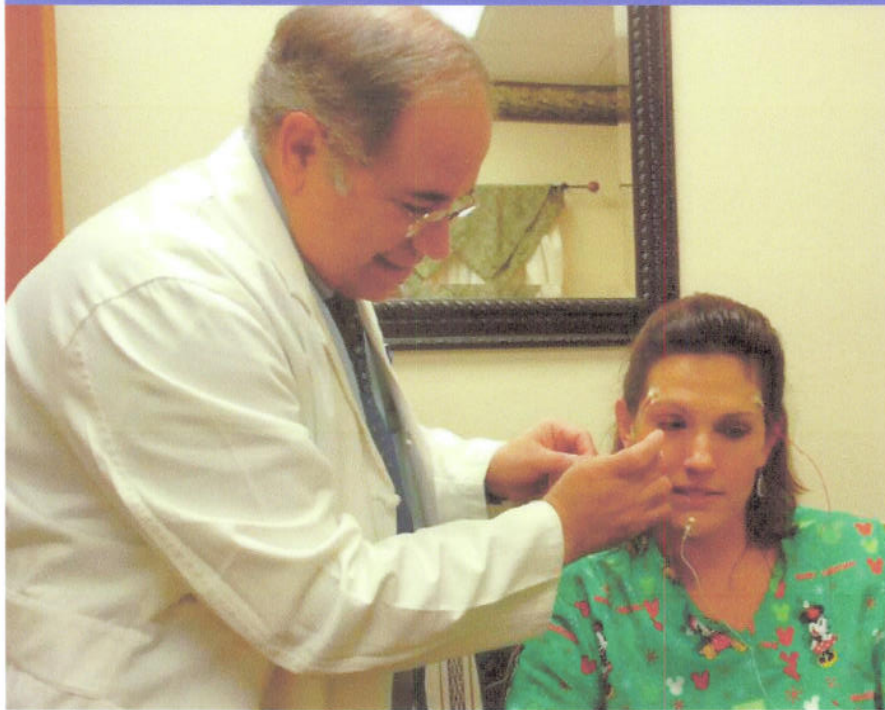
Another disrupter of sleep are the REM (rapid eye movement) behavior disorders. Normally, the body "disconnects" from the brain, leaving a person (except for breathing and eyes) paralyzed during dreaming. With a REM behavior disorder, this does not happen.

"This is a movement disorder," Delgado said. "A man might pummel his wife, or someone can get out of bed and hit a wall. With more complex cases, somebody can kill themselves."

"There are good medications for this disorder," continued Delgado. "Your bed partner can tell you that you do this. If you are alone, you might wake up with injuries. If you have a question, get a friend to watch you sleep."

Sleepwalking, on the other hand, is a different disorder. "It happens during non-REM sleep," Delgado said. "It might or might not bother the person. I had a patient who would untie a complex set of knots he'd done to keep himself in bed. He'd have no memory of what happened, but he knew he'd been out of bed because all the knots were untied."





Sleep and pulmonary specialist Dr. Juan A. Albino M.D. demonstrates the process of putting electrodes on a patient's face.

Again, Delgado says, there are a number of ways to treat the problem.

Other sleep problems might come from a number of different sources.

"All kinds of medications can affect sleep," Delgado said, noting that caffeine, beta blockers, amphetamines and bronchodilators are among the most common offenders. Sometimes switching the time of day they are taken is enough to solve the problem.

"Apnea runs in families," said Albino. "The next family reunion, ask questions."

"Pressure or anxiety can cause people to believe they can't sleep," Delgado said. "One of the first symptoms of depression is finding it difficult to sleep. You need to take care of both, but you don't have to wait until the depression is gone to treat the insomnia."

While doctors might prescribe sleeping pills, Delgado says that for the most part, the pills are given for a short period of time.

"There's the addiction factor," Delgado said. "There are people who can't sleep without a pill who find later that the sleeping does not work. There are new pills like Ambien and Sonata, and you can take them longer, but not forever. They do give us time to find the reason why you can't sleep."

The good news is that, with time and patience, most sleeping disorders can be eliminated or made better.

"This comes on you slowly," said Albino. "The good news is that with a little care, we can stop it."

The AWAKE (Alert, Well, And Keeping Energetic) group meets on the first Monday of the month at Bridgeport Recreation Center. Call Phil Ratliff, 753-8773, for more information.

SYMPTOMS OF SLEEP APNEA

Here's some information to share with your doctor from the National Sleep Foundation. You may want to bring your bed partner with you for some of them. Or ask him, or her, to write down the answers, and share that information with your physician. Either way, don't ignore a potential sleep disorder.

You snore most nights — and how loudly

You experience or have been told that you gasp for breath or stop breathing during sleep

You feel sleepy during the day or fall asleep when reading, watching TV or engaged in daily activities

You fell asleep or dozed off when driving or while at work or school

You have difficulty falling or staying asleep — and how often

You wake up often feeling tired and not rested

The number of hours you usually sleep each night

Whether you keep regular bed and wake times

You often have disruptions to your sleep — due to any cause

You are taking any sleeping pills or other treatments to help you sleep better

List of medications or supplements you are taking

You use alcohol or smoke regularly

The time of day you use caffeine products, exercise and eat your last meal

You experience nighttime heartburn, pain or the need to urinate

Your level of stress and whether you have experienced lifestyle changes recently

You are a night or rotating shiftworker