

# YELLOW PAGES OF SLEEP, MOOD & PERFORMANCE METROPOLITAN CHICAGO

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9700 North Kenton Ave., Skokie, IL 60076 Tel. 847.673.7660 Fax 847.673.8719 E-mail: sleephealth@aol.com

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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.

## DARRYL KILE'S DEATH NOT UNCOMMON FOR ATHLETES

By Kevin Harmon

Tim Chambers can relate to the death of St. Louis Cardinals pitcher Darryl Kile, who died several weeks ago in his sleep at his hotel room in downtown Chicago.

Kile, an otherwise healthy individual and one of the mainstays of the Cardinals pitching staff, died from hardening of the arteries as a result of a severe blockage. Chambers, who works for the Indianapolis-based American College of Sports Medicine, lost his brother Tom as he napped after just completing the Madrid Triathlon in Spain several years ago. A professional on the European circuit, Tom Chambers died of a heart attack while he slept in a recovery tent after the event.

"It was shocking and totally amazing that a person with his health and vitality would die when there were no signs that anything was wrong with him," said Chambers, an educator with ACSM. "Much like with Kile, he was in the prime of his athletic life and it makes you wonder what it is about sleep that makes the body shut down."

Kile was one of the better Cardinal pitchers, having come to the team after playing for the Houston Astros and Colorado Rockies. He was a veteran on the St. Louis staff and one of its most liked players. A fitness enthusiast, Kile ran several times a week and participated in weight training. His sudden death as the Cards were in Chicago for a three-game series with the Chicago Cubs shocked many in the baseball community.

Hanson Gardiner, a physician at Cedar-Sinai Medical Center in Los Angeles, said Kile's condition, called arteriosclerosis, a thickening of those walls of the

arteries, made it difficult to foresee his death. "It was a condition that ran in his family and his father died very young of a blood clot to his brain as a partial result of that condition," Gardiner said. "It was the fact that it happened in his sleep that made it so weird."

Athletes that have died in their sleep are not an uncommon occurrence. Track star Florence-Griffith-Joyner died while sleeping, same for baseball legend Tris Speaker and European swimmer Katie Shammer. All had a pre-existing conditions that caused them to pass away in their sleep.

"Athletes get tested all the time and there is something about the way the body shuts down so much within a very fit person while sleeping that [can cause] strange things like this [to] happen," said University of Wisconsin strength and conditioning coach Sal Cardo. "You are looking at a...very low resting heart rate in pro athletes...when they are sleeping, they are a few beats away from being on the danger end of that anyway. [This] makes for a situation where something that's hard to detect can come up."

Cardo said deaths occurring in one's sleep are rare, but more stringent testing of athletes could be an answer to avoiding another Kile case.

"Sometimes though it is just a freak accident and nothing can be done...other times more closely monitored testing [can] make a difference," he said.



## PEOPLE OF THE MONTH



Dr. Leonid Kayumov, Ph.D.– DABSM, FAASM, Director of the Sleep Research Laboratory at the University Health Network, Toronto Western Hospital and an Assistant Professor of Psychiatry at the University of Toronto



Prof. Alexander N. Shepovnikov, M.D., D.Sci.– Leading Sleep Researcher in Russia.



Patrice Nightingale– Manager, Composing Dept., Des Plaines Publishing Co. Paula Downs– Graphic Artist, Des Plaines Publishing Co.

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



# CHILDREN & FAMILY

## WHAT IS ABNORMAL SLEEP?

Sleep is a highly active and organized process, which has very complex dynamics in the course of the night and throughout the lifespan. It is not surprising that there can be many disruptions, impairments and developmental deviations in its mechanisms and functions. When sleep researchers finally began to pay attention to people's complaints about their sleep, their inability to stay awake, or about strange things happening to them or their children in sleep, they found many unknown sleep disorders in surprising abundance. Besides the commonly known quantitative difficulty in getting and staying asleep known as insomnia, there are scores of more serious qualitative deviations of sleep. The field of sleep medicine started with a disorder called narcolepsy, and later sleep apnea. Narcolepsy is an illness expressed in sudden attacks of sleepiness, muscle paralysis, and frightening hallucinations. Sleep apnea syndrome is manifested in a sudden cessation of breathing during sleep. The three giants of disordered sleep: insomnia, narcolepsy, and sleep apnea were soon accompanied by a multitude of other disorders identified by specialists.

Sleep medicine is a clinical specialty that deals with the diagnosis and treatment of patients who complain about disturbed nocturnal sleep, excessive daytime sleepiness, or some other sleep related problems. The spectrum of disorders and problems are extremely broad, ranging from the merely troublesome, such as mild jet lag, to the catastrophic, such as sudden death during sleep. The nature of dysfunctional sleep may be primary, involving the central neural mechanisms of sleep and arousal, or secondary, when it is related to other medical, psychiatric, or neurological illnesses.

Sleep medicine is similar to other specialties dealing with disorders of a specific organ or system in that it studies the manifestations and pathologies of the sleeping brain. At the same time, sleep medicine is different from other specialties, because the manifestations and pathologies of the sleeping brain are, as a rule, caused by dysfunctional relationships among the brain, heart, respiratory and other systems during sleep and alertness. In this sense, sleep medicine is a holistic medicine, dealing with the organism as a whole. The practice of sleep medicine involves comprehensive diagnostic evaluations of seemingly unrelated symptoms, like snoring, obesity, or bedwetting

to uncover hidden and life-threatening problems, such as obstructive apnea.

The first question that patients, and especially parents, ask a doctor is, "What is abnormal sleep?" Should a child who wets the bed once a week be diagnosed with enuresis? Are such common symptoms as snoring, teeth grinding or sleep talking abnormal? For 20 years, we have been taught that a child who wets his bed will grow out of it. And that we should not be too concerned. Generally speaking, this permissive approach introduced by Dr. Spock a few decades ago is good, because it emphasizes the wide individual differences and relates to parental attitude. But the question remains: when does the mild and benign childhood situation end and the more serious pathology begin? How can we define normality? How can we define pathology? Behavioral science has struggled with this task for many years. It is so important that a new, special field, "normatology" has emerged. This field integrated the few perspectives, encompassing the definitions of normality and pathology found in literature.

So, what is abnormal sleep? What is abnormal alertness? Based on research, and for many practical reasons, we define a child's sleep and behavior as abnormal and in need of serious attention if:

- The child displays unusual symptoms or the usual common features, typical of a certain developmental age, that last far beyond the appropriate age;
- Unusual symptoms or features disrupt the usual course of the child's sleep or wakefulness;
- These symptoms or features disrupt the functioning of the child's (physical or school) activities appropriate for his stage of development;
- The symptoms control the child, rather than the child controlling his habits. (For example, the child can no longer fall asleep without rocking);
- The child's symptoms disrupt the family's life.

These are some general guidelines to help families decide when to seek an evaluation. For further information about sleep disorders and their treatment, please contact our hotline at (847) 673-7660 or visit us online at [www.sleepandhealth.com](http://www.sleepandhealth.com).



### 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.**

## SUDDEN INFANT DEATH SYNDROME LINKED TO POSSIBLE BRAINSTEM ANOMALY

Adopted from *Clinical Psychiatric News*, May 2002

Researchers at Children's Hospital in Boston, MA have discovered some unusual findings about some children struck by Sudden Infant Death Syndrome (SIDS). Although rates of infant mortality have declined dramatically since 1990 due to the recommendations for a supine sleeping position for young children, current estimates of SIDS are 0.56 per 1,000 live births.

Dr. Hannah Kinney believes she has found an explanation for some of these cases. She has found an anomaly in the brainstems of a subset of children who have died from SIDS. The root cause may be a problem in the area of the brain responsible for detecting levels of carbon dioxide in the blood. The focus of this research has been on the arcuate nucleus and there may be a link to developmental anomalies in this area and maternal smoking within the first trimester of gestation.

Since 1985, Dr. Kinney and her colleagues have collected brainstem tissue samples from infants who have died from SIDS and other non-SIDS related causes

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# PEOPLE OF THE MONTH

## Dr. Leonid Kayumov

Scientist with an International Reputation



**D**r. Leonid Kayumov, Ph.D., DABSM, FAASM, Director of the Sleep Research Laboratory at the University Health Network, Toronto Western Hospital and an Assistant Professor of Psychiatry at the University of Toronto, has many professional and personal accomplishments. He plays a leading and critical role in one of the largest Canadian teaching, and most medically-advanced, facilities. In 1999, the American Board of Sleep Medicine certified him as a sleep disorders specialist. Dr. Kayumov recently has been appointed as

the Research Director of the Sleep and Behavior Medicine Institute where, in collaboration with Dr. A. Golbin, he is actively developing a clinical trials' unit.

Dr. Kayumov has published extensively on all aspects of sleep medicine and neuropsychology. He has authored 3 books and more than 100 peer-reviewed research publications in the area of sleep medicine and neuropsychology. Dr. Kayumov is a graduate of Moscow University, Department of Neurophysiology. He received his Ph.D. in neuropsychology at the age of 25, from the Moscow Institute for Medical and Biological Problems, a highly prestigious and leading research organization in all aspects of aerospace biology and medicine in Russia. He was involved in the preparation of several soviet space expeditions, designing special regimens for psychological and physical training of soviet cosmonauts, including express-adaptation to the hypoxic condition and sleep-wake patterns in different extreme situations.

His main areas of current research interests include clinical neuropsychology and behavioral sleep medicine, neurophysiology of sleep-wake cycles, neuropharmacology and neuroendocrinology of circadian rhythm disorders, impaired alertness and performance associated with shift work. He also is pioneering research establishing a new field—holistic sleep medicine. He has established the Multimodal Alternative Treatment and Education Program at Toronto Western Hospital where he and his staff successfully use neurofeedback, meditation, yoga, art and brain music therapy for treatment of insomnia, anxiety and depression.

Dr. Kayumov's life has been full of dramatic and unforeseen events. In 1985, he decided to make a major move in his clinical and academic career. From Moscow, the capital of his country, he moved to a remote province—Tajikistan—close to the border with Afghanistan. With his unique talents, Dr. Kayumov had the honor of being the youngest Professor and Head of Dushanbe University's Department of Neuropsychology and Neurophysiology. He was independently responsible for all scientific, clinical and teaching activities of the department. Over 20,000 students were enrolled in this university. Dr. Kayumov lectured on chronobiology and neuropsychology. He also supervised graduate, postgraduate and Ph.D. students.

In 1989, a civil war between Islamic fundamentalist and pro-communist groups burst out in the region. After two years of living under war conditions, Dr. Kayumov, his wife and their two-year-old daughter managed to flee to Israel. Within 4 months, he learned Hebrew to the extent that he found a research and teaching position at

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## Dr. Alexander N. Shepovalnikov

Leading Sleep Researcher in Russia



*By Alex Golbin, M.D.*

**I**t is my honor to introduce Dr. Alexander Nikolaevich Shepovalnikov to the American public. He is one of the most distinguished physiologists in Russia. Although his name is long and difficult to pronounce in English, it is often on the tip of the tongue of anyone who has anything to do with the field of sleep and the developing brain.

Dr. Shepovalnikov is the Head of the Pediatric Neurophysiology Laboratory at the Sechenov's Institute for Evolutionary Physiology and Biochemistry (St. Petersburg Branch of the Russian Academy of Science). He holds the honorary title "Merited Scientist of State," which is given to very few top researchers in Russia. Prof. Shepovalnikov came from a family with several generations of scientists. His Grandfather, Nikoli Shepovalnikov worked with the renowned physiologist, Ivan Pavlov, and it was actually his grandfather that discovered one of the most important enzymes in the metabolism of food—Enterokinaza.

Dr. Shepovalnikov and his team discovered the most important physiological principles of brain functioning during the stages of development from infancy to adulthood. In addition, he patented a revolutionary methodology in the analysis of multi-channel EEG. Dr. Shepovalnikov's diagnostic and treatment methods for neurologically compromised children are used not only in Russia, but also in Germany, England France, Japan, Canada and the USA (California, New York).

He and his colleagues developed techniques for analyzing how electrical activity is organized in the brain and developed "maps" of the brain in all stages of sleep and even hypnosis. The enormous amounts of data, collected by Russian scientists under the leadership of Dr. Shepovalnikov and the decades of clinical experience have made it possible for the early diagnosis of neurological abnormality in the fetus and newborn babies and will help prevent the damaging effects of oxygen deficiency in the brain. These types of advances are especially important in Russia where the delivery of babies with pathology of the central nervous system are more common. Dr. Shepovalnikov also is creating the "International Research and Clinical Center for Prevention and Early Correction of Neurological Abnormalities in Babies.

His scientific achievements are significant enough to call him a distinguished scientist, but what really makes him a leader is his unbelievable enthusiasm, energy and devotion to science. He consistently attracts the best and brightest minds and cultivates their talents to the fullest. This is a profound task in post Soviet Russia where there is little money or respect for science.

I was blessed by having Dr. Shepovalnikov as my professor and mentor in my Postdoctoral Fellowship in Physiology and Sleep Medicine. When I was forced to immigrate to the United States, Dr. Shepovalnikov told me, "In your worse time, never forget that you belong to Science and Medicine. Represent them well!"

Now his pupils lead their own teams of scientists and doctors in many parts of the world and no doubt continue to live by the same words that he spoke to me.

## The Deadline Oriented Work Day: No More 9 to 5



*Patrice Nightingale (L) and Paula Downs (R) of Des Plaines Publishing Company*

*By Peter Dodzik, Psy.D.*

I was writing an article for the May edition of Sleep & Health at around 1:00am when I finally hit the wall. I had begun to make numerous spelling errors and I could not keep my thoughts on track. Eventually, I quit and went to sleep even though I knew that the deadline was right around the corner. I had that luxury.

During the editing and layout for

that same issue, I was working with our publishers at Des Plaines Publishing Company, Patrice Nightingale and Paula Downs, at about the same time the next night and I was beginning to see stars. I had been looking at print layout for most of the evening and it was difficult to stay focused. Offhandedly, I asked Patrice if these were common working hours for her. She told me that she didn't even think about time during deadlines because it didn't matter. Paula said she worked "by the deadline and not the clock" and I realized I should stop complaining.

Both women have been the backbone of our publication and come with numerous years of experience (Paula-12 years, Patrice-29 years) and thus have been through the good and bad of the publishing world. When you work at a company

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# TRADITIONAL & ALTERNATIVE MEDICINE

## DOCTOR HEALS HIS MIGRAINES

By Ruth Berger

**R**obert H. Knapp, M.D. studied homeopathy, color therapy, magnetic therapy and other alternative approaches in England. He is presently in private practice as a holistic/integrative physician with training in psychiatry and the Director of Healing Haven, a research and teaching organization that investigates and promotes the best of all healing methods, orthodox and unorthodox, East and West, physical, psychological and spiritual approaches. Dr. Knapp is the co-author of two texts: *Twelve Powers in You* and *Birth of the Light Body*.

*RB: Why did you enter into this type of healing work?*

**RHK:** My baby sister died suddenly when I was 7 years old, and my Mom was hospitalized for acute depression. The family upheaval and fracturing left a deep scar in me psychologically. It was not so much that I had thought all of this through prior to going to medical school. Only in hindsight, really, did it dawn on me that part of the reason I wanted to become a psychiatrist was to understand and to heal

my past, as well as to bring some degree of new balance to my whole family. Often in healthcare, people go into this work because of their need to heal something within themselves. That certainly was the case with me.

*RB: Can you cite a case where you were able to help someone using a holistic approach?*

**RHK:** I will give you my story on my migraine headaches, which is described in more detail in the chapter on faith in my book *Twelve Powers In You*. My migraines were presented in a classic fashion: headaches on one side of the head, preceded by an aura and flashing lights in the eye on that side of the head, followed by nausea and vomiting. Medical tests, including a brain scan, showed no pathology. Treatment with standard migraine medication in the 1970s helped to subdue the symptoms but did not prevent the migraines from occurring approximately twice per month.

Additional treatment included removing junk food from my diet. Relaxation exercises also were ini-

tiated, mostly in the form of yoga. I also started meditating. It took about six months, but the migraines gradually decreased in frequency, and never again returned.

This holistic approach honored and utilized traditional, orthodox medicine, but added to it nutritional approaches, as well as forms of exercise and relaxation. The meditation was particularly effective in this treatment. It helped me discover my personal connection with a Higher Power, a spiritual dimension and a purpose that had been missing in my life.

*RB: What message would you like to give people?*

**RHK:** I feel the best way to awaken people to a better life style is to teach them visualization and exercises on how to develop a whole-brain learning approach for living the life they've imagined.

Dr. Robert Knapp can be reached by emailing: [RHKnapp@aol.com](mailto:RHKnapp@aol.com)

*Ruth Berger has been a medical intuitive for over thirty years and can be reached at [ruthbergermi@aol.com](mailto:ruthbergermi@aol.com) or by calling 847.390.8084.*

## FOCALIN – NEW TREATMENT FOR ATTENTION DEFICIT/HYPERACTIVITY DISORDER

*Information contained in this article was provided by the Novartis Group*

**F**ocalin, approved by the FDA in November of 2001, is a new and refined form of Ritalin (Novartis Pharmaceutical Co.). It is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) as an integral part of a total treatment program.

Ritalin (methylphenidate) is a mixture of two "mirror image" molecules, dextro and levo isomers (mirror image molecules are identical in molecular structure but different 3-dimensional orientations in space). Focalin (dexmethylphenidate) is a refined formulation containing the single d-isomer, which is the predominantly active component of methylphenidate. Dexmethylphenidate requires half the dose of methylphenidate to achieve the same effect. Focalin is available in three dosage strengths: 2.5mg, 5mg, 10mg. Focalin can be used for many different patient types. It can be given immediately to new patients (without a trial on Ritalin or another stimulant), as add-on therapy in the morning to a current long-acting medication, or as add-on therapy in the evening. It can be given daily or on an as needed basis.

Drs. Lerner and Swanson in their research have noted that medications differ by isomer content: dextro and levo for some vs. dextro only for others. Studies document similar efficacy for all preparations but there has been some suggestion that the newest stimulant, Focalin, may have fewer side effects and work longer than related medications with the "mirror image" configuration. (*Practical Neurology*, April 2002, p.58)

A new survey, designed by the NYU Child Study Center and published in November of 2001, reveals the All-Day impact of ADHD on children and their parents. Results of the national survey revealed that children diagnosed with ADHD face serious social developmental issues that affect their relationships with family and friends and impedes their participation in after-school activities. Furthermore, parent responses indicated that many children are not following the recommended treatment for their condition.

"...ADHD also affects how children get along with family and friends, complete homework assignments and participate in after-school activities. Successful management of this condition needs to address all aspects of a young person's daily life."

"ADHD is not just a school-day disorder; it is an all-day disorder," said Harold S. Koplewicz, M.D., director of the New York University Child Study Center. "In addition to its proven impact on academic performance, ADHD also affects how children get along with family and friends, complete homework assignments and participate in after-school activities. Successful management of this condition needs to address all aspects of a young person's daily life."

More than 500 parents participated in the first ever I.M.P.A.C.T. Survey (Investigating the Mindset of Parents about ADHD & Children Today), developed by the New York University Child Study Center. The survey is believed to be the first ever to compare attitudes and perceptions of parents of children with and without ADHD. The complete tips, along with more information on ADHD, are available on the NYU Child Study Center Web site at: [www.AboutOurKids.org](http://www.AboutOurKids.org). The internet has many resources for more information on ADHD. Please visit [www.adhdinfo.com](http://www.adhdinfo.com), [www.add.about.com](http://www.add.about.com), [www.ADDitudemag.com](http://www.ADDitudemag.com), and [www.chadd.org](http://www.chadd.org) for additional information and related research on ADHD.

### Side Effects & Warnings:

Focalin is contraindicated in patients with marked anxiety, tension, and agitation, since the drug may aggravate these symptoms. There were a low incidence of adverse events, the majority of these were mild. There were significant improvement in attention, concentration and behavioral symptoms. There was a low incidence of anorexia and insomnia. Adverse events (occurring in <5% of patients vs. placebo) were abdominal pain, anorexia, fever, headache, nausea and rhinitis. In the double-blind, placebo controlled trials, there were no Focalin discontinuations due to adverse events vs. 7.2% for placebo. Focalin should be given cautiously to patients with a history of drug dependence or alcoholism.

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



# ALERTNESS • MOOD • PERFORMANCE



## DO I HAVE OBSTRUCTIVE SLEEP APNEA?

*Interpreting the Results from Your Sleep Study*

By Neil Freedman, M.D.

Your physician has sent you for a sleep study to determine if you have obstructive sleep apnea (OSA). After the study is completed and the data has been interpreted, the results are sent to his office. What determines whether or not you have sleep apnea? If you do have sleep apnea, what determines its severity?

During your sleep study, several variables related to your breathing during sleep are measured including airflow through your nose and mouth, snoring, movement of your chest and abdomen with each breath and the oxygen levels in your blood. From these measurements, several things are determined. An apnea refers to no airflow through your mouth or nose for a period of at least 10 seconds. In obstructive sleep apnea (OSA), although the person is trying to breathe, there is no airflow through the nose or mouth because the air can't get passed the back of the throat. Several things can cause the back of the throat to become blocked including the tongue and/or uvula falling backwards, and/or the sides of the throat collapsing inwards with each breath. Any or all of these mechanisms creates a "road block" inhibiting air from flowing from the nose and mouth into the lungs. The airway becomes blocked during sleep because the muscles and soft tissue in the mouth and back of the throat become more relaxed when we sleep.

Airflow does not always need to be completely blocked for it to cause problems such as daytime sleepiness or increased risk for high blood pressure. A hypopnea is when airflow through the back of the throat is only partially blocked, allowing some air to get through to the lungs.

To compare one individual to another, the respiratory disturbance index (RDI), also known as the apnea-hypopnea index (AHI), was developed. The RDI is defined as the average number of complete (apneas) and partial (hypopneas) upper airway obstructions per hour of sleep. In middle-aged individuals (30-60 years of age), an RDI of up to 5 times an hour is considered to be normal. Recent research has shown that as

individuals get older (over 65 years), an RDI of up to 15 times an hour may be normal. For the general population, an RDI of greater than 5 events per hour of sleep would be considered abnormal.

Interestingly, there are no formal guidelines from any of the sleep, pulmonary or neurology societies that define the severity of an individual's sleep apnea based on RDI or level of oxygen in the bloodstream. Many sleep experts, myself included, use the following definitions that have been taken from the Sleep Heart Health Study, which is the largest long term study evaluating the relationship between OSA and cardiovascular disease. In this study, mild OSA is defined as an RDI between 5 and 15, moderate OSA as an RDI between 16 and 30 and severe OSA as an RDI greater than 30 events per hour of sleep.

Determining the severity of an individual's sleep apnea using the RDI is important for several reasons. In general, the risk of high blood pressure, heart disease and stroke go up as the RDI increases. Also, an individual's perception of quality of life appear to be inversely related to the severity of the sleep apnea. This means that individuals perceive their quality of life as being poorer as their sleep apnea becomes more severe. Interestingly, the degree of an individual's daytime sleepiness is not necessarily related to the severity of the sleep apnea. This last concept is important to remember, because non-sleepy individuals may still have severe sleep apnea that puts them at increased risk for cardiovascular disease. Alternatively, individuals with relatively mild sleep apnea may still suffer from excessive daytime sleepiness.

So in summary, an RDI of more than 5 events per hour of sleep is abnormal. In general, the more severe the sleep apnea is, based on the RDI, the higher the risk becomes for cardiovascular disease and poorer perceptions of quality of life. Please consult your physician with all your questions regarding your sleep study. Remember, your understanding of these procedures is the first step to successful treatment.

## ANGER COULD BE DANGEROUS TO YOUR HEALTH:

*Can Trigger Heart Attack in Sleep*

It is well recognized that in certain cases emotionally stressful events, and more specifically, episodes of anger immediately precede and trigger the onset of acute myocardial infarction. Research has shown that up to 20% of cases of heart attacks are associated with anger and emotional stress as a precursor immediately before the onset of symptoms. Simply stated, if somebody gets angry, especially before sleep, and falls asleep angry, they might wake up from chest pain, heart attack, or maybe not wake up at all. Recent studies suggest that hostility, cynicism, and rage comprise a "toxic mix" for the heart.

Although these facts may seem difficult to believe, a multi-center study initiated by the Institute for Prevention of Cardiovascular Disease at Harvard Medical School provided data based on 1,623 cases that proved that anger and rage produced pressure on the heart similar to heavy physical exertion and in some cases these stress levels could be unbearable for the heart. Even 26 hours after receiving news that makes you angry, your stress levels can negatively impact your heart functions and put you at increased risk for a heart attack, especially in those people with pre-existing heart conditions.

People who say that they would rather die than forgive, might end up getting their way.

University of Kentucky researcher David Snowdon analyzed the writings of 180 elderly nuns and found that those who used key words such as 'happy,' 'love,' and 'forgive' lived as much as 10 years longer than those who didn't. He noted that anger, hostility and hatred can cause illness and could shorten your life. Medical research has shown this effect and demonstrated exact mechanisms for how anger goes into our heart and impacts its functioning.



Unresolved anger is magnified in sleep creating high cortisol levels (which is a stress hormone) in the morning hours and can cause heart attacks according to some cardiologists.

Anger might even be included as a new diagnostic category in the next new edition of the Diagnostic and Statistical Manual (DSM V) according to *Clinical Psychiatric*

*News* (March 2001), which is scheduled for publication in 2007. Like anxiety and depression, anger is "a negative feeling state characterized by cognitive and perceptual distortions, physical changes, and destructive social consequences," said Dr. Howard Kassinove, Ph.D., chairman of the Department of Psychology at Hofstra University in Hempstead, N.Y. Dr. Kassinove is one of the members of a task force to study anger. Highly and chronically angry individuals are commonly seen, despite the lack of officially sanctioned "diagnostic criteria," said Dr. Jerry Deffenbacher, Ph.D., another member of the task force from the Department of Psychology at Colorado State University, Fort Collins, CO.

Angry people have different physiology. Any stimuli can trigger exaggerated, distorted and aggressive defensive responses toward others or themselves. The chemistry of anger is related to a deficiency of Serotonin—the major neurotransmitter of sleep and emotions.

Medical consequences might include: high risk for cardiovascular disorders including heart attack or stroke; decreased immune functions; increased rate of ulcers; Irritable Bowel Syndrome; and other life threatening disorders.

Doctors and scientists are developing practical methods to correct and treat anger with behavioral modification techniques, social training and safe medications. In our stressful lives, keeping yourself calm and forgiving is very important for your health.



# ART & SLEEP

## THE SLEEPING SATYR

### My Life

By Amanda Peterman

motionless I lay  
helpless I drift  
in and out of sleep

from the outside world I hear  
the faint sounds of laughter  
of life  
drift through the cracks  
in my window and door

if only I had the will to hear  
the desire to see  
the stomach to smell  
their world

if only I had the freedom to play  
the energy to laugh  
the ability to care

my senses are ruined  
my laughter is gone  
I can't even remember  
the song of life  
with no pain

how many days have  
I spent alone  
in bed  
in the dark  
while my life happened without me?

school plays  
dances  
prom  
graduation  
wedding night  
honeymoon  
Christmas  
birthday  
party  
parties  
parties  
nursing my son  
in pain  
watching him play  
while I lay  
curled in the ball  
on the floor  
in the bathroom



By Deena Sherman

The larger than life statue, the *Sleeping Satyr*, dates back to 200 BC—its sculptor is unknown. The smoothly toned muscles of the body contrast with the roughness of the stone in which the subject finds himself. What appears to be a naked man is actually a satyr—see his telltale pointed ears. A satyr in Greek mythology is a minor god who represents the spirits of the forests and the mountains. They are depicted as men with pointed ears and short horns.

The marble statue is of Greek origin. The satyr is sprawled in drunken sleep. It has been restored several times, sometimes with substantial changes to its posture. It was first recorded in the possession of Cardinal Francesco Barberini in 1628 and is sometimes called the *Barberini Faun* (faun being a man with very strong or uncontrollable sexual desires). In the 17th and particularly in the 18th century the sculpture was general-

ly regarded as one of the greatest works of antiquity. It is still an admired work (unlike most once celebrated antique statues) and is considered by some authorities to be an original work—although others believe it to be a good copy. The statue is now displayed in Munich, Germany.

The satyr is lying in a rocky setting, and we are to suppose he had fallen asleep drunk in the woods, according to the Oxford Dictionary of Art.

“His slumped, sprawling body looks relaxed, natural, open and straight forward. His languid pose, with one arm crooked back behind the head, conventionally signaled fatigue or sleep, often suggesting the lassitude after lovemaking. Though the erotic appeal of this figure has often been noted, in so thoroughly bisexual a culture its meaning would have shifted depending on the observer. A female viewer might read in it a desirable heterosexual partner, while a male viewer could see either an object of homosexual attraction or an opportunity to identify with another virile male relaxing after successful conquest of some nymph.”

According to Teri Noel Towe, the *Sleeping Satyr* was most likely carved at Antioch in Syria and found much later hidden in the Mausoleum of Hadrian in the 17th century. Towe describes the sculpture as a “homeroetic masterpiece” and renames it the *Barberini Gigolo*.

“When seen from a frontal “in your face” position, (rather than at the angle pictured here), the lazy, languid pose of the anonymous Hellenistic hunk emphasizes the highly charged erotic content of this marble block of beefcake; its blunt message seems obvious to the sensitive and receptive viewer. The *Barberini Faun* is the oldest surviving example of monumental homoerotic art in existence.

Towe writes that he has always suspected that the *Barberini Faun* was carved by a great, gay sculptor, on commission from some lustful dirty old man of wealth who wanted a spectacular souvenir of his all-time favorite call boy during what he euphemistically describes as “those sublime moments after.”

### **Dr. Leonid Kayumov—Scientist with an International Reputation** *continued from page 3*

Tel Aviv University where he organized and conducted the course on chronobiology for the students of the Faculty of Life Sciences. He was also fortunate enough to obtain a full-time postdoctoral fellowship at the Sleep Laboratory, Abarbanel Mental Health Center, Tel Aviv University, under the supervision of a distinguished sleep researcher Prof. V. Rotenberg. He was investigating circadian rhythm abnormalities in depression, schizophrenia and in healthy subjects. It is in this area that Dr. Kayumov has made significant original contributions. Since 1994, with an interruption for clinical training in the USA, Dr. Kayumov has been working in collaboration with internationally renowned sleep specialist and psychiatrist Prof. Colin M. Shapiro—Head of the Neuro-Psychiatry Program at the University of Toronto.

Dr. Kayumov has amassed a series of accolades throughout his career. Dr. Kayumov's excellence in clinical research earned him the honor of being a state Komsomol prize winner for his significant contributions in the sciences, a highly prestigious and nationally recognized award in the former Soviet Union. He has won numerous research grants in Israel and Canada. He received a full scholarship for a fellowship awarded by the Florida Center of Sleep Medicine. On the academic front, he has participated in a number of research congresses and symposia, including those in Moscow, Jerusalem, Warsaw, Berlin, Madrid, Washington, DC, San Francisco, Istanbul, and Chicago. Dr. Kayumov is a member of the Israeli Association of Neuroscience, American Academy of Sciences, and a Fellow of the American Academy of Sleep Medicine.

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# BRIDGES & CROSSROADS

## A MOTHER'S WISH

Dear Dr. Sleep:

Early in this journey with my daughter Lauren, I was told that parents of children with special needs often have only one wish. They wish to live only one minute longer than their children.

Lauren is 18 years old. She has an engaging personality, many friends, is smart and like any teen, struggles with her desire for independence and her mother's ongoing participation and interference in her day-to-day life. Lauren also has severe cerebral palsy, is visually impaired, has a seizure disorder and numerous medical issues that make her very complicated, although (ironically) not fragile. Lauren is totally dependent on others for her day-to-day care and interaction with her environment. She uses a computer and limited vocal and sign cues to communicate. She is trapped within her body. She is often depressed about how the future is unfolding. I sometimes share her despair. I am Lauren's mother. I am 53 years old and, I guess some would say, a survivor. I have been blessed with life after cancer. I have found hope in the middle of personal despair. I think of myself as resilient. Nevertheless, I am also exhausted, frustrated and anxious as I manage Lauren's care, knowing that schools,

physicians, camps, personal caregivers, friends and relatives can only support Lauren and her needs if I am there to guide them, helping them hear Lauren's voice.

So, when I think about the many families with whom I have connected over the years, about those of us who advocate tirelessly for our children, I know the truth of wanting to live that one minute longer. I want to be here to see that Lauren is safe, understood, and able to be a full participant in her world. There is always the nagging fear that without me to help her, the quality of her life will be significantly compromised. I worry that my stress also has an impact on the quality of her life. What would it be like to sleep through the night, have a day to be on my own without a pager, know without a doubt that Lauren was being taken care of or able to fully express her needs? What would it be like to know that even after I die, Lauren will be okay?

I can only hope that with strong advocacy, our entire culture will see itself enriched by the diversity that Lauren brings to the world. I can only hope that health care and cultural biases will change so that Lauren and others can be supported, accepted, and appreciated in their own communities, in their own homes, in the workplace. Lauren brings a fullness and richness to the world. She knows more about "being in the moment" than most. The changes I envision would have a tremendous impact on families like mine, families that struggle with the financial ramifications of disability and medical fragility. More importantly, change in philosophy would also have an impact on how families maintain personal integrity and connection.

I started this article after a long and very exhausting day. Just writing of the challenges and the vision, however, have energized me, reminded me of the mission, the most important mission of my life.

*Fran Abramson is a social worker in private practice in Skokie, IL. She can be reached through email at LR@interaccess.com or at her office at 847/663-0632.*

Dear Fran,

Thank you for your letter. My heart goes out to you. The challenges you face daily and nightly raising a special needs child does not end with the care for this child. Your own health and the health of the whole family are at stake. Sleep disorders in a child mean sleep disorders for the entire household. Family members often forget, as you put it, "what it is like to sleep through the night."

With sleep deprivation comes frustration, exhaustion, depression and irritability, not to mention financial problems. The emotional, medical, and financial health of the family with sleep disordered or disabled children are major public health issues. We support your advocacy and whole-heartedly wish you the best.

Dr. Sleep

### ATTENTION CPAP & BIPAP USERS

#### There is a non-surgical alternative for treating sleep apnea!!!

Intraoral appliances may be used alone for the treatment of snoring and apnea. You may also rid yourself of annoying mask straps by using an FDA approved appliance to secure nasal pillows without straps.

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!

[www.delanydental.com](http://www.delanydental.com)

### Sudden Infant Death Syndrome Linked to Possible Brainstem Anomaly

*continued from page 2*

(acute and non-acute respiratory failure) in the hopes of finding differences in brain tissue that could explain causes for SIDS. In several areas in and around the aforementioned arcuate nucleus, researchers have found a 50% reduced binding pattern of important neurotransmitters (Serotonin) and found that 5% of SIDS patients did not have the arcuate nucleus at all. Researchers believe that this area of the brain responds to changes in carbon dioxide levels and therefore protects the brain from sharp increases of CO<sub>2</sub>, which can be toxic.

Scientists suspect that SIDS patients' inability to detect changes in oxygen and carbon dioxide place them at an increased risk during sleep. A baby that sleeps in the prone position may not be able to rouse themselves or change positions in response to the hypoxic event and therefore succumb to the syndrome. Dr. Kinney and her colleagues believe that since this brain structure forms between weeks 5 and 13 of gestation, products like tobacco may cause disruptions in the migration of important neurons or of their relative neurotransmitter binding potential.

# NEWS FROM RESEARCH



## NEW FINDINGS

### Depression may precede heart disease

A review of recent research highlights the need to readdress the suggestion of a link between heart disease and depression.

### Role of neuroticism in cigarette smoking and panic linked

As previous data suggested, there appears to be a link between cigarette smoking and panic attacks. Researchers are now looking at the possible role of neuroticism in this relationship.

### Paroxetine for the treatment of pathological gambling

Given the possible role of decreased serotonin function in impulsive-control disorders, researchers are assessing the efficacy of paroxetine in reducing the urge to gamble.

### Increased dietary intake of vitamin E may reduce Alzheimer's risk

Given the possible contribution of oxidative stress to the development of Alzheimer's disease, researchers are looking at the potential benefit of dietary intake of antioxidants. Current findings suggest a modest positive benefit.

### Higher suicide rates among patients with mood disorders

Mortality rates, particularly suicide, are higher in patients with affective disorders. Recent research confirms that these rates can be reduced with long-term treatment.

### Brain wave benefits patients with depression

Researchers show how a brain scan can predict a patient's response to antidepressant therapy within days of beginning treatment.

*Adapted from latest information on the website [www.psychiatrymatters.md](http://www.psychiatrymatters.md)*

## DEPRESSION RISK FOR MOTHERS PEAKS DURING PREGNANCY

Women are more likely to become depressed during pregnancy than after their child is born, claim researchers from Great Britain. With more attention currently paid to postnatal depression, the team calls for urgent research into prenatal depression, which has been linked to low birth weight and premature birth.

Over 9,000 women completed questionnaires on their mental health at 18 weeks and 32 weeks of pregnancy, and eight weeks and eight months after they gave birth. Levels of depression were calculated using the Edinburgh Postnatal Depression Scale and the Crown Crisp Experiential Index.

At 18 weeks, 11.8% of the women suffered from "probable depression," a figure that rose to 13.5% at 32 weeks. However, the incidence of depression fell after childbirth, with just 9.1% estimated to be experiencing probable depression at eight weeks and only 8.1% at 32 weeks.

With depression during pregnancy linked to insufficient attendance at clinics, low birth weight and premature birth, the researchers, led by Dr. Jonathan Evans, from the University of Bristol, conclude: "Our results show depression during pregnancy is more common than postnatal depression. Offering treatment may be important both for the mother and the future well-being of the child and family. It is also important to study the potential benefits of screening for, and treating, depression during pregnancy."

Juliet Goddard, from the National Childbirth Trust, commented: "Having a baby is clearly a dramatic and life-changing experience, and it is not surprising that a large number of women become anxious before the birth."

*Adapted from the BMJ 2001, 323.*

## 'SLEEP SEX'—ANOTHER FORM OF SLEEP DISORDER

Researchers have identified a phenomenon in which people commit sexual acts on themselves or their partners while asleep. The action has been coined "Sleep Sex" by a team from Stanford University. The researchers, led by Christian Guilleminault, found that the condition ranged in severity from continuous, loud, sexual vocalizations to violent masturbation or even sexual assault. In every case, the condition was concurrent with morning amnesia.

For the study, 11 subjects who complained of such sleep-related atypical sexual behavior underwent clinical evaluation. To assess sleep patterns, the researchers carried out polysomnography, actigraphy and home electroencephalographic monitoring. Sleep logs were kept and the participants took part in structured psychiatric interviews.

Guilleminault's team found that the atypical behaviors were associated with strong feelings of guilt, shame, and depression. These feelings often showed that the patients and their partners tolerated the behavior and waited for long periods before seeking help.

Nevertheless, analysis of the subjects' sleep structure indicated that the problem seemed to be one of a sleep disorder combined with emotional problems. The polysomnograph revealed disorders of partial complex seizures, sleep-disordered breathing, stage 3 to 4 non-rapid eye movement (REM) sleep parasomnias, and REM sleep behavior disorder. These resulted in a disruption in one or more of the five phases of sleep.

Encouragingly, Guilleminault et al found that the "disturbing and often harmful symptoms" could be controlled through counseling and using common sleep disorder treatments. In some specific cases, antiepileptic or antidepressants were also needed. Guilleminault comments: "People have to realize that it's a medical problem and there is a treatment."

*The study is published in the journal Psychosomatic Medicine 2002, 64.*

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## ASK DR. SLEEP

### WHAT IF YOUR DREAMS ARE GETTING WETTER, WILDER?

*Question: Sex in dreams.*

*Why do I have orgasms while I'm sleeping? Am I not doing something right while I'm awake?*

*Answer:* Sexual dreams, also called "wet dreams," "nocturnal orgasms," or "sleep orgasms," involve sexual arousal to the point of orgasm while a person is sleeping. They happen to both men and women and are often accompanied by dreams that are sexual.

Many have speculated that sleep orgasms compensate for a lack of sexual experiences while awake, that they somehow make up for what you normally have had or "should" have had. But three subsequent analyses of data collected in the '40s, '50s and '80s have not supported that theory. These "wet dreams" are considered to be a normal activity of a sleeping person.

In the late '40s and early '50s, Alfred Kinsey and his colleagues conducted interviews with about 10,000 people and compiled the findings into two famous books called *Sexual Behavior in the Human Male* and *Sexual Behavior in the Human Female*.

Nocturnal orgasms were reported by 90% of the men but by less than 40% of women. Almost all of the men and 70% of the women in the study said they had had sexual dreams. What might account for the vast difference in the percentages between men and women?

We now know from sleep research that erections of the penis and the analogous arousal of the clitoris in women occur even in REM stage of sleep.

#### The Numbers Change

In 1986, sex researcher B. Wells looked at the subject again in the *Journal of Sex Research*. She found that young women's reports of sleep orgasms had increased dramatically. Thirty-five percent of female college students dreamed to orgasm, while Kinsey documented a mere 8% for the same age group in the 1950s. So what changed? Wells believed it might have been:

More liberal sexual attitudes, knowledge of sleep orgasms, and positive feelings about sleep orgasms.

Interestingly, the Kinsey researchers found that though males said they had the most wet dreams during their adolescence and early 20s, women reported the highest frequency during their 40s.

Some wet dreams are no doubt associated with actual sexual dreams, but some are not. Even some dreams that seem on the surface to be about sex may really be about something else for which your mind uses sex as a symbol.

Also keep in mind that normally every night while you sleep, your body goes through a resting test of your sexual body parts. Men get an erection about four to six times during an eight-hour period of sleep. Most women lubricate (the counterpart to erection) about the same number of times.

It is possible that "wet dreams" can be controlled therapeutically as the person learns techniques of lucid dreaming. This control could help to increase the pleasurable and healing aspects of these "wet dreams" and eliminate the unpleasant and unhealthy aspects.



*Abdul Muhammad, shift worker at Des Plaines Publishing Company*

### The Deadline Oriented Work Day: No More 9 to 5 continued from page 3

that puts out major publications like *Chicago Free Press* and *I-Street*, you get used to working under pressure. More recently, I asked Patrice if the job affected her. I have been working on research studies for medications (Provigil) for shift-workers and I knew that alertness and attention diminished greatly with fatigue. She told me that she gets periodic insomnia (< 1 week) especially when times are stressful and that some of the shift-workers on staff struggle with circadian rhythm problems. "Fortunately, I am a night person and I am used to staying up late for deadlines" she said. "However, the hours can be somewhat unpredictable and I don't have a set schedule."

The publishing industry is not the only one that subscribes to the "deadline" theory of employee scheduling. However, it is a good representation of companies that have to utilize shift-workers and night employees to ensure that our basic comfort products are available each morning. These people face the daunting task of overcoming natural biological rhythms in order to make themselves productive at all hours of the day and night. At *Sleep & Health*, we realize that "you are how you sleep" and we certainly appreciate people like Patrice and Paula and their contribution (at all hours) to the success of this paper.

## ARE YOU SLEEP DEPRIVED?

Rate the following Statements:

0 = never; 1 = sometimes; 2 = often; 3 = always

1. I sleep through the alarm clock \_\_\_\_\_
2. I have morning grogginess \_\_\_\_\_
3. I need caffeine to help me wake up in the morning \_\_\_\_\_
4. I need caffeine to help me stay awake during the day \_\_\_\_\_
5. I have difficulty concentrating \_\_\_\_\_
6. I turn down social engagements because of fatigue \_\_\_\_\_
7. It is difficult to keep my eyes open while driving at night \_\_\_\_\_
8. I fall asleep within 5 minutes of going to bed \_\_\_\_\_
9. I am forgetful during the day \_\_\_\_\_
10. I am irritable with family members and co-workers \_\_\_\_\_
11. It takes me longer to get things done \_\_\_\_\_
12. I experience the mid-afternoon slump \_\_\_\_\_

Total \_\_\_\_\_

Scoring Key:

0-9: No, you are not sleep deprived.

10-24: You are on the way to sleep deprivation.

25-36: Yes, you are sleep deprived.

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