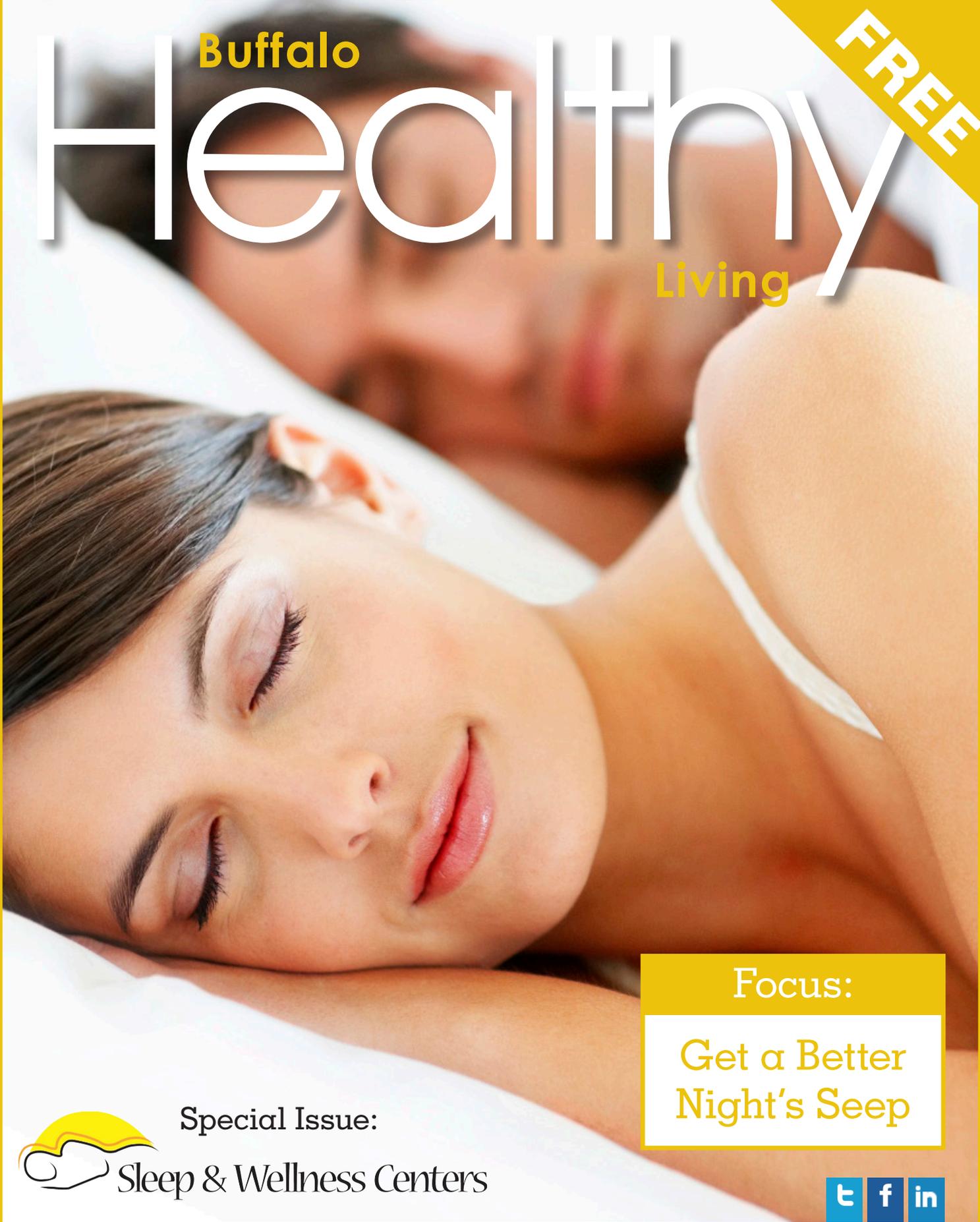


Buffalo Healthy Living

FREE



Focus:

Get a Better
Night's Sleep

Special Issue:



Sleep & Wellness Centers



www.sleepandwellnessctr.com

letter

from the publisher

As more and more evidence comes to the forefront, it is becoming evident that proper and sufficient sleep is vital to our overall health. In fact, not having enough sleep is dangerous. Scientists reveal that humans can live for 264 hours without sleep before they will die from the lack of it. So it is not surprising that more and more people today are becoming sick, simply because they don't get the proper amount of sleep.

The prevailing medical sleep disorder that doctors and researchers talk about is obstructive sleep apnea, also known as OSA. People with OSA stop breathing for at least 10 seconds each hour during sleep. It is caused by relaxation of the throat muscles; the soft tissue in the back of the throat collapses and closes, resulting in blocked airways. There are other disorders that interfere with sleep, which are discussed in this issue, including insomnia, narcolepsy, restless leg syndrome and others.

But the real danger is in what happens to our bodies as a result of being sleep deprived. Sleep apnea is linked to many chronic conditions, including chronic obstructive pulmonary disease, type 2 diabetes, hypertension, heart disease, obesity, and depression, to name a few. And a recent study indicates that sleep apnea may be linked to memory disorders.

But the good news is that there are more improved treatments for sleep disorders than ever before. And Sleep & Wellness Centers physicians, nurses, physician assistants, registered polysomnographic technologists, and respiratory therapists want people to know that they are available to help them. Additionally, all physicians associated with Sleep & Wellness Centers are board certified in sleep medicine, or work under the direction of a board certified sleep physician.

If you suspect that you or someone you love may be suffering from a sleep disorder, don't wait. Having a sleep disorder slowly robs you of an enjoyable life, and help is available. Call 1.888.316.1861 and visit <http://sleepandwellnessctrs.com>.



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President and Publisher

Annette L. Pinder

Associate Publisher

Shannon Traphagen

Contributing Editors

Ally Balcerzak
Alicia Coulter

Graphic Design

Buffalo Healthy Living
First Impression Marketing
& Design, Inc.

Buffalo Healthy Living

P.O. Box 433
East Amherst, NY 14051
716.204.8881
www.buffalohealthyliving.com
info@buffalohealthyliving.com

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Advertising and Subscriptions

Annette Pinder 716.204.8881
Shannon Traphagen 716.796.9718

Editorial Advisory Board

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how to get a better night's sleep



The National Sleep Foundation (NSF) notes that adults between the ages of 26 and 64 need an average of seven to nine hours of sleep per night. Such a sleep schedule may be ideal, but many adults juggling work and family find it difficult to get seven hours of sleep per night, much less eight or nine.

While there may not be any way for adults to get more sleep, there are ways for men and women to get a better night's rest so they can approach each day with as much energy as possible. The NSF along with physicians and therapists at Sleep & Wellness Centers offer the following tips:

Stick to a schedule.

Keeping a sporadic sleeping schedule can make it difficult to get the kind of restorative sleep that can help you maintain adequate energy levels throughout the day. To ensure you get a better night's sleep, go to sleep at the same time each night and wake up at the same time each day. Try to stay true to your sleep schedule on weekends, resisting the temptation to sleep in later or stay up late on Friday and Saturday nights.

Nap effectively.

Men and women who have the time to sneak in a nap may find that napping is a more effective way to make up for inadequate sleep than sleeping in late in the morning. Effective napping allows men and women to recharge without affecting their ability to fall asleep at night. Napping in the early afternoon and keeping naptimes to between 20 and 30 minutes can provide the energy boost you need and help you make it through the after-dinner hours without feeling drowsy. Such drowsiness can lead to post-dinner periods of dozing that can make it difficult to fall asleep come bedtime.

Adopt a nighttime ritual.

A relaxing nighttime ritual that is noticeably different

from the hustle and bustle of the rest of your day can help your body adjust for sleep, increasing the chance that you will get a more restful night's sleep. Relaxing ways to unwind before climbing into bed to fall asleep include reading a book, listening to calming music or taking a warm bath. Once you find something that works, stick with it.

Find time to exercise.

Studies have shown that men and women who exercise regularly benefit from a more restful night's sleep. Finding the right time to exercise is essential, as many people find that exercising right before bed elevates their heart and stimulates their body in ways that make it difficult to fall asleep. Exercising in the early morning can provide more energy throughout the day, and come bedtime your body might be more ready to fall asleep. However, if you find yourself exercising at the expense of your sleep, try to find another time to get your workout in.

Ensure your bedroom is sleep-friendly.

It helps to maintain a relatively cool temperature between 60 and 67 F in your bedroom for sleeping. In addition, eliminate any potential distractions, such as light and noise that can negatively affect your ability to fall asleep. Humidifiers, eyeshades, or even machines that generate white noise can effectively help distractions that you cannot get rid of on your own.

A good night's sleep is essential to human health. Men and women struggling to get adequate, beneficial sleep can employ a host of strategies to improve their quality of life.

WNY Resource: To learn more about getting a good night's sleep visit www.sleepwellnessctrs.com or call 1.888.316.1861 to determine the closest sleep center near you.

what to expect at a sleep study

a sleep study is painless and takes place in a center where you will have a room that is similar to a hotel room



pressure, and the amount of oxygen in your blood as you sleep. Wires attached to the sensors transmit the data to a computer in the next room. Because the wires are very thin and flexible they do not restrict your movement, disrupt your sleep, or cause discomfort.

If you have signs of sleep apnea during the study, the technician may wake you during the second half of the night to fit a CPAP (continuous positive airway pressure) mask over your nose and/or mouth. A small machine blows air through the mask creating mild pressure that keeps your airway open while you sleep. The technician will adjust the airflow to find the setting that's right for you, and remove the sensors after the study.

After the Test

You may not get the sleep study results for a couple of weeks. The results of the sleep study will be reviewed and analyzed by a board certified sleep specialist. Following the review, an official report will be created and sent to your doctor. He or she will look at your medical and sleep history, along with the test results to make a diagnosis.

To fully understand the results of your sleep study, as well as its implications and treatment options, you will want to make an appointment to meet face-to-face with your health care professional. At that time your doctor, nurse, or sleep specialist will explain the test results and work with you to develop a treatment plan.

WNY Resource: To learn more about sleep studies visit www.sleepfoundation.org/sleep-topics/sleep-studies. Visit www.sleepwellnessctr.com or call 1.888.316.1861 to determine the closest sleep center near you.



What is a sleep study?

A sleep study is a painless test that monitors your body's functions during sleep. The purpose of the study is to determine what is causing your sleep problems. Tests are typically performed at a sleep center in a room that looks and feels much like a room in a lovely hotel. The rooms are clean, comfortable, and tailored to ensure that you have a pleasant stay.

What happens during the test?

The tests that are performed vary depending on the specifics of each individual case. Sticky patches with sensors will be placed on your scalp, face, chest, limbs, and a finger. The sensors record your brain activity, eye movements, heart rate and rhythm, blood

understanding your risk for sleep apnea



(MCC) Sleep apnea is a debilitating and life-shortening ailment that affects millions of people across the globe, and many do not know they have this potentially dangerous condition.

What is sleep apnea?

The word “apnea” is Greek and means “without breath.” Sleep apnea occurs involuntarily and unexpectedly while a person is asleep. It causes a person to stop breathing repeatedly while sleeping, sometimes hundreds of times a night, estimates the American Sleep Apnea Association. These moments of breathlessness can last a minute or longer, and may not trigger a full awakening in a person.

Dr. Eric Ten Brock, M.D. of UBMD Internal Medicine | Sleep & Wellness Centers explains that there are three different types of sleep apnea — obstructive sleep apnea, central sleep apnea, and mixed sleep apnea. Obstructive sleep apnea is more common and occurs when the muscles in the back of the throat relax during sleep inhibiting airflow. With central apnea, a person’s brain doesn’t send proper signals to the muscles that control breathing. Mixed sleep apnea is a combination of both obstructive and central sleep apnea.

During an episode of sleep apnea the body may arouse itself partially to resume breathing, but not enough to fully awaken the person. As a result, sleep may be very fragmented and sufferers could feel extremely tired during the day and not understand why.

Symptoms of Sleep Apnea

“Individuals with sleep apnea may experience excessive daytime sleepiness and/or problems paying attention; loud snoring and difficulty staying asleep; awakening with a dry mouth or sore throat; and morning headaches,” says Dr. Ten Brock. Others may notice a spouse or family member’s abrupt awakenings from shortness of breath or intermittent pauses in his or her breathing during sleep. Dr. Ten Brock warns, “While snoring may not be a sign of sleep apnea, often loud snoring with periods of silence is a pretty good

indicator of apnea.”

Risk Factors

Dr. Ten Brock says that many people have sleep apnea, but it is more common in some. Those who are overweight may have obstructions to breathing. Genetics can also affect a narrow airway in the throat or enlarged adenoids or tonsils that contribute to airway obstruction. Men are twice as likely to have sleep apnea as women, and men older than age 60 have an increased risk over younger men. Smokers are three times more likely to have obstructive sleep apnea over people who have never smoked. People who naturally have difficulty breathing through the nose may be at a higher risk for sleep apnea.

Treatments

“Being tested for sleep apnea typically involves having a sleep test at a sleep center, during which the heart, lung and brain activity is monitored,” explains Dr. Ten Brock. Doctors may refer patients to an ear, nose and throat doctor if there is a physical obstruction causing the apnea. Recommendations may also include losing weight, quitting smoking and other lifestyle changes. Therapies for obstructive sleep apnea include continuous positive airway pressure, or CPAP, which uses a machine to deliver continuous air pressure into the nose and mouth to keep air passages open. Surgery, including implants or creating a new air passageway via a tracheostomy, may be necessary in severe cases that don’t respond to other treatments.

WNY Resource: Eric Ten Brock, M.D., FAASM, CBSM is the Chief of Sleep Medicine for UBMD Internal Medicine, Medical Director of Sleep & Wellness Centers and Professor of Medicine, Division of Pulmonary, Critical Care and Sleep Medicine. Visit www.sleepwellnessctrs.com or call 1.888.316.1861 to determine the closest sleep center near you.

is snoring detrimental to your health?

snoring is a very real health concern that can lead to daytime sleepiness and increased risk of heart problems

Getting a good night's sleep is essential to personal health. Sleep needs vary depending on the individual, but inadequate sleep leaves a person feeling drowsy and cranky and may affect work performance. Lack of sleep can tax the body in other ways, as well, creating feelings of stress and making a person more susceptible to depression or anxiety. Lack of sleep also may increase one's risk for hypertension, stroke and heart attack.

Sleep Medicine Specialist, Jennifer Henderson, D.O., says, "Snoring is often indicative of a condition that greatly affects quality of sleep – not only for the person sleeping next to a snorer but also to the snorer himself." Research reveals that partners of people who snore lose approximately one hour of sleep per evening and may wake up as many as 21 times per hour, a condition referred to as 'spousal arousal syndrome.' In the meantime, the person snoring is compromising his or her own sleep quality and may be at a greater risk for certain medical conditions.

Are snoring and sleep apnea related?

"Snoring and sleep apnea are related," says Dr. Henderson. Dr. Henderson tells her patients, "When we fall asleep we relax, causing our airway to fall back on itself. Sometimes our airway just narrows (hypopnea) and sometimes it closes all the way (apnea). When this occurs our oxygen level drops, and our brain wakes us up just enough to get us to breathe. Most of the time, these awakenings do not last long enough for us to remember that they occurred, but this sleep disruption and drop in oxygen puts a lot of strain on our bodies. Over time, this can place undue stress on the heart, leading to a greater risk of high blood pressure, stroke, cardiac



arrhythmias (irregular heart beat), and heart attack. This sleep disruption can also make it difficult to control our moods and lead to problems with memory and concentration."

Snoring treatments are available.

Treating snoring often involves the assistance of a sleep specialist. Changing sleeping position, or relying on breathing aides that help open the airway during sleep, also may help. Quitting smoking and losing weight can also reduce instances of snoring. In the case of sleep apnea, a CPAP machine (continuous positive air pressure) may be recommended. By having a steady stream of air blow through the sleeper's mouth and nose, the CPAP machine helps keep the tissues of the throat from collapsing. Another alternative therapy that works for some with mild sleep apnea is a sleep apnea oral appliance.

Snoring is a nuisance for all involved, especially the family members or spouses subjected to long nights next to snoring partners. Yet snoring can be much more than just a nuisance, and may even be indicative of a blockage of the airways common among those with sleep apnea.

WNY Resource: Jennifer Henderson, D.O., is a sleep medicine specialist with UBMD Sleep Medicine and Sleep & Wellness Centers. She treats many sleep disorders, including sleep apnea, insomnia, and PTSD-related nightmares. Dr. Henderson is also a strong proponent of cognitive behavioral therapy to treat insomnia, which involves sleep restriction, cognitive restructuring, sleep hygiene, and relaxation techniques to help patients develop new and healthy sleep habits, as well as realistic expectations of sleep. Visit www.sleepwellnessctr.com or call 1.888.316.1861 to determine the closest sleep center near you.

sleep apnea and type 2 diabetes

patients who suffer from obstructive sleep apnea are at risk for other severe diseases like type 2 diabetes, cancer and cardiovascular disease



(News USA) Did you know that the oxygen starvation experienced by patients who suffer from obstructive sleep apnea (OSA) may lead to other severe diseases, like type 2 diabetes, cancer and cardiovascular disease?

Several studies indicate that the fragmented sleep and intermittent hypoxia — bouts of oxygen starvation — typical of OSA are associated with the development of type 2 diabetes and heart disease. As the research stacks up, the results are unsettling but informative.

According to neurologist Kenneth G. Halliwell, M.D., of Sleep & Wellness Centers, 70 to 80 percent of type 2 diabetes patients also have OSA. And recent evidence suggests that intermittent hypoxia can initiate a cellular process known as “mitochondrial dysfunction,” which plays a role in the onset of cancer.

“Finding successful treatment for OSA isn’t only critical to your energy levels and quality of sleep, but to your long-term health,” says Edward Grandi, executive director of the American Sleep Apnea Association (ASAA), and Dr. Halliwell agrees. “Heart disease is another OSA hazard. Sleep apnea is frequently seen in people with heart failure and stroke, and it’s known to cause a rise in blood pressure,” adds Halliwell.

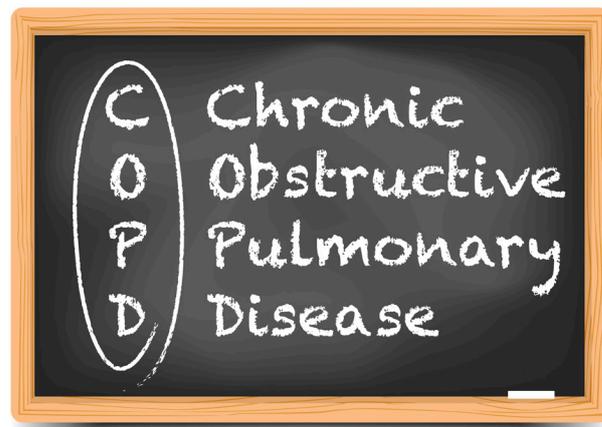
In the technical world, having two chronic diseases or conditions at the same time is called a “comorbidity.” But some of the relationships between sleep apnea and its comorbidities teeter on the edge of cause and effect.

Dr. Halliwell believes sleep apnea can advance type 2 diabetes in someone who is predisposed to the disease already. Another key factor, which affects both diseases, is obesity — one of America’s epidemics. According to data from the Centers for Disease Control and Prevention, more than 33 percent of Americans over age 20 are now obese.

Obesity is a risk factor for type 2 diabetes and obstructive sleep apnea, creating a lethal mix of severe ailments when present. Like obesity, OSA may contribute to diabetes. The off-and-on breathing from apneas and hypopneas (overly shallow breathing) starves sleepers of oxygen and stresses their metabolic balance. This can stimulate excessive adrenaline, which in turn may worsen a predisposition to insulin resistance, thus advancing diabetes in addition to cancer.

WNY Resource: Visit www.sleepwellnessctr.com or call 1.888.316.1861 to determine the closest sleep center near you.

copd and difficulty breathing



changes in breathing patterns that occur naturally during sleep in healthy people can lead to more severe consequences in those with chronic obstructive pulmonary disease (COPD)

By **Sherif El Bayadi, M.D.**

Chronic obstructive pulmonary disease (COPD) is a term used for lung disorders such as emphysema, chronic bronchitis, and sometimes, chronic asthma. People with COPD may have difficulty breathing, chronic cough, fatigue, and chest tightening. They may also experience reduced blood oxygen levels, causing fatigue and other adverse health conditions, including sleep problems.

Changes in breathing patterns that occur naturally during sleep in healthy people can lead to more severe consequences in those with COPD. Even COPD patients that do not have obstructive sleep apnea (OSA) may experience a drop in oxygen during sleep. Symptoms associated with COPD, such as coughing, chest pain, and frequent nighttime urination can take a toll on sleep. Also, medications used to treat COPD often cause insomnia or daytime sleepiness.

COPD is rare in people under age 40, and is a progressive disease, that can worsen over time. Approximately 12 million Americans have COPD and about 12 million more are undiagnosed. Smoking is the primary cause of COPD. Exposure to second-hand smoke and other environmental pollutants can also cause COPD. According to the Centers for Disease

Control and Prevention, COPD is the third leading cause of death in the United States.

When patients have both COPD and OSA, it is called overlap syndrome, and it occurs in 10-15 percent of COPD patients. Overlap syndrome causes reduction of blood oxygen levels during sleep, resulting in extreme fatigue and other health problems. The good news is that research suggests that treatment of overlap syndrome with CPAP can lead to improvement in lung function due to enlargement of the lungs from air-trapping.

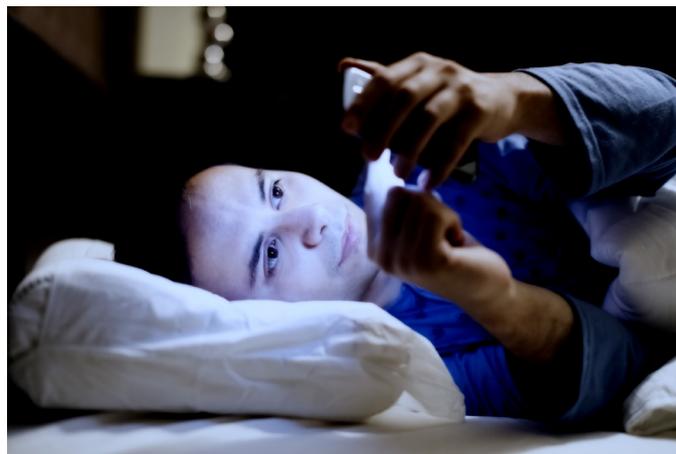
COPD is a life-threatening disease that is also linked to heart disease. Unfortunately, COPD goes undiagnosed until it has progressed, so knowing your symptoms is important. A morning cough is often the earliest indicator, followed by noisy breathing, chest pain, and breathlessness. People with COPD sometimes develop a barrel-shaped chest due to an enlargement of the lungs. Other symptoms include difficulty breathing, chronic productive cough, wheezing and whistling, chest pain or tightening, skin discolorations, erectile dysfunction, frequent nighttime urination, insomnia, weight loss, daytime sleepiness, and fatigue.

While there is no cure for COPD, there are treatments for its symptoms using drug therapies, behavioral remedies, and supplemental oxygen. It is important to be aware that conditions such as overlap syndrome (having both COPD and OSA) can seriously impact your health. If you have COPD as well as symptoms of OSA, talk to your physician about treatment options, including the use of continuous positive airway pressure (CPAP).

About the Author Sherif El Bayadi, M.D. Dr. Sherif El Bayadi is a pulmonologist in Syracuse, New York. To schedule an appointment call 1.888.316.1861.

insomnia or poor sleep habits? cognitive behavioral therapy may be the answer

By Annette Pinder



If you have trouble falling and staying asleep at night, and wake up feeling tired in the morning, you are not alone, and you may be suffering from insomnia.

According to the American Academy of Sleep Medicine, insomnia is defined as having difficulty getting to sleep, staying asleep, waking too early, inability to get back to sleep, and lack of refreshing sleep. Just about everyone has trouble sleeping occasionally, but ongoing insomnia can be a problem.

Patricia Smith, a nurse practitioner who focuses on cognitive behavioral therapy, and who treats patients at Sleep & Wellness Centers, says changing routines and adopting better sleeping habits can make all the difference. Smith is a proponent of safe, effective drug-free treatment called Cognitive Behavioral Therapy for Insomnia or CBTI. "What's really great about CBTI is that it involves three simple steps that actually work – sleep restriction, sleep hygiene, and stimulus control," says Smith. It's about changing behaviors that prevent sleep and redirecting behaviors that are conducive to sleep. Some important tips for practicing good sleep hygiene and changing behaviors, are:

- Establish a routine of going to sleep and getting up the same time everyday, including weekends.
- Go to bed when you're sleepy, but leave the room to engage in a quiet activity if you can't sleep, avoiding bright lights.
- Make sure your bedroom is dark and the temperature is comfortable.
- Avoid stress and worries at bedtime – wind down with soft music, reading or taking a warm bath.
- Use your bed for sleeping and sex only. Engaging in activities in bed like watching TV, paying bills, or working often initiate worries and concerns. Let your mind associate your bed with sleeping, relaxing and pleasure.

- Avoid eating heavy meals late, but don't go to bed hungry – a light snack, especially dairy foods, can help you sleep.
- Reduce your caffeine and nicotine intake 4-6 hours before bedtime. Believe it or not, a large Starbucks coffee with 200mg of caffeine at 8am will interfere with your sleep at night!
- Exercise regularly – just 20 minutes, three times a week promotes deep sleep.
- Don't nap for more than 30 minutes or after 3pm.
- Use sleep aids conservatively (no more than one or two nights), and avoid sleeping pills altogether, especially if you have sleep apnea.

Sometimes Smith asks patients to take a biofeedback device home to record their daily patterns to gain better insight into what is affecting sleep, including heart rate and muscle tension. She says, "While sleep medications can be effective for short-term treatment and provide relief during periods of high stress or grief, they are generally not the best long-term insomnia solution treatment."

It is important to know that insomnia is unlikely to improve without treatment, and the disorder is associated with a number of physical and mental health disorders, including substance abuse. Ongoing lack of sleep increases your risk of illness and infection, high blood pressure, heart disease, diabetes, and chronic pain. Additionally, some medications can contribute to insomnia. So, if you are having difficulty sleeping and are worried about becoming dependent upon sleep medications, or if sleep medications aren't effective, you may want to consider CBTI treatment.

WNY Resource: Patricia Smith is a nurse practitioner who focuses on cognitive behavioral therapies. To learn more or to make an appointment to discuss CBTI visit www.sleepandwellnessctr.com or call 1.888.316.1861.

pregnant and tired? tips for better sleep

By Soda Kuczkowski



Pregnancy is a wonderful and exciting time for most women. It certainly was for me! But pregnancy can also mean coping with daytime sleepiness and other sleep issues.

According to the National Sleep Foundation (NSF) changing hormone levels, emotions, anxiety about labor and delivery, balancing motherhood and work, and other life changes contribute to why many women feel tired. Fortunately, relief typically comes during the second trimester as hormones level off and nausea subsides. Still, it's important to get as much sleep as possible instead of trying to do more.

Sleep is usually most challenging in the third trimester. Greater frequency of urination, inability to get comfortable, and exhaustion from keeping up with daily demands contribute to sleeplessness. An NSF study found 97.3% of pregnant women were waking about 3.11 times each night complaining of snoring, leg cramps and restless leg syndrome symptoms.

So why is sleep so important for pregnant women? Researchers say women who sleep fewer than 6 hours each night have longer labors and are 4.5 times more likely to have cesarean deliveries. Also, women who gain more than the recommended weight during their third trimester, or who were overweight prior to pregnancy, have a higher incidence of developing obstructive sleep apnea.

It is important for pregnant women to speak to their doctors about the importance of sleep as part of their prenatal care. It is also important to get tested for sleep disordered breathing if your partner witnesses you snoring, or you find sleep becoming more challenging.

Helpful tips for better sleep during pregnancy include:

1. In the third trimester, sleep on your left side to allow for better blood flow to the fetus, your uterus, and kidneys. Avoid lying flat on your back for a long period of time.
2. Stay hydrated with water throughout the day but limit beverages in the evening.

3. Do not eat large amounts of spicy, acidic or fried foods if heartburn is a problem.
4. Keep active by exercising (under doctor supervision and clearance). Take a walk or do simple stretching exercises to stay healthy, improve circulation, and reduce leg cramps
5. Eat bland snacks (like crackers) throughout the day to avoid nausea.
6. Try "pregnancy" pillows to help you sleep better or use regular pillows to support your body.
7. Take a nap. The NSF says 51% of pregnant women take at least one weekday nap.
8. Incorporate breathing techniques to help with relaxation and to ease contractions
9. Talk to your doctor if you have sleep problems that persist, especially chronic fatigue or insomnia.

New moms should make sleep a priority, so coordinate your own naps with your baby's sleep time, but do not have your baby sleep in the same bed with you. It is recommended that you place your baby at arm's length from you in a crib or bassinet that is free of blankets, bumpers, pillows, soft bedding or toys. There are many local resources to help you in your new role. Your baby's pediatrician can answer questions regarding health and safety.

About the Author: Soda Kuczkowski is a diagnostic consultant for Sleep & Wellness Centers and a community sleep health educator. She provides education on the importance of sleep in wellness, and risks associated with undiagnosed sleep disorders. As a new mom, Soda understands the role of sleep and how it impacts the family dynamic and overall quality of health. To have her speak at your office or organization contact Soda at 716.940.4725

what is restless leg syndrome?

as much as 10 percent of the population may have RLS

According to the National Institute of Neurological Disorders and Stroke, restless leg syndrome (RLS) is a neurological disorder characterized by throbbing, pulling, creeping, or other unpleasant sensations in the legs, and an uncontrollable, and sometimes overwhelming urge to move them. Symptoms occur primarily at night while relaxing or at rest, often becoming more severe during the night. Moving the legs relieves the discomfort. Sensations range in severity from uncomfortable to irritating to painful. The most unusual aspect of RLS is that lying down or relaxing activates the symptoms. Most people with RLS have trouble falling and staying asleep. Untreated RLS can lead to exhaustion and daytime fatigue, affecting a person's work and social life. It also can make traveling difficult and cause depression.

Research indicates that as much as 10 percent of the U.S. population may have RLS. Moderate to severe RLS affects approximately five million individuals, and up to one million may have a milder form. It occurs twice as often in women. About one million school-age children are affected, with one-third experiencing moderate to severe symptoms. Often people with RLS don't seek medical attention, fearing they will not be taken seriously or that their symptoms are too mild. And some physicians wrongly attribute symptoms to nervousness, insomnia, stress, arthritis, muscle cramps, or aging.

RLS symptoms are usually worse at night but disappear by morning. Triggers include sitting for long periods, such as long car trips or at a movie theater, long-distance flights, immobilization in a cast, or relaxation exercises. Some people with RLS experience sudden improvement for weeks or months before symptoms reappear—usually during the early stages of the disorder. In general, however, symptoms become more severe over time.

There is no known cause of RLS, but researchers think genetics may be responsible, as well as low levels of iron in the brain. Evidence suggests RLS is related to a dysfunction in the brain's basal ganglia circuits that use the

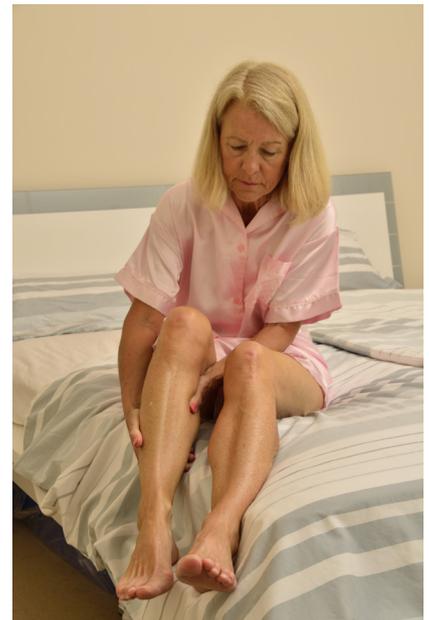
neurotransmitter dopamine, required for smooth, purposeful muscle activity and movement. When this is impaired, involuntary movements can result, such as in individuals with Parkinson's disease.

RLS is also associated with chronic diseases such as kidney failure, diabetes, and peripheral neuropathy, and treating the underlying condition often provides relief. Medications that may aggravate symptoms are anti-nausea drugs, antipsychotic drugs, antidepressants that increase serotonin, and some cold and allergy medications that contain sedating antihistamines. Pregnant women, especially in the third trimester, can experience RLS symptoms, which disappear following delivery. Alcohol and sleep deprivation also may aggravate or trigger symptoms in some individuals.

Lifestyle changes to relieve symptoms include decreased use of caffeine, alcohol, and tobacco; supplements to correct deficiencies in iron, folate, and magnesium; changing or maintaining a regular sleep pattern; a program of moderate exercise; and massaging the legs, taking a hot bath, or using a heating pad or ice pack. Some medications may help.

While there is no cure for RLS, current therapies and medications are available to control the disorder and research continues with a goal of finding improved methods of preventing, diagnosing and treating the syndrome. Seeing a sleep medicine specialist is important in helping to determine the appropriate treatment for you. Your physician may also order a sleep study to assist in diagnosing RLS and whether or not it is associated with any other sleep disorder.

WNY Resource: Learn more about restless leg syndrome at www.ninds.nih.gov. Visit www.sleepwellnessctr.com or call 1.888.316.1861 to determine the closest sleep center near you.



are you falling asleep at inappropriate times? you may have narcolepsy



Narcolepsy is a neurological disorder in which people feel excessive daytime sleepiness and sudden loss of muscle control, often triggered by strong emotions. People with narcolepsy may fall asleep while working, cooking, or even driving. People with narcolepsy often experience it for the first time between the ages of 10 and 25. In addition to daytime sleepiness, people can experience hallucinations, sleep paralysis, and cataplexy (sudden loss of muscle control). Common symptoms include:

- Cataplexy or sudden loss of motor control while awake, which is often triggered by strong emotions, such as laughing or crying;
- Hallucinations, or vivid, sometimes frightening, visual or auditory sensations, which occur while falling asleep or upon awakening;
- Sleep paralysis or an inability to move or talk at the beginning or end of sleep;
- Brief sleep episode during which you continue to function, and wake up with no memory of the activities;
- Periods of nighttime wakefulness with hot flashes, elevated heart rate, and intense alertness;
- People with narcolepsy may enter REM or the dream phase of sleep immediately after falling asleep, whereas most people take about 90 minutes to enter REM.

Researchers think genetic and environmental triggers may cause narcolepsy. Scientists have found that people with narcolepsy lack hypocretin, a chemical in the brain that activates arousal and regulates sleep, inhibiting their ability to control remaining alert. Treatments are now being researched to supplement hypocretin levels to reduce narcolepsy symptoms.

Narcolepsy is often misdiagnosed or undiagnosed. If you suspect you have narcolepsy, it is important to talk to your doctor. Your physician may order a sleep study or test to determine if you have a lack of hypocretin in your spinal fluid. Learn more at <http://www.nhlbi.nih.gov>.

EPWORTH SLEEPINESS SCALE

Take the test to see where you stand!

The Epworth Sleepiness Scale is used to determine the level of daytime sleepiness. A score of 10 or more is considered sleepy. A score of 18 or more is very sleepy. If you score 10 or more on this test, you should consider whether you are obtaining adequate sleep, need to improve your sleep hygiene and/or need to see a sleep specialist. These issues should be discussed with your personal physician.

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times.

Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation.

- 0 - would never doze
- 1 - slight chance of dozing
- 2 - moderate chance of dozing
- 3 - high chance of dozing

Situation	Chance of Dozing Score 0-3
*Sitting and reading	_____
*Watching TV	_____
*Sitting inactive in a public place	_____
*As a passenger in a car for an hour without a break	_____
*Lying down in the afternoon when circumstances permit	_____
*Sitting and talking to someone	_____
*Sitting quietly after lunch without alcohol	_____
*In a car, while stopped for a few minutes in traffic	_____
Total:	_____

If you scored 10 or more on the test, call to arrange for a sleep study today!

1.888.316.1861

avoid night terrors of shift work disorder

sleep apnea and depression

(News USA) Do you work at night? If so, your health may be compromised. Over 15 million Americans work a job with late-night or early-morning hours, leaving them vulnerable to shift work disorder (SWD).



A study published in the Journal of American Physiology by researchers from University of Toronto discovered that those suffering from SWD have a higher risk for organ disease. Shift work disrupts the body's natural sleep-wake cycle, called circadian rhythm, affecting critical factors like body temperature and how organs function. "We knew circadian rhythm disruption is linked with reduced longevity, so we wanted to find out where, why and how longevity is compromised," explains psychology professor Martin Ralph from the University of Toronto, one of the lead researchers.

Shift work is the opposite of 9-5, and demand for it continues to increase as customers expect more 24-hour services. Occupations that require permanent or occasional shift work include healthcare professionals, hospitality and restaurant staff, production and manufacturing workers, protective and emergency services and the transportation industry. These workers suffer from the continual disturbance of their biological or circadian clocks, and long-term interference can lead to kidney or heart disease.

Many people with SWD also have sleep apnea and experience excessive daytime sleepiness, diabetes and heart disease. Creating a healthy sleep environment and sticking to the same sleep and wake time, even on weekends can help. Learn more about sleep disorders at www.sleepapnea.org.



It certainly appears logical that someone experiencing obstructive sleep apnea (OSA) might also experience depression. After all, not having enough sleep affects our ability to work, socialize and generally enjoy life. But now a new study conducted by the Centers for Disease Control and Prevention (CDC) confirms the relationship between OSA and depression.

Researchers at the CDC found that, "Snorting, gasping or stopping breathing while asleep was associated with nearly all depression symptoms, including feeling hopeless and feeling like a failure," said Anne G. Wheaton, PhD, lead author of the study. "We expected persons with sleep-disordered breathing to report trouble sleeping or sleeping too much, or feeling tired and having little energy, but not the other symptoms," said Dr. Wheaton.

The study, involving 9,714 adults, which appeared in the April issue of the journal SLEEP, is the first to confirm a definite relationship between OSA and depression. Wheaton, an epidemiologist with the CDC, said the likelihood of depression increased with an increase in the frequency of snorting and lapses in breathing. Dr. Wheaton said she hopes the study will lead to better diagnoses of sleep and depression, especially when sleepiness is a chief complaint.

To learn more about the link between depression and sleep apnea visit www.sleepfoundation.org. Visit www.sleepwellnessctr.com or call 1.888.316.1861 to determine the closest sleep center near you.

overcoming sleep apnea, my 40 year journey



Gary is 52-years-old, married, and the father of a four-year old child. He also manages a government agency and its employees. Life is good for Gary, but he attributes that to having undergone treatment for his sleep apnea.

Gary was finally diagnosed with sleep apnea after his wife's repeated complaints about his snoring. He was having daytime sleep attacks, intense fatigue, depression, weight gain, and memory problems. His sleep apnea was affecting every aspect of his life.

Gary says, "I was tired for years – even while in high school and college. Even as a young child, my photographs showed dark circles under my eyes." After graduating college Gary taught public school, where he recalls repeated episodes of sitting at his desk struggling to stay awake. Eventually, he was so tired and sleepy it was impossible to keep up with the demands of working with 450 students. Gary thought he was the only one with this problem, and never sought help. Resigning resulted in financial problems, low self-esteem, depression, suicidal thoughts, and feelings of helplessness. He gained weight, felt lethargic, and had limited social interaction.

When Gary started a new business venture he said, "I was so tired, I literally had to drag myself out of bed to get myself to work each day, and I looked terrible." He tried counseling and became estranged from his loved ones, thinking they no longer needed him. Ultimately, his business and his marriage failed. Finally, he landed a great job and money was no longer an issue. Still, his sleep apnea symptoms became worse, as he fought off sleep at the office and endured more frequent bouts of depression.

Fortunately Gary remarried, and his wife is a trained, supportive and sensitive social worker, who noticed how Gary twitched and jerked while sleeping and seemed to stop breathing periodically. Gary said, "This was the beginning of the end of my sleep apnea." His wife convinced him to undergo a sleep

study that revealed he suffered from more than 800 apneic events every night.

The respiratory therapist had Gary use a mask and CPAP machine during the second half of his study, and the rest is history. A month later he started a new job, and was promoted to supervisor. Over the course of the first 18 months, he received four cash awards, a certificate of recognition for outstanding service, and an outstanding performance evaluation. "Above all though, the best reward I've received since conquering sleep apnea was hearing what my supervisor said upon informing me of my promotion – I wish I had three of you!"

Gary now knows how important it is to use his CPAP machine, and takes it with him when he travels for business or pleasure. He says, "I've tried to go without it, but now I cannot fall asleep without it. The sound and rush of cool air usually lulls me to sleep in five minutes."

Gary says, "It may not be the most attractive way to go to sleep at night, but the purple bags under my eyes are almost gone. I've joined a health club and exercise more, and my wife no longer complains about my snoring."

For those suffering from chronic fatigue, snoring, and daytime sleepiness no matter how much sleep they get, Gary says, "Do not give up hope, and realize you are not alone. Make an appointment with a sleep specialist. Undergo a sleep study, and persist in finding a solution. And if you have sleep apnea, by all means, give yourself every chance to get used to breathing and sleeping with a CPAP. It is truly life-changing."

Source: American Sleep Apnea Association

treating sleep apnea



If you or someone you love has been diagnosed with sleep apnea, finding the right therapy is important. The American Academy of Sleep Medicine recommends the following therapies.

Positive Airway Pressure Devices

Of the various options for treating obstructive sleep apnea (OSA), positive airway pressure devices (PAP) are considered the most effective. PAP machines, used with a variety of breathing masks, are the most widely used treatment for moderate and severe sleep apnea, and are endorsed by the American Academy of Sleep Medicine.

A mask, worn snugly over the nose, or sometimes over the nose and mouth during sleep, provides pressurized air that flows continuously or intermittently into the sleeper's throat. The increased air pressure prevents the sleeper's airway from collapsing.

The pressurized air is supplied through a flexible tube from one of several types of machines: CPAP (continuous positive airway pressure), BiPAP (bilevel positive airway pressure), or VPAP (variable positive airway pressure). Studies on the effect of positive airway pressure (PAP) therapy show that patients with obstructive sleep apnea (OSA), who consistently use their machines feel better and experience fewer complications of the disease. Although these devices are not used to treat snoring alone, they do help reduce snoring in addition to treating obstructive sleep apnea.

Oral Appliances

Oral appliances are small and unobtrusive and generally comfortable. The oral appliances for treating sleep apnea and snoring are specially designed for that purpose.

The oral appliance is worn in the mouth during sleep. Most appliances work by positioning the lower jaw slightly forward of its usual rest position. This small change is, in many people, enough to keep the airway open during sleep.

You can simulate the effect of an oral appliance with a simple experiment. If you make a snoring sound right

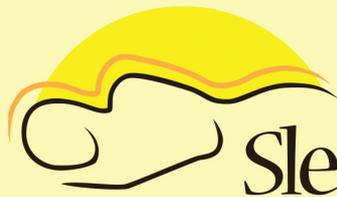
now and, in the middle of it, thrust your jaw forward, you will see that the snoring sound stops.

The American Academy of Sleep Medicine has endorsed oral appliance therapy for selected patients with sleep apnea. Many authorities recommend routine assessment for sleep apnea prior to considering oral appliance therapy. Oral appliance therapy is prescribed for those who have mild sleep apnea, and for those who are unable to use continuous positive airway pressure (CPAP) therapy, and is not prescribed for those with severe sleep apnea.

Winx

The Winx® Sleep Therapy System is an innovative treatment option for adults with mild, moderate, and severe obstructive OSA, that is designed without the inconvenience of a mask. The Winx system uses a proprietary platform technology called Oral Pressure Therapy (OPT) to treat OSA. Using OPT, Winx gently draws the soft palate forward and stabilizes the tongue to actively open the airway for uninterrupted breathing during sleep. The Winx Sleep Therapy System is intended for use only by order of a physician. If you would like more information about Winx, see www.apnicure.com.

WNY Resource: To make an appointment to determine which sleep therapy device is best for you call UBMD Sleep Medicine | Sleep & Wellness Centers at 1.888.316.1861 or visit www.sleepandwellnessctr.com.



Sleep & Wellness Centers



Symptoms & Signs

Daytime Fatigue ♦ Snoring ♦ Obesity ♦ Hypertension ♦ Insomnia ♦ Depression ♦ Startled awakenings with gasping or choking
Poor concentration/memory loss ♦ Observed pauses in breathing by partner ♦ Night Sweats ♦ Morning Headaches
COPD Patients ♦ Diabetic Patients ♦ Neuromuscular Disease ♦ Impaired memory ♦ Impaired concentration
Restrictive Lung Disease ♦ Congestive Heart Failure ♦ Excessive sleepiness ♦ Witnessed apneas/irregular breathing

Comorbidities

Drug-Resistant Hypertension ♦ Diabetes ♦ Congestive Heart Failure ♦ Depression
Pacemaker ♦ Atrial Fibrillation ♦ Obesity ♦ All Hypertension ♦ Coronary Artery Disease

For more information, call today.

1.888.316.1861

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