

METROPOLITAN CHICAGO YELLOW PAGES OF SLEEP, MOOD & PERFORMANCE

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A unique monthly periodical dedicated to public health, safety and education. Our goal is to bring our readers a blend of news from medical science, local health care professionals, patients, activists and the sleep industry on the world of SLEEP and HEALTH. We are committed to giving our readers all the latest advances in sleep, mood, alertness and performance in a concise and easy-to-read format. In addition, we provide information on treatment for many disorders by trained professionals and a resource for locating the best doctors, therapists and health care specialists in the greater Chicago area.

ANNUAL MEETING OF SLEEP SOCIETIES IN SEATTLE BRINGS NEW VISION FOR SLEEP MEDICINE

The Meeting of sleep specialists in Seattle set the record not only in the amount of attendees (about 4,200) but also in terms of the quality of presentations and the magnitude of problems discussed. Soon it will be fifty years of a new scientific era of sleep medicine,



and the discovery of basic facts and treatment methods for sleep disorders come almost weekly. The discovery of REM sleep with its unusual physiology prepared the basis for the understanding of sleep disorders such as sleep apnea, narcolepsy and parasomnias. We have also learned that many daytime problems are actually the result of disorders of the sleep-alertness cycle.

In addition to the basic science discoveries, significant progress was achieved in the area of clinical care. Medicare and Medicaid now recognize hypopneas in the definition of sleep apnea. This means that more patients with apneas will be eligible for CPAP treatment. Substantial progress has also been made in the areas of professional and public education about sleep. It is the next strategic goal to have Sleep Medicine as an independent medical specialty. Public awareness

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SLEEP & HEALTH HONORED BY THE AMERICAN ACADEMY OF SLEEP MEDICINE

Dear *Sleep and Health*:

Upon reading the latest issue of *Sleep & Health*, I was again impressed with the wealth of information presented in this newspaper. At the American Academy of Sleep Medicine, we know how important it is to provide quality information on sleep disorders to the public, and your publication does fine work to this end.

Sleep & Health serves as a great service, providing valuable information and education on a variety of topics related to sleep. Your publication will only serve to advance sleep medicine and provide answers to so many patients with undiagnosed sleep disorders.

On behalf of the AASM, thank you for publishing this important and useful newsletter.

Sincerely,

*Jerome Barrett, Executive Director
American Academy of Sleep Medicine*

PEOPLE OF THE MONTH



Jean-Paul C. Spire, M.D.
Professor, Department of Neurology
Director, Sleep Disorder Center,
The University of Chicago



Dr. Werner Martin Herrmann
Leading Sleep Researcher
in Germany



William "Bill" Nasca, MBA, CPA
Educator, Sleep Activist.
Website *Talk About Sleep*

If you have sleep problems, call the Sleep & Health HOTLINE at (847) 673-7660



CHILDREN & FAMILY

CARBON DIOXIDE "REBREATHING"

and Sudden Infant Death Syndrome

By Peter Dodzik, Psy.D

Several articles have been published in the past five years about the type of bedding that infants sleep in and Sudden Infant Death Syndrome (SIDS). SIDS is the leading cause of death in infants from one month to one year of age and results in as many as 1 in 1,400 deaths per year in the United States. The technical definition of this syndrome is a death in which "the cause remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history."

In recent years, the United States and many other industrialized nations have seen a decrease in the rate of SIDS by as much as 43% in the last ten years. This decline has led many researchers to speculate that perhaps the causes of SIDS are more related to early infant environment, nutrition or other essentially "knowable" factors. The American Academy of Pediatrics credits this decline to such simple interventions as placing the child on their back when sleeping. However, despite this rather dramatic decline in mortality rates, the causes of SIDS are still not well understood.

Recent evidence in the literature has suggested that the rebreathing of carbon dioxide (CO₂) may have a causal link to many cases of SIDS. Researchers from a June 2000 study conducted at Washington University School of Medicine in St. Louis, MO found that animal infant subjects showed evidence of rebreathing CO₂ and higher mortality rates when placed facedown on different types of bedding material. In fact, they suggested that one in four cases of SIDS might be the result of CO₂ rebreathing. Harvard researchers have also found that this type of rebreathing may

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DRAMATIC PARASOMNIAS

Head rocking, head banging and other sleep related rhythmic movements

Head banging, head rocking and similar rhythmic movements before and during sleep are puzzling and fascinating phenomena for observers and researchers, but frightening pictures for parents to see. It is fascinating because it is a dramatic event in the otherwise healthy child. Often they will rhythmically bang their head against the pillow, rock for hours side to side, and thrash their bodies in the bed for long periods of time. It is puzzling, because these phenomena are unusual and contradictory to common sense about sleep as the restful state and because they are not fully explained by traditional medicine. They are also frightening, because parents feel helpless against the prolonged and sometimes injurious rhythmic movements of their sleeping children.

The parents often forcibly try to stop these movements. When they do, the child stops the rhythmic movements for a short period of time only to resume them more intensely later that night. In severe cases, the child can hurt themselves. The family experiences sleepless nights due to annoying and dreadful noises from the shaking bed, or they may endure complaints about noise from neighbors or even accusations of child abuse. To further complicate the issue, the child often has difficulty waking

PATTERNS OF JACTATIO NOCTURNA

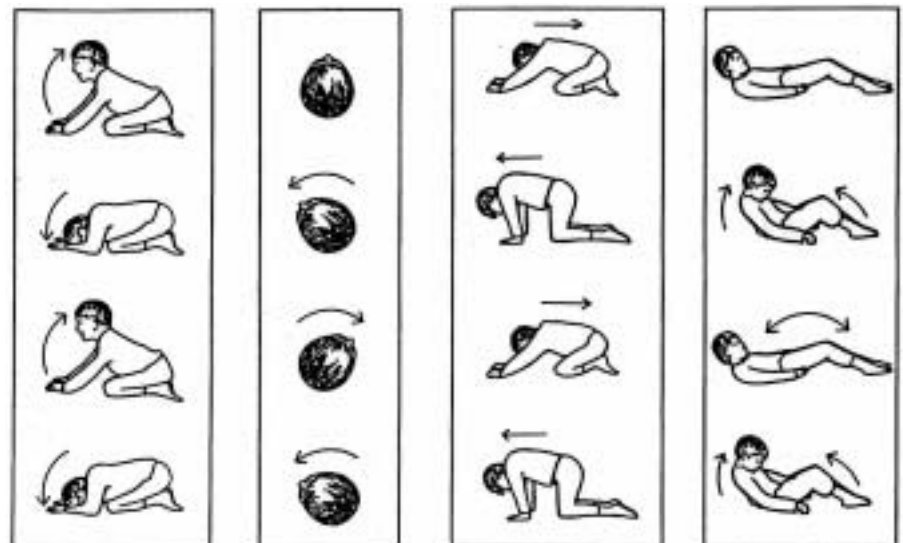


Fig. 1
Head
Banging

Fig. 2
Head/Body
Rocking

Fig. 3
Shuttling

Fig. 4
Folding

up in the morning for school, has daydreams, inattention and learning problems.

There are several misconceptions about rhythmic movements in sleep. The common notion that head rocking and head banging are rare is the first misconception. In just one school district in California, a researcher and physician, Dr. Sullivan, found 115 children, adolescents and young adults with moderate to severe forms of rhythmic disorder. After our Sleep Institute was featured on a TV show we received about 250 calls during the following weeks.

The second misconception is that these phenomena are always benign. This is true for the majority of cases; however, some of them do lead to accidental traumas. Psychological and social damage is underestimated, because children cannot go to sleepovers or on trips. Families are involved in unpleasant discussions with neighbors, children cannot wake up for school and miss classes. We have had cases where frustrated parents tried forcefully to stop the banging and rocking and accidentally harmed the child and were labeled as child abusers.

The third misconception is that bizarre activity such as head banging and rocking is the result of brain damage and as such would be seen only in abnormal, severely handicapped or neglected persons. It is true that severely neglected and brain damaged children are involved in self-injurious repetitive behaviors, but in

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METROPOLITAN CHICAGO YELLOW PAGES OF SLEEP, MOOD & PERFORMANCE

NECESSITY: The vital importance of sleep for physical and mental health, longevity, productive alertness and overall well-being is a major discovery of modern science. The alarming frequency of night-time sleep disorders and daytime disorders of alertness has become one of the top issues of public health and public safety. Medical knowledge about treatment options led to the rapid development of sophisticated diagnostic equipment, durable and practical treatment and hygienic devices. A vast new industry has emerged - the sleep industry. There is a pressing need for the public to have greater access to the exchange of ideas within the medical community, to cutting-edge sleep research, and to emerging news in the sleep industry. The new publication's focus on the Metropolitan Chicago area makes it a practical tool for all those who seek information about this growing field.

Sleep & Health is an independent local periodical published monthly by Sleep & Health, Ltd., © Copyright 2001 Sleep & Health, Ltd. The periodical covers the fields of medical science and industry related to the sleep-alertness cycle, other biological rhythms, their normal development, disorders and treatment options.

Sleep & Health is dedicated to public health and safety by promoting better understanding of sleep and its disorders. Sleep & Health makes every effort to bring together the medical community, people with and without sleep disorders and sleep-related industry.

Sleep & Health intends to bring to the public the latest information on healthy sleep and productive alertness, current knowledge about different disorders of sleep and alertness, information about available help. It will also initiate discussions and present different viewpoints, which may or may not coincide with mainstream thinking on issues. **Opinions expressed do not necessarily reflect those of the editors.**

The mission of *Sleep & Health* is to cover the entire scope of practical and theoretical issues associated with Sleep Medicine and related industry: research, scientific advances, alternative approaches, social aspects, literature, art, sleep experts' and patients' opinions related to sleep and health, **without endorsement of specific theories or products.**

Information provided by Sleep & Health should not take the place of medical advice and guidance from your own healthcare providers.

PEOPLE OF THE MONTH

Dr. Spire: Central Figure of the Sleep Community in the Chicago Area



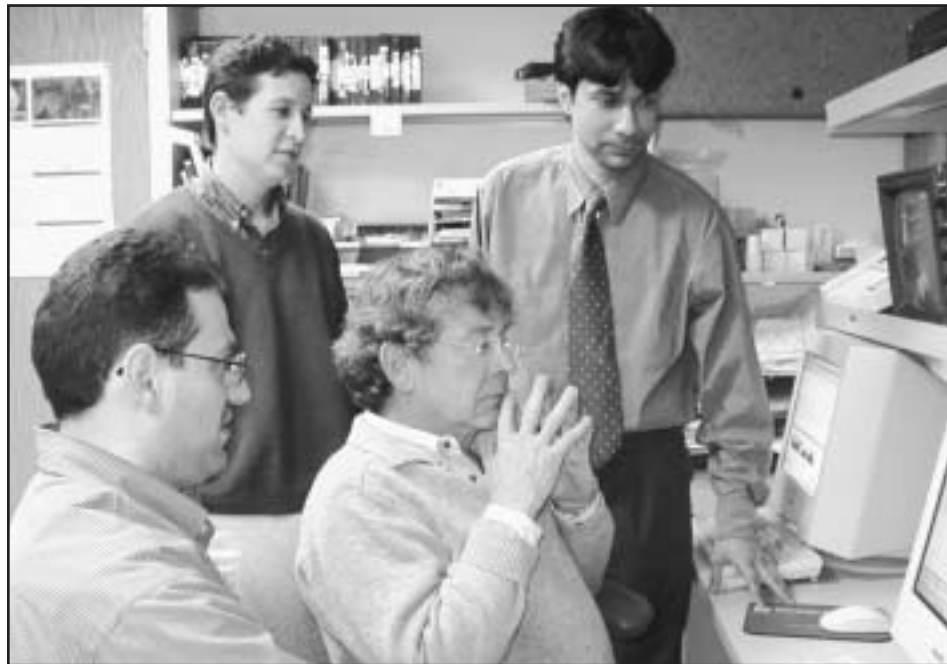
If you happen to meet Dr. Jean-Paul C. Spire (and you didn't know him) you would never guess that this man with curly hair, a soft voice and friendly smile is an internationally renowned scientist, researcher and teacher of several generations of neurologists and sleep specialists.

While some academicians of the highest caliber are sort of distant and difficult to communicate with, Professor Spire is extremely open to everyone. He has a warm and engaging personality. Dr. Spire is relaxed in the way he relates to people and an acute ability to give students and

fellow colleagues opportunities and chances along with delicate humor in his teachings.

Jean-Paul Spire, M.D., 58, is a Professor in the Department of Neurology and Surgery at the University of Chicago and the Director of numerous groups within the University including the Committee on Computational Neuroscience, Clinical Neurophysiology Laboratories, Sleep Disorders Center, and Clinical Neurophysiology Training Program.

Dr. Spire was born in Lyon, France. His medical education and specialization in Neurology was completed in Montreal Canada. Later Dr. Spire went to work at the University of California in San Francisco and for the last 26 years, he has been at the University of Chicago.



Dr. Spire was among the very few pioneers of sleep research. He worked with such giants in the medical sciences as French doctor Gastaut, who is the father of modern science in regards to epilepsy and Gullium, who introduced "obstructed sleep apnea" syndrome.

It was Dr. Spire who first proved in 1971 that duodenal muscle activity is synchronized with sleep cycles (duodenum is a part of the intestinal system right below the stomach that secretes important enzymes). He also showed that electroencephalogram might be a good indicator of response to brain tumor chemotherapy. Dr. Spire and his colleagues became the world authorities on electroencephalogram as diagnostic and research method especially in the study of epilepsy and sleep.

Recent breakthroughs about the effects of sleep deprivation on metabolism and growth hormone and the effects of "jet lag" on hormonal patterns by Drs. M. Brown, D. Dezer, E. Van Gauter, and many others of his colleges (Stories about each of them will follow) were done in his department and under his leadership.

Dr. Spire's Thursday morning rounds attracted many sleep doctors and researchers. He seems to aim high with whatever he does: in his administrative work, in his research, in caring for his patients, and in friendship.

Here at the University of Chicago, sleep research was created 50 years ago and now Dr. Jean-Paul Spire is a leader of sleep neurology as a science and the central figure of the sleep community in the Chicago area.

A Tribute to Professor Werner Martin Herrmann



The general public in America has probably never heard of Professor Werner Herrmann from Germany. In fact, most of the general public in Germany does not even know professor Herrmann. But specialists in sleep, psychiatry and pharmacology all over the world know, respect and admire him as a prominent neurophysiologist, neuropharmacologist and sleep researcher. All of us should know about Dr. Werner Martin Herrmann because he is the best example of a scientist who devoted his life to developing new medications to help people. He was the

one of those people who lead researchers in the long, exhausting process of verification of benefits and prevention of side effects of medication. He integrated the best knowledge, the teacher's talent and pedantic accuracy of an honest researcher.

Dr. Herrmann was born in Bardenberg/Aachen, Germany in difficult 1941; in 1968 he graduated the Medical School of the University of Bonn, Germany. He enjoyed science and was soon appointed as a scientific assistant in the Department of Biology, Max – Plank – Institute in Germany and later as a researcher of the Missouri Institute of Psychiatry, USA. Later he became the head of the Department of Clinical Neuropsychopharmacology in Berlin. Professor Herrmann had unique expertise in non-invasive cardiology and psychopharmacological methodology. He was a member of the Board of Directors of the major international pharmacological company Parexel and founding CEO of Somnoligis, Ltd., Electronics for Health Care, which develops revolutionary sleep-related equipment.

Dr. Herrmann published 196 articles in prestigious journals and authored 22 chapters in different medical books. What impressed his colleagues most was his personal charm and ability to lead and unite large teams of researchers through difficult research processes with open minded, direct and friendly manners. People around him respected him, followed him and loved him.

It is sad that often we only speak how great the person is when he or she is no longer with us. Dr. Herrmann died suddenly in the midst of an existing project on a new device. He was full of plans and liked to be involved with many projects at once. Dr. Herrmann loved life and worked to improve the lives of others. His colleagues and friends will continue his mission on his behalf.

William "Bill" Nasca: Advocate for Sleep Awareness

By James O'Brien, M.D.



Gazing into the night sky will take on new meaning to the family, friends and staff of TalkAboutSleep.com. In a loving tribute, TAS staff has made arrangements to name a star for Bill Nasca. In life, he was their shining star, a great leader, father, husband and friend.

The sleep community mourns the loss of advocate William "Bill" Nasca, MBA, CPA. He was a founder and Chief Financial Officer of Talkaboutsleep.com. Bill suffered a heart attack at his home in Germantown,

Tennessee on June 3, 2002. He was 50 years old.

TalkAboutSleep began in the spring of 1999, during the period of "dot.com mania", as an Internet health site dedicated to sleep information and online support. Its founders, William Nasca, Tracy Nasca and James O'Brien, M.D., discovered each other through a mutual Internet acquaintance and developed their early relationship over the net.

They committed to work together in creating an INTERNET BEACHEAD for sleep information, education, and support.

Bill's sleep education began with his wife's diagnosis of severe sleep apnea in 1989. However, her path to an effective treatment took a long, long time to emerge.

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TRADITIONAL & ALTERNATIVE MEDICINE

MEDICAL INTUITION

By Ruth Berger

Even though Ruth Berger never smoked, she was diagnosed with advanced emphysema and told her condition would only deteriorate. A medical intuitive that could see what the root cause of Ruth's condition was, told her what needed to be done and what type of doctor to look for. She found the doctor who focused

"There are no such things as incurables, there are only things for which man has not found a cure."

Bernard M. Baruch

on wellness, changes to her diet and taught her how to handle stress in her body. After several years of discovering and discarding old habits, she was cured. Now she is a medical intuitive who shares the insights she gained to help others develop their own medical intuition. There are numerous examples of similar experiences of medical intuition.

Dr. Andrew Pasminski of Chicago, IL wanted his wife Irene to get pregnant but after three fertility treatments, the doctors told her she had mucus incompatibility, which would make it almost impossible for her

to get pregnant. Desperate, Irene went to Ruth Berger and asked for a medical intuitive session.

Intuitively Ruth saw Irene's ovaries were too acidic for Andy's alkaline sperm

and suggested that Andy eat more sugar to make his body more acidic. He did and within a year, Irene delivered a healthy baby girl.

Marie Loggins of Denver, CO sought Ruth out because of her poor health and extensive stress dealing with the loss of both her parents in the same year. Marie said that "Ruth intuitively saw a systemic problem triggered by my

stress, but physical in nature. She told me to seek medical attention immediately. I went to an environmental specialist, who diagnosed me with Candida, a systemic yeast infection, which had already seriously weakened my immune system seriously. Fortunately all was caught in time to solve the problem."

Darlene Todd of Barrington, VM sought Ruth when her daughter was fourteen, she had severe pains, which the doctors' thought was either gastritis, stress or just growing pains. "I went to Ruth for a business consultation and she told me to have the doctor check my daughter for gallstones. Several months later I again took my daughter to the emergency room and insisted they take additional tests. They located four large stones and operated on her."

AS unbelievable as it may sound, Medical Intuition is something you can do.

Learn how to:

- Use your intuition to have better communication with your medical advisors
- Trust your intuition
- Find why you have the condition in your body
- Find your energy blocks
- Listen to your built in scanner that tips you off when someone or something isn't right for you

You can stimulate your medical intuition by:

- Trusting your own natural intuition.
- Seeing your illnesses as growth opportunities.
- Asking the right questions.
- Believing nothing is impossible.

Ruth Berger, author of Medical Intuition and the Secret is in the Rainbow, has been a practicing psychic and medical intuitive for over thirty years. To contact Ruth, call 847.390.8084 or go to www.ruthberger.com.

RHINITIS AND SLEEP DISORDERS



By Steven D. Horwitz, M.D., M.M.

Nasal obstruction due to rhinitis (swelling of the lining of the nose) is very common in a city like Chicago due to several factors. Airborne allergens such as pollens, flying cottonwood particles, dust, and myriad others abound in the area. Pollution due to congestion, automobile exhaust, and industrial waste products are also rampant in the air, although certain areas are considerably worse than others. Furthermore, the impact of the crowded skyscrapers is significant because of air inversions and obstruction to air currents, both of which will concentrate airborne irritants. True sinusitis is actually very uncommon – despite the public perception. However, nasal mucosal (lining) swelling will cause narrowing of the ostia of the individual sinuses as they enter into the

nose, causing barotraumas (pressure trauma) within the affected sinus. This in turn can cause facial pain, but the inciting cause is actually nasal.

Nasal obstruction due to allergic rhinitis (histamine mediated) or irritative/vasomotor rhinitis (usually not histamine mediated) may be reasonably tolerated during the day because the affected person is sitting or standing. Thus, his/her head is the highest point of the body and gravity helps relieve the nasal congestion. However, when one retires such that he/she is horizontal, the rhinitis will be greatly magnified. Now the heart is no longer pumping against gravity, there is more blood flow to the nose, and there is a considerable increase in nasal swelling and obstruction. As expected, this causes nasal dyspnea, resulting in mouth breathing. This in turn aggravated both sleep disorders and snoring. Using extra pillows or even sleeping in a recliner, if the patient can tolerate it, can thus be helpful at reducing the congestion.

Furthermore, many patients with nasal obstruction, especially allergic rhinitis, will develop bluish discoloration under the eyes, often called "allergic shiners."

Because the superficial facial veins (low pressure vessels) flow towards the nose, nasal mucosal swelling will cause obstruction of these veins. This in turn causes blood to "back up" and pool, thus causing the bluish swelling under the eyes.

Treatment regimens include antihistamines to reduce the allergic reactions, decongestants (essentially limited to Sudafed) to help reduce congestion, antihistamine-decongestant combinations, and nasal steroid inhalers for relief of both congestion and allergic response. Occasionally oral steroids are needed for severe acute rhinitis and intra-muscular injected steroids can be used for longer-term relief. Surgery to reduce the size of the turbinates (out-croppings of the lateral nasal wall) often performed with nasal septoplasty can be very effective at improving the nasal airway.

Steven D. Horwitz, M.D., M.M., Rush North Shore Medical Center, is a Fellow of the American College of Surgeons, and a Diplomate of the American Board of Otolaryngology. For questions, you may call Dr. Horowitz at 847-674-3626.

If you have sleep problems, call the Sleep & Health HOTLINE at (847) 673-7660



ALERTNESS • MOOD • PERFORMANCE

KENNY LOFTON SPEAKS OUT ON THE EFFECTS OF HEALTHY SLEEP

By Kevin Harmon, Staff Writer

Kenny Lofton of the Chicago White Sox knows all too well the dangers of not getting enough sleep. It probably started when he was touring with the AAU basketball circuit while he was a senior at Indiana's East Chicago Washington High School.

"When you are young you think that you can do everything and don't concern yourself with getting enough rest," said Lofton, the newly acquired centerfielder for the Chicago White Sox. "We were playing a lot of games and doing a lot of traveling and I was staying up late most of the time hanging out and talking to my teammates, visiting new places. It wasn't until I was older that I figured it out."

The day of my interview was a perfect example. Lofton was one of many of the White Sox that would start their day early on May 26 as it was Photo Day at Comiskey Park prior to the Sox' game against the Detroit Tigers. The players made themselves available for pictures and autographs about one hour before the game, meaning their normal pre-game routine was disrupted. Batting and fielding practice was earlier, which meant the players had to be at the ballpark earlier. Day games are particularly hard for players when coming after night games, something Lofton has come to deal with effectively.

"[Day Games] mean I have to go to bed earlier," Lofton said. "A lot of the younger guys don't realize there is a direct reaction to sleep, or not getting enough of it, and how it relates to your performance on the



AP Photo / Elaine Thompson

field. That's why, as a professional athlete, you have to take care of yourself in that way just as you would with exercise and diet."

A study done several years ago by Ball State University's Human Performance Lab found that reaction time for hitters, fielders and runners was slower after getting five or less hours sleep for three straight nights than for those that got at least seven hours of sleep. Temple University basketball coach John Cheney wanted to make sure his players got enough sleep and resisted the temptations of college life so he holds practices at 5 a.m. The University of Florida baseball team and New Hampshire hockey teams have followed suit.

"I think that athletes realize that sleep deprivation totally inhibits their ability to perform to the best of their abilities on the field," said Sarah Highland of the Muncie, Indiana-based BSU Lab. "And it is trickling

by the White Sox in the offseason.

Lofton said he spent many restless nights working his way through the minors. "Many times, you are staying far away from home in hotels and get lonely in those rooms and find other things to do until it is time to think about baseball again," he said. "Then when you are not playing the way you think you should and start looking for reasons you forget to look at something as simple as getting enough quality rest and proper nutrition."

White Sox manager Jerry Manual is always stressing the importance of sleep to his players.

"We play 162 games and that is a long season with many times games' being played without a day off in a week," he said. "There are a lot of things that need to be done for a major leaguer to stay on top of his game and getting enough sleep is one of them."

Annual Meeting of Sleep Societies in Seattle Brings New Vision for Sleep Medicine

Continued from page 1

about sleep related issues is another strategic goal set by the Academy of Sleep Medicine and we at "Sleep and Health" are very proud that the Academy of Sleep Medicine recognized our newspaper as a valuable source of public education.

The Meeting in Seattle summarized new steps in research. An intensive study currently is being conducted in the area of drowsiness while driving and fatigue related crashes. The following grants for the new areas of research were awarded by the Sleep Medicine Education and Research Foundation: Effects of Chronic Partial Sleep Loss on Cognitive and Neurobehavioral Function, Sleep Loss and Alcohol Consumption and the Influence of Task Difficulty on Cerebral and Behavior Responses Following Total Sleep Deprivation. Initial results in basic science research on Genomics and brain chemistry during sleep and sleep disorders has shown

exciting opportunities.

Next year the main office of the Academy of Sleep Medicine is moving to Chicago, where it was born.

We welcome the Academy back to its Chicago roots. During this Annual Meeting the Nathaniel Kleitman Distinguished Service Award was given to Dr. Thomas Hobbins, M.D. The Nathaniel Kleitman Distinguished Service Award was established in 1981 in tribute its namesake, one of the world's most pre-eminent sleep researchers and scientists. The Kleitman's Award seeks to honor sleep researchers and sleep medicine doctors. The William C. Dement Academic Award went to Dr. Charles Czeisler, PhD, M.D. This award was established in 1994 and is given to the member who has displayed exceptional initiative and progress in the areas of sleep education and academic research. This year also marks the beginning of the Excellence in



Education Award and will be presented biennially to those individuals who have made outstanding contributions in the teaching of sleep medicine. This year's recipient was Richard Ferber, M.D. Congratulations to all the winners and to everyone who participated in the conference.

If you have sleep problems, call the Sleep & Health HOTLINE at (847) 673-7660



ART & SLEEP

FREDERIC LEIGHTON, (1830 - 1896)

By Deena Sherman, Staff Writer

British artist, Frederic Leighton, (1830-1896) often depicted sleeping figures in his paintings, particularly in the later stages of his life.

An austere figure, Leighton never married and many of his works provide indications of the extent to which he subordinated his own emotions to the demands of his art.

Increasingly in his last years, a note of melancholy entered his work. His feelings of loss and sorrow find solace in letting his subjects sleep. This is especially evident in the *Garden of the Hesperides*, painted in 1892.

Bottom of Form 1

According to legend, the garden island of the Hesperides was where the daughters of Hesperus sang a lullaby to the dragon guarding the golden apples, which were later to be stolen by Hercules.

In the lyrical painting titled *The Garden of the Hesperides*, Leighton has depicted a subject that is inspired by poetry and Classical mythology. As with many of the artist's late works, the idyllic beauty of the Golden Age is brought vividly to life in this magnificent image.

According to contemporary sources, Leighton drew part of his inspiration from the following lines from Milton's *Comus*:

*"All amid the Gardens fair
Of Hesperus and his daughters three
That sing about the golden tree."*

In Greek mythology, the Hesperides were nymphs who guarded the legendary Golden Apple Tree, and they were assisted in this task by the dragon Ladon. In this painting, Ladon is represented as an unusually large serpent, his sinuous form entwined around both the tree and one of the Hesperides. The ancient Greeks believed that the nymphs lived in a beautiful, secluded garden, where they sang enchanting songs. Leighton is faithful to this feature of the myth, for one of the nymphs – she appears on the left and is clad in a vibrant orange gown – is singing and playing the lyre.

The two other Hesperides seem to be lost in reverie. One sister, who wears a rich robe of brown is sleeping. The other nymph lazily extends a hand to caress the snake Ladon. Observing the figures arranged in such relaxed poses, it is easy to be seduced by the sensuous mood of this painting.

Like the *Garden of the Hesperides*, *Cymon and Iphigenia* – painted in 1884 – is rich in color and handling. According to Leighton, this painting, more than any of his other pictures, represented "both my art and my style". The story is taken from



Boccaccio, and tells how Cymon, a wild and brutish young man, is so struck by the sight of the sleeping Iphigenia that he falls in love with her, gives up his former wild ways and marries her. Leighton counted *Cymon and Iphigenia* among his most successful works; it is erotically charged through Cymon's contemplation of the sleeping Iphigenia.

Leighton spent much of his youth travelling on the Continent with his family. This cosmopolitan background was of great importance to his development as an artist and he eventually studied in Germany.

Leighton traveled to Rome in 1852 and became friendly with Giovanni Costa and George Heming Mason, who later emerged as leading figures in the group of English and Italian artists known as the Etruscans. Between 1855 and 1859 Leighton was based in Paris, where he aimed to perfect his technique and absorb the stimulating atmosphere of the studios.

The years 1859–64 were marked for Leighton by reverses and critical hostility. He returned to London in 1859 and for five years his contributions to the Royal Academy were systematically rejected or badly hung – a response indicative of the degree to which he was seen as a threatening and alien influence.



The psychological content of Leighton's work became increasingly complex in the late 1860s and the 1870s. Canvases of this period frequently show the confrontation between the forces of life and death.

Sources: *Art Magick, Pre-Raphaelites, Loggia, MacMillan Encyclopedia*

William "Bill" Nasca: "Advocate for Sleep Awareness"

Continued from page 3

During this period, her husband Bill was desperate to find the cause and solution that took his wife away from him. In the end, following successful CPAP treatment, Tracy and Bill were able to enjoy each other, once again, and not get mired in the severe daytime sleepiness, which had reduced their quality of life and relationship.

As he watched his wife become an advocate for sleep awareness, he found himself becoming more and more interested in the cause. His accounting and business experience drew him to the alarming statistics of undiagnosed sleep disorders. His dedication, caring and ambition were not to go undirected. Bill Nasca's business background and his uncanny ability to foresee opportunities emerged from the miraculous change that Tracy had achieved concerning her sleep apnea. If obstructive sleep apnea (OSA) was really an epidemic, and 85% were undiagnosed, then people have to know what is going on.

With the individual focus and skill-set of this core group, armed with their mis-

sion statement: Integrity, Service to our fellow man and Efficiency in all we do, Talk About Sleep has taken center stage within the Internet as a reliable, high quality site with ongoing sleep information delivered weekly and chats 7 days a week coverage of a variety of sleep issues including Insomnia, Narcolepsy and Sleep Apnea.

Unfortunately, Bill would not see the fruits of this labor of love. As I write this piece, I remember his last email sent to me within 8 hours of his death, telling me how excited he was about TAS and looking forward to the APSS meeting in Seattle, next week...I'll never forget his last line "we luv ya Jim," another indication of how far our relationship had progressed over the past three years.

Bill's loss is a very significant one for me personally and our organization. The TAS family has come together in our loss to salute a fine man, with vision and a will to live life to the fullest. Those who had the pleasure of knowing Bill will not just remember him for his commitment to sleep activism. He was a bright, young businessman with a refreshing new outlook on sleep awareness. A loving husband, father, and friend, he will be missed.

We all love you too Bill...Thanks for sharing your life and dreams with us.

If you have sleep problems, call the **Sleep & Health HOTLINE** at **(847) 673-7660**

ASK DR. SLEEP

Dear Dr. Sleep,

My daughter K has developed some strange and disturbing problems in her sleep that started about nine months ago. Although she is a healthy and happy 15-year-old high school student, she has been tormented by violent behaviors in her sleep. Several times per month she will wake up with scratch marks across her chest and abdominal area. Often these marks can be quite deep and frightening to look at. K has no memory of scratching herself during the night and certainly is not doing this on purpose. She has had to change the way she dresses at times to cover up the marks and despite all our efforts, we can't seem to find any pattern to the times when these events occur.

Our family has a history of talking in our sleep, sleep walking at younger ages and grinding our teeth. However, no one has ever displayed symptoms such as these. One friend suggested that we videotape her during the night to find out what happens. For several nights we ran the tape until it expired (around 2:00am) but without any tossing, turning or scratching. Then someone suggested that we run the tape for the last half of the night. To my horror, I found that K would sit up, inspect her arms, look around the room and feel the walls, without waking up and without any memory of having done this the next day. She was shocked when she viewed herself on the tape (as was I). Although we have not yet caught her scratching herself on the videotape, it seems that these behaviors occur in the last half of the night.

My daughter is a bright, attractive and successful girl, please help us find some cause and treatment for this terrifying problem. We are willing to try anything to help stop these events.

A desperate mother

Dear Desperate Mother,

Thank you for your letter that obviously reflects your pain and desperation. It is painfully difficult to observe your child in terror during the night or in violent and self-injurious behavior, especially when you can do nothing to prevent it or stop it. When the child is not sleeping well - the whole family is not sleeping in expectation of the upcoming episode or long afterwards.

I do not know if it is a comfort to you but you are not alone. These types of behaviors occur in about three percent of children between 10 and 16 years old (which means three out of hundred are suffering from the same thing). This behavior called somnambulism. Somnambulism is not just sleep walking. It includes elements of violent behavior - scratching, self-biting, kicking, throwing, hair pulling, self-cutting and other seemingly purposeless, unnecessary and harmful behavior. In neurology it is called "automatic" behavior. It looks like the person is doing something in response to pain or other reason, but in reality there is no reason for the behavior. It is just a local and isolated "excitement" of different parts of the brain in sleep.

This type of automatic behavior is due to local brain activity and is usually seen in so called Non REM sleep and common during critical periods of life such as adolescence and also during and after pregnancy and menopause. Most of the time it is not harmful but it might achieve pathologic levels.

In mild cases it is appropriate to wipe the face with a warm, wet, soft towel and/or give the child a sweet drink in a bottle. In case of aggressive movements and thrashing behavior it is better to stay far away and talk softly to the child. Physical restraint is appropriate only in extreme situation. It is important to put away all potentially harmful objects: knives, open pens, razors, scissors, furniture with sharp glass corners and put stoppers at stairs.

Please, avoid the use of medications that you have at home without physician's advice. The good news is that treatment is available. In this case, you should consult a sleep specialist because the treatment should include certain medications. On the practical level, the rule of thumb is DO NOT try to awake the person. Remember, somnambulism is not a funny or always simple thing - contact your doctor or a sleep specialist.

Dr. Sleep

YOU ARE HOW YOU SLEEP

Interview with Dr. Alexander Golbin



Q. Let me congratulate you. The accreditation of your Sleep and Behavior Medicine Institute by the American Academy of Sleep Medicine is your major professional success and an important sign of recognition. Please, share with us your personal story of how you got into Sleep Medicine.

A.G. I graduated from the Medical Institute in Leningrad, now St. Petersburg, Russia. During my night shifts in residency and fellowship I witnessed infant death in sleep (the Crib Death Syndrome), strokes, heart attacks and bleedings, which started while the person was sleeping. Since that time I have been both fascinated and puzzled by what happened to a person in his sleep. I decided to dedicate my carrier to Sleep Medicine. I later completed the Ph.D. program in neurophysiology of sleep at the renowned Pavlovian Institute of Experimental Medicine in Leningrad (St. Petersburg), Russia. After my immigration to the United States in 1981, I completed my residency and a fellowship program in adult and child psychiatry at the University of Illinois in Chicago. I studied Sleep Medicine at Rush Presbyterian-St. Lukes Medical Center in Chicago and at the Stanford University School of Sleep Medicine and became a *Board Certified Sleep Specialist*.

Q. Tell us why sleep is important.

A.G. You lie down in bed after a hard day's work, close your eyes, clear your

thoughts and drift off into sleep, a restful, quiet, uneventful daze. Everything is peaceful, and your body is fully relaxed. Right? Not exactly. In fact, during sleep without your conscious awareness, thousands of complex processes are going on each minute in your body and mind. And if just one bolt comes loose in this intricate, delicate mechanism, it can lead to many different problems during sleep and even in the waking hours. Sleep researchers have discovered that over 50 different serious illnesses are rooted in sleep abnormalities and often manifest themselves during daytime through heart attacks, strokes, irregular breathing, daytime sleepiness and fatigue, apneas, as well as headaches and abdominal pain. If an attempt is made to deal exclusively with the symptoms, without properly ascertaining their cause, this can lead to a misdiagnosis and an incorrect treatment for the illness. What can be done? The answer is the modern medical marvel called the Sleep Study (Polysomnography Test).

During sleep our body and brain go through five different stages, and each stage is characterized by the presence of its own distinct activity. The purpose of the sleep study is to observe and record a person's biorhythms, brain wave patterns, muscle tension levels, and eye movements. In individual cases, it may be necessary to measure the heartbeat, amount of oxygen in the blood, air moving through the nose and mouth while breathing, expansion and contraction of the chest and abdomen, and leg movements in sleep. These records can then be compared to the established norms in order to spot any deviations and better understand the origin of the illness. In one of the

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BRIDGES & CROSSROADS

SNORING IN THE ANCIENT WORLD

By Alexander Golbin, M.D.

"There are no new things under the sun," –King Solomon.

This phrase comes to mind when we read articles on snoring in the ancient world by Doctor Esser. He published an article in 1949 in Germany where he described many things that we rediscover just now. He found that ancient Greeks and Romans believed that snoring is not only a proof of sleep but also has some function. They interpreted snoring as an expression of amorality and indecency. As an example, they told about the city Tarsus in Asia, where children and adults alike were attacked by an epidemic disease of their noses and snored day and night.

Below are some brief extracts from Dr Esser's article published in Sleep and Breathing journal last month. When we talk about snoring as an expression of life, we must consider the physical components to be fundamental.

Sleep is the prerequisite for snoring; this already heralds the word itself, which is of Greek-Latin origin: *stertere* (snore) may be related to the Greek word for sleep. So Dion

Chrysostomus may rightly state about the inhabitants of Tarsus in Asia Minor, "They furnish the most distinct evidence of sleep, they snore."

However, not all sleepers snore: "Snoring only befalls some of the sleeping." Cicero differentiates in the very same way when he makes Carneades say, as he is having a philosophical dispute with Chrysipp, "you may even snore if you desire, not only rest."

Snoring, however, does not exclusively occur during sleep. This sound is sometimes only shammed as a proof of sleep, as Juvenalis teaches us about the spouse who procures his own wife for her lover and pretends not to see or hear the slightest thing: He is "wise to look up to the paneled ceiling and wise to snore with a vigil nose when he is carousing." It is genuinely ancient to also have animals snore in their sleep, as the critical Aristotle does even with dolphins.

Snoring can be caused by both exogenous and endogenous factors. The former are primarily excessive drinking and eating: "Those experience snoring who fill up their stomach." As an example "the stoic philosopher Eteokles was lying there and snoring ... overloaded with food."

When it comes to the delights of the table, excessive drinking in particular bears the blame for snoring. There are such a great number of examples that it is unnecessary to mention any others.

Apart from the excessive consumption of food and alcohol, the body position of the sleeper has an important casual relationship to the snoring: "It also befalls those who are inadequately positioned." In particular, lying on one's back triggers snoring. The rutulic augur Rhamnes experienced this "while he was lying exposed on a high pile of carpets," when, completely inebriated from too much wine, he was killed by the Trojan Nisus; the mule driver who spoiled the sleep-seeking Horatius' nights sleep when the latter was on his journey to Brundisium was also lying in a supine position. And the old ferryman Charon reproaches the herald of the gods, Hermes, for "lying stretched on deck, snoring," instead of helping him row across the River Acheron.

In the same way, age may represent an endogenous aspect that causes snoring, even if this phenomenon already reaches its peak at the height of life. Eteokles, mentioned earlier, is reported to have lain there, snoring, not only because of excessive food consumption but also because of "his age."

Eventually snoring can also be caused by explicitly pathological states. Even the ancients were aware of this, which becomes evident, if only indirectly, when we look at a paragraph taken from Oratio Tarsica, in which Dion admonishes the people from Tarsus not to believe that, in the way a disease usually affects the body, "in such a way an epidemic disease has attacked your noses."

By turning to the symptoms of snoring, we discuss first the acoustic phenomenon, which is the focus of interest. The characteristics of that particular sound arouse curiosity in two areas, its sensorial and its aesthetic aspects.

The fact that it is very difficult to classify the snoring sound provides the mischievous Plautus a reason for an amusing word play. In miles glorious Llucrio the cellarer's assistant to the captain and his colleague Palaestrio talk about their fellow slave Sceledrus:

Lucrio: He (Sceledrus) is slurping in his sleep.

Palaestrio: What (should it mean), he is slurping?

Lucrio: He is snoring, that was what I intended to say:

But since it is almost the same whether you snore or slurp –

Palaestrio: Listen, so Sceledrus is sleeping inside?

Lucrio: Not his nose, that is calling all the louder. He stealthily has touched the goblet.

These words emphasize the similarity of the snoring and the slurping sounds. If snoring is caused by alcohol consumption, it may be accompanied by an accessory belching. Quintilianus points out: Cicero's fellow consul, the *roué* C. Antonius, was found inebriated, snoring, and he "was belching with every single breath."

After this review of the physical components, let us briefly consider some psychological, cultural, and historical aspects.

It is understandable that snoring has always been perceived as a symbol of spiritual

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Ira L. Shapira, D.D.S., F.I.C.C.M.O., principal of Delany Dental Care, Ltd., Gurnee, has been treating sleep disorders for 15 years in addition to performing general dentistry. Dr. Shapira is a former Assistant Professor at Rush-Presbyterian-St. Luke's Medical Center's Sleep Center where he treated patients with sleep apnea disorders. If you suffer from sleep apnea and are interested in learning more about available treatment alternatives, contact Dr. Shapira at (847) 623-5530.

Tired? Can't Lose Weight???

Do you snore? If the answer to this question is yes, you may have a sleep disorder that is causing you to snore. Growth hormone, which is produced primarily during the first period of Delta (Deep) Sleep, converts fat into muscle in adults. If you suffer from sleep apnea, a condition that affects both men and women, it will disrupt Delta Sleep leaving you tired and making it nearly impossible for you to lose weight. Men and women affected by this condition have increased risk of heart disease and are seven times more likely to be involved in motor vehicle accidents.

There is a simple remedy for snoring, apnea, and associated disorders. Ira L. Shapira, D.D.S., F.I.C.C.M.O., principal of Delany Dental Care, Ltd., Gurnee, has been treating sleep disorders for over 15 years in addition to performing general dentistry. He is a former Assistant Professor at Rush Medical School sleep disorder clinic. If your sleep or your bed partner's sleep is disrupted nightly by one or more of these events and you are interested in learning more about sleep disturbances, Dr. Shapira may be able to help you. Give his office a call at (847) 623-5530. It could change your life!

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NEWS FROM RESEARCH



THE PATHWAY TO ANXIETY BEGINS EARLY IN LIFE

Scientists have made some progress in the identification and causes of anxiety, at least in mice. In a recent study conducted at Columbia University, researchers have discovered that the critical period in mice for establishing anxiety behavior later in life is between five and 21 days after birth.

The circuitry in the brain that leads to anxiety first gets established in early development, according to new findings in mice by researchers from Columbia University Health Sciences. Their results imply that current popular drugs for adult anxiety may actually be alleviating symptoms resulting from an event that occurred long ago in at least some cases of anxiety.

The research, published in the March 28 issue of *Nature*, reveals there is a window of time during the development of the mouse (between five and 21 days after birth) when the brain becomes wired to be anxious later in life. The comparable time in humans is the third trimester of pregnancy and the first two to three years of life.

Dr. Rene Hen, associate professor of pharmacology (in psychiatry and in the Center for Neurobiology and Behavior) led the study and focused on a serotonin receptor gene. The researchers manipulated the time in development and the location in the brain that the serotonin receptor was active to understand its role in creating anxiety circuitry.

Brain neurons communicate with each other by secreting chemical messengers called neurotransmitters such as serotonin, which can cross the synaptic gulf between nerve cells and bind to receptors on neighboring nerve cell membranes. Once the neurotransmitters bind to the receptors, the nerve cells become activated and will continue the process of conduction.

Medications that enhance the binding of serotonin to its receptor (such as the selective serotonin reuptake inhibitors, or SSRIs) have been shown to work effectively at treating anxiety and depression, suggesting the receptor and the neurotransmitter play a role in regulating these emotions. Since the drugs act by increasing the amount of serotonin in the brain, scientists have presumed that the disorders may be due to decreased levels of serotonin in the adult brain.

Mice without the gene for the serotonin receptor become very anxious, indicating the gene normally acts to prevent anxiety. Highly anxious adult mice move around less than normal in novel open or elevated spaces and are slower to eat food in such novel envi-

ronments, which again correlates to withdrawn behaviors found in anxious and depressed humans.

Dr. Hen and his colleagues were able to turn off and on the gene for the serotonin receptor in different locations in the mouse brain and during different periods in their development. They then monitored the resulting anxiety-like behaviors in the animals. Using this method, the investigators showed that certain types of "anxiety" may be located in the hippocampus and the cortex of the mouse brain.

Then they determined what happened if they shut off the activity of the serotonin receptor at different times in the mouse's life. Mice without the receptor between five and 21 days after birth, become very anxious as adults, the researchers found. The serotonergic receptor acting during that period therefore plays an important role in laying down the normal emotional circuitry of the mouse.

However, researchers also found that removing the receptor's activity in an adult mouse did not seem to have an effect on the animal's behavior. The mouse acted normally despite predictions that it would become anxious since the prevailing paradigm suggests that lower levels of serotonin (or no receptors) in the adult brain lead to anxiety.

"The finding implies that a pathway to anxiety is laid down during early development," Dr. Hen says. "And while the drugs work on the adult brain, the primary reason for the anxiety was probably due to an earlier event in the life of a person." The earlier event(s) may have created a milieu in which the nerve cells in the adult are not secreting enough serotonin, he says, but the research shows an adult brain without the serotonin receptor creates normal behavior.

Behavioral research has shown the importance of this period in mouse development. Removing the mother from a mouse pup or poor maternal care during this time can create anxiety for the animal later in life. But the *Nature* study provides a potential genetic explanation for this type of anxiety.

Dr. Hen and his colleagues are now studying the effects of the loss of the receptor during early development on the integrity of anxiety circuits. Ultimately, this research could lead to new targets for drugs against anxiety.

This study was supported by a grant from the National Institute of Mental Health.

Adopted from Nature, March 28, 2002

"A pathway to anxiety is laid down during early development..."

Carbon Dioxide "Rebreathing" and Sudden Infant Death Syndrome

Continued from page <None>

differentially affect those SIDS patients with brain stem under-development or abnormalities that cause the baby not to perceive and thus respond to changes in the blood CO₂.

With all this new knowledge it may seem strange that any parent or physician would ever allow an infant to sleep in this position. However, stomach sleeping is often the position of choice for infants with gastrointestinal disorders, obstructive or central sleep apnea or facial abnormalities. In addition by two to three months of age, many infants can roll over and will seek out a stomach position.

Current research has also begun to focus on the type of bedding materials and crib environment that the child has been placed in. Several studies have found that as many as 52% of SIDS victims have been found dead with their noses and mouths turned into underlying bedding. These findings have created a push to develop safer cribs and bedding for infants under one year of age. Many of the studies that used animals or CO₂ environmental monitors have shown that soft pillows, mattresses or bedding have been linked to higher rates of rebreathing of CO₂ and SIDS. Thus, even when infants must be kept in the stomach sleeping position, interventions to prevent rebreathing of CO₂ could still be addressed.

SIDS is the leading cause of death in infants from one month to one year of age and results in as many as 1 in 1,400 deaths per year in the United States.

Several studies have suggested such interventions such as firmer mattresses and pillows are helpful. Some have even suggested that an appropriately dressed infant without bedding is the most appropriate. Ventilated Sleep Systems are also available, which involve built-in fans that create a well-ventilated environment that "pushes" the CO₂ away and creates a safer atmosphere (e.g. Halo Sleep System). New parents should discuss these options with their pediatricians to provide the best options for their child.

Snoring in the Ancient World

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sleep and torpid obstinacy of the heart. As undesirable as the nasty habits of snoring may be in general, occasionally it can be very convenient and even welcomed, such

as when it helps to prevent something unpleasant from happening or when snoring can be used as an excuse. When the Roman senators, under Augustus' rule, lowered themselves as much as to offer to sleep by turns in the monarch's antechamber in the function of bodyguards, Antistius Labeo, distinguished by his "male pride

before a king's throne," excused himself with the words "I snore and cannot keep vigil before him."

It is difficult to believe that this article was written in 1941 when we did not know about apnea, significance of the body positions, etc. We should bow to the geniuses of the past for their intuition and knowledge.

If you have sleep problems, call the Sleep & Health HOTLINE at (847) 673-7660

ODDS & ENDS

TEST TO SPOT ALZHEIMER'S

A simple urine test could be used to predict a person's chances of developing Alzheimer's disease, say scientists. Researchers say the breakthrough will now make it easier to track and treat the condition. Once diagnosed additional testing could be used to determine the severity of a patient's condition and course of treatment.

Researchers at the University of Pennsylvania School of Medicine discovered that the urine test could detect damage associated with mild cognitive impairment (MCI), such as memory loss, which is recognized as a precursor to Alzheimer's in many patients.

The test detects isoprostanes, which are chemicals believed to be released in the brain as a result of damage secondary to Alzheimer's disease. Studies have shown that up to half the sufferers will go on to develop Alzheimer's within four years of the initial diagnosis of MCI.

Domenico Pratico, an assistant professor in Penn's

Department of Pharmacology, said early detection is one way of slowing the progress of the disease often through medication. "This is the first non-invasive test that can predict a clinical diagnosis of Alzheimer's disease. Since there is no cure for Alzheimer's disease, physicians could slow the course of the disease if it is caught early enough."

In their study, published in the Archives of Neurology, Professor Pratico and his team studied 123 people, 50 who had Alzheimer's and 33 who had MCI. The new test is not widely available at the moment, but the team is developing a user-friendly version.

Rebecca Wood, chief executive of the Alzheimer's Research Trust said a test like this would offer hope to sufferers. "It is widely believed that accurate early diagnosis of Alzheimer's is vital if we are to offer an effective long-term treatment for this devastating disease.

"There is a lot of work taking place to find an accurate, cheap, and non-invasive way of diagnosing

Alzheimer's early, including a major project in London being funded by the Alzheimer's Research Trust.

"These results from the US could be promising, but it will be necessary to do significant further research to expand on this work."

Adopted from the Associated Press – Monday, 17 June, 2002

You Are How You Sleep

Continued from page 7

stages, for example, underlying arrhythmias can be more apparent and some disorders such as head banging, teeth grinding, as well as bedwetting often become more prominent. None of the methods of the so-called Polysomnographic (sleep) study involve causing the patient any pain or serious discomfort. The sleep test does not require piercing a person's skin, drawing blood, or any other invasive techniques.

In certain illnesses such as sleep walking, frequent nightmares and night terrors, excessive daytime sleepiness, and falling asleep behind the wheel (which has become a major societal concern in recent years), it is easy to see the link to sleep dysfunction. However, there are other illnesses, which are no less serious but in which the relation to sleep is less apparent. These include daytime irritability and hyperactivity, hair loss, fluctuation of attention, memory lapses and even behavioral problems such as unwarranted rage attacks, difficulties in impulse control, and possible self-mutilation. The sleep study is an essential tool in appropriate diagnosis and in the development of the most appropriate treatment strategy for these disorders.

Even if you feel that your symptoms are relatively minor, such as some difficulty getting to sleep at night, or waking up several times during the night, having some breathing or heartbeat irregularity during sleep, or being awakened by fits of coughing, you should not simply ignore these symptoms and hope that they will go away. They may never do so on their own. Moreover, it is extremely important to understand what causes these symptoms at an early stage before the problems become more serious.

DRAMATIC PARASOMNIAS: Head rocking, head banging and other sleep related rhythmic movements

Continued from page 2

such cases the activities are not sleep related and occur in the daytime also. Head rocking and head banging can be seen in intellectually normal and even gifted children and adults who have been raised in caring and loving families.

The fourth misconception is that rhythmic behaviors such as rocking, banging, thumb sucking, playing with one's hair is a "cute" phenomenon of infancy. When we see these behaviors in adolescents and adults it is not cute anymore. It becomes an annoying problem that persists through adolescence, into adulthood and on into old age. Our oldest patient is a 62-year-old woman.

The fifth misconception is that nothing can be done to control this problem. Hopeless and helpless parents and older patients often give up, explaining the problem as "just a bad habit." Others get "sucked into" the short lived pleasant dissociative component of this habit. Now with the emerging field of sleep medicine and the new discoveries in the physiology of bio-rhythms, we understand the nature of these problems and are developing effective methods of treatment.

There are a few forms of rhythmic sleep related behavior that are somewhat different in appearance, mechanism and treatment.

HEAD BANGING – In the prone position the person repeatedly lifts his head or upper body with outstretched arms and forcibly bangs his forehead or cheeks against the pillow, his fists, or against the hard edge of the bed. The person might bang for hours non-stop or in clusters.

HEAD ROCKING – The person is supine, eyes closed, and performs pendulum-like movements of the

head in a sideways fashion. The movements are rhythmic and stereotyped with a frequency of 60 to 80 per minutes. Movements occur when falling asleep, upon awakenings and when tired.

SHUTTTLING – Rhythmic movements of the body at the elbow-knee position, moving forward and backward along the horizontal bodyline like a "shuttle."

FOLDING – These movements are similar to a jack knife, while in a supine position with sudden rhythmic movements forward to sit up, back to lie down, and then forward to sit up again.

Other rhythmic phenomena include leg kicking, tongue sucking, hair pulling etc.

The nature of these behaviors could be conceptualized as sensory motor disintegration. Simply stated, immaturity of the central coordinating nervous system is the basis for self induced rhythmic movements. Rhythmic movements are the natural "switch" mechanism of our states of vigilance. This switch becomes abnormal if the process of maturity is going wrong.

Treatment is available. In addition to attention, rhythmic and music therapy, new and sophisticated treatments are being developed. These include EEG biofeedback, so-called vestibular therapy. Using hypnosis has also shown very promising results. Last but not least important is a safe medication management.

The main message is: rhythmic movement disorder is a frequent, but not simple, problem and can be and should be corrected.

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