

# YELLOW PAGES OF SLEEP, MOOD & PERFORMANCE

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## THE DEFINITION OF GOOD HEALTH: RESTFUL SLEEP AND PRODUCTIVE ALERTNESS

# SAVE THE DOCTORS!



By Sasha Zaler

American Medical News, the official newspaper of the American Medical Association, reported in its June issue that American doctors are facing a major crisis. They simply can no longer perform their duties in such a highly litigated environment. One telling example of this trend is the story of Dave Ebbitt, MD, an emergency medicine physician from West Virginia. Dr. Ebbitt felt he had to do something extraordinary for himself and his colleagues if they were to continue practicing medicine. He has seen his malpractice insurance premiums go from less than \$10,000 to more than \$40,000 annually in the past couple of years, with another 50% increase forecasted for the present year. Such rate increases have been precipitated in part by the growing size of claims, more frequent claims in some urban areas and soaring defense costs. Dr. Ebbitt is one of many medical professionals who have watched their colleagues leave the state and even give up medicine all together. Even recruiting new physicians has become a real challenge in many states. The size of median medical malpractice jury awards rose to \$1 million in 2000, a **110.7 percent jump** from \$474,536 in 1996, according to Jury Verdict Research.

Doctors are dropping risky procedures, prematurely

retiring, practicing without insurance and leaving litigious areas in an effort to deal with the price of liability coverage. Society must balance a citizen's right to sue as a result of errors in medical treatment against the cost of lawsuits and ensuring continued access to medical practitioners.

In today's society, it is almost fashionable to sue your doctor. The media often portrays doctors as vicious criminals whose only goal is profit and who will stop at nothing in this pursuit, including hurting their patients. It is true that there are some doctors who trespass the bounds of humane con-

duct. But much more frequently these so-called "criminals" have made honest mistakes in an attempt to go beyond the call of duty and do more than the required "standard" practice in order to help or even save the patient. As more and more physicians fear for their professional reputations and do nothing more than what is prescribed as a "standard of care," they resign themselves to practicing only "defensive medicine."

Yet doctors are human too, and suing one's doctor might hurt not only the physician's reputation but also ruin his or her health. Recently, one national channel aired a broadcast about one Chicago cardiologist whose patient had a severe allergic reaction to a

*Nearly four out of five Americans (78 percent) express concern that skyrocketing medical liability costs could limit their access to care.*

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## PEOPLE OF THE MONTH



Ron F. Richard – Vice President of Marketing, the Americas—ResMed Corp. Page 3



Stuart Lowenthal – CEO, HealthScreening, INC. Louisville, KY Page 3



Bernard Shulman M.D. – Psychiatrist, Clinical Professor of Psychiatry, Northwestern University School of Medicine; Founder and Chairman of the Board of Directors of Adler School of Professional Psychology in Chicago. Page 3



# CHILDREN & FAMILY

## SLEEP SOLUTIONS FOR TODDLERS AND YOUNG CHILDREN

By Peter Dodzik, Psy.D.

Every parent knows that when their children don't sleep, they don't sleep. However, it is not always so obvious what to do about sleep problems in toddlers and very young children. In addition, the developing brain of the infant and toddler differ in many significant ways from those of an adult. In fact, on average, the human brain continues to grow until about age 20. This development can be compromised at various stages by prematurity, birth trauma, head injuries, family chaos and developmental disorders such as ADHD.

The following section details some of the most common problems seen at pediatric sleep centers and some real-world answers about

what to do about them. These recommendations have been tried by numerous experts and have adequate research behind them. Please consider them as a general guide and consult your pediatrician or family physician with any questions or concerns you may have.

**Question:** My child hates to take naps but gets so cranky when he's tired. How much sleep does he really need? An 18-month-old should be getting 13 to 14 hours



of sleep per day. However, children rarely sleep that much at night and consequently need regular naps. You may need to use a little more creativity and scientific experimentation on times for the naps. A good suggestion is to take advantage of the natural drop in body temperature following lunch. In the late afternoon, most humans experience a natural period of decline in energy and alertness; this is the ideal time for naps. Also, children thrive on routine so use videos, audiotapes, story time, etc. as a natural prelude to naps. Also, be consistent, if you vary your routine, you will make it much more difficult to get them to nap.

Developmental bursts can also make your toddler less willing to

sleep. "Your 1-year-old may be caught up in learning new things—like walking, climbing, or talking—and not be ready to rest," says Breena Holmes, M.D., a pediatrician in Middlebury, Vermont. Try skipping his morning nap for a few days. He'll probably make up for an active morning by taking an extra-long nap in the afternoon. Whether he ends up needing one rest or two, be consistent and he'll soon learn that naptime isn't negotiable.

**Question:** When my toddler was sick and waking up several times during the night, we let her sleep in our bed. Now she won't leave!

I usually take an addictions approach to this question. The best advice is to quit cold turkey. You tried to soothe your child when they were in need and that is admirable. However, what you are getting now is the secondary gain of more time with you at an hour that is disruptive. Return to her old, pre-sickness nighttime routine—bath, book, then bed, for example. Put her in her crib, and leave the room. She'll probably cry (or even scream), but let her work through her feelings on her own for a few minutes before you head back to check on her. "If you give in and take her out, nobody wins," Dr. Owens says. Stick with your routine. It'll probably take no more than a day or two for your child to get used to her crib again. Don't be afraid to take this approach with older children as well. It is far more beneficial for you to get up and walk them back to their room, than to let them sleep with you.

**Question:** My child has such a hard time with bedtime that we threaten to send him to bed early the next night. However, whenever we try to follow through with the punishment it just makes it worse.

This is a common problem. Some kids just have a harder time falling asleep and your choice of punishment makes it more difficult and it is not immediate, so the child just digs a hole for himself. A better idea is earlier routines. Get the bedtime rituals like bath and teeth brushing out of the way and leave time for more enjoyable things like stories, lullabies or audiotapes. This problem also occurs a lot in children with general behavior problems and you may need to become more consistent with behavior management throughout the day. Ask your child (if older) what the routines should be and the rewards and consequences. When you are satisfied with their plan, then draw it up on a chart in their room and make it easy for them to get extra rewards and privileges. Remember, you get more flies with honey than with vinegar.

If you have other questions, please feel free to email them to us or call our hotline at the number listed on the bottom of the page.



### 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



## Ron F. Richard

Ron F. Richard, Vice President of Marketing, the Americas, has been with ResMed Corp, a leading manufacturer of medical equipment for the diagnosis and treatment of sleep-disordered breathing (SDB), since the start of the new millennium. He brings over 25 years experience in sales, marketing, product development, and clinical research. His fresh outlook has helped ResMed remain at the pinnacle of this growing field. Through a number of new customer programs and

products, Mr. Richard has contributed to ResMed's sales growth of 25%+ per year of his employment.

Mr. Richard began his medical career working in a teaching hospital in the Midwest during the early '70s. He worked in several departments over his seven years at the medical center, including surgery, purchasing, and respiratory care. After leaving the hospital, he entered the world of sales and marketing. In 1983, Richard, along with two partners, opened a hospital distribution business with a homecare division. The company was eventually sold to Apria and Tri-anim.

Mr. Richard spent over nine years working with Nellcor Puritan Bennett in their critical care divisions as well as serving as Senior Product Manager for the sleep and respiratory support business unit. He contributed to the product design and development of many of the company's initial mask interfaces, CPAPs, and bilevel devices, which incorporated many unique features benefiting patients suffering from SDB. Mr. Richard focused specifically on the NPPV markets and developed adjustable flow triggering, which is utilized on many noninvasive devices marketed today. He was also awarded a patent for designing a volume targeted pressure control algorithm, which could be used to minimize hypoventilation in patients using NPPV.

After leaving Nellcor Puritan Bennett in 1996, Mr. Richard joined a group of entrepreneurs who had opened freestanding sleep labs in several cities around the country. He also helped to open a facility in Kansas City. Freestanding sleep labs have now become commonplace and are a growing influence in this under-served segment of the market. Although sleep apnea awareness has increased over the past several years, the number of patients who are actually diagnosed and treated each year is relatively low.

Mr. Richard joined Thermo Respiratory Group in the late '90s as VP of Marketing and worked closely in the development of the first pressure support ventilator approved for use in the homecare setting. He also worked closely with a group of parents and clinicians to support and partially fund Vent Camp for Kids. This program was a big success and helped many needy parents and

*Continued on page 6*



## Stuart Lowenthal

### The Five for Fifteen Exchange

In the blink of his eye, a couple nods of his head, his life changed forever. Only months ago, he was a college freshman, the epitome of youthful promise. Seconds later, he was responsible for the death of two people, bound for prison, his life shattered.

Perhaps you saw his story recently on the CBS show *48 Hours*. Perhaps you even identified with this normally responsible, deeply sorrowful young man. He was not driving drunk or experimenting with drugs. He was not speeding. He was just tired

and sleepy—sleepy enough to fall asleep at the wheel. Commercial Drivers face this dilemma almost daily.

The National Sleep Foundation reports that 27 percent of Americans admit they have fallen asleep while driving. And the U.S. Department of Transportation estimates that 200,000 reported traffic crashes each year are sleep related. In fact, recent studies have found that driving while drowsy is more dangerous than driving drunk. Fatigued drivers are a hazard to themselves and to others on the highway.

There are also some lifestyle changes that can make a big difference in how you feel, your mood, reaction time and your alertness. Many commercial truck drivers can benefit from these changes.

But expect to find John/Jane Q. Citizen here, too. I call these changes the 5 for 15 exchange because making these five changes may add 15 years to your life. Here are the five lifestyle changes.

1. Stop smoking.
2. Change what you eat.
3. Lower your stress.
4. Get more exercise.
5. Plan to get more sleep.

The first—stop smoking—requires only two words: do it! Find a program that works for you. Smoking is not only an addiction, it is disruptive to your health and your sleep. Seeking help may be necessary. Enough said.

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### *Should You Be Concerned About a Sleep Disorder?*

*Complete this questionnaire to see.*

- Are you a loud or frequent snorer?
- After spending 7 hours or more in bed, do you still feel you need more sleep?
- Are naps a part of your usual routine?
- Do you fall asleep while sitting quietly, such as in a movie or meeting?
- When you sleep, has your sleep partner mentioned that your breathing seems interrupted?

If you answered yes to two or more questions, you may have a debilitating and possibly life-threatening sleep disorder such as obstructive sleep apnea.

For more information, contact the author at HealthScreenings, 9721 Ormsby Station Road, Suite 101, Louisville, KY 40223. Phone 502-420-0234 or email:

stuart.lowenthal@healthessentialsinc.com

## Dr. B Shulman : A Source of Wisdom and Encouragement for Patients



Bernard Shulman has been in the practice of psychiatry for over fifty years and his training has a direct lineage to Alfred Adler (the first of Freud's circle to break with the Viennese psychoanalyst). Adler trained Rudolf Dreikurs who, in turn became Shulman's mentor. Together, Dreikurs and Shulman along with Harold Mosak, Ph.D., founded the Alfred Adler Institute, now known as the Adler School of Professional Psychology, an APA accredited degree-granting graduate school where Dr. Shulman still serves as Chairman of the Board of Directors. In addition, Dr. Shulman has held academic appointments at Northwestern University Medical School and Loyola Medical

School as well as serving as chairman of the psychiatry department at St. Joseph's Hospital in Chicago.

Dr. Shulman has authored more than one hundred papers on numerous subjects in psychology and has written six books ranging from his monograph on schizophrenia to his latest about case studies in psychotherapy. It was his book, *Essays in Schizophrenia*, which when translated into Japanese, influenced Shunsaku Noda, a young Japanese psychiatrist to come to the United States to study with Dr. Shulman. Dr. Noda returned to Japan and founded the Japanese Society of Adlerian Psychology. The Japanese Society recently celebrated its twentieth anniversary by hosting Dr. Shulman at their annual meeting. Dr. Shulman was introduced by Dr. Noda as his "sensei."

He has also served as past president of the North American Society of Adlerian Psychology and of the International Association of Individual Psychology. His influence can be seen in generations of psychologists, psychotherapists, psychiatrists, counselors and educators in both North America and abroad.

Dr. Shulman is known to his colleagues, students and patients as a kind and caring physician. His son Robert, also a known psychiatrist notes that patient's

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# TRADITIONAL & ALTERNATIVE MEDICINE

## TRANQUIL EYES FOR SOUNDER SLEEP

By Michael Krugman, MA, FELDENKRAIS teacher, founder, SOUNDER SLEEP SYSTEM™

Sometimes, we stay up later than we should and once we've missed our natural bedtimes, getting to sleep can be tough. We may get into a "hyper" state that keeps us awake for hours—sometimes 'til the cock crows. Sleep comes in waves; and if you miss the first wave you may have to wait quite a while for the next one to carry you toward the shores of restfulness.

People who constantly stay up late say it is because they are "night people." The simple truth is that, in many cases, they habitually resist those natural waves of sleep that are meant to deliver them to slumberland.

As a result, their minds and bodies have gotten "out of synch" with the natural rhythms of night and day.

Staying up late and losing sleep can have serious long-term health consequences and having dark circles under your eyes isn't your best look, either. Several methods are available for helping people who want to preserve their health, youth and beauty.

One such system is the SOUNDER SLEEP SYSTEM™. This system could help you restore your natural rhythm and get the sleep you need. The system's gentle, synchronized movements and breathing, called *mini-moves*™, relax your body and calm your mind to help you get to sleep you need. You can do them right

in your own bed. If you suffer from occasional insomnia, they may be just the type of thing to get you through the night. If you have a medical sleep problem, they can be a valuable complement to your treatment program.

Here's an abbreviated *mini-move* to try when the sandman just won't come. It can be very useful on those nights when you're up late and need to make a quick transition from wide awake night-owl to dream-catcher. The first time you try it, ask someone to slowly read the directions to you. After that you'll find it easy to practice on your own.

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- Sit or lie quietly in any comfortable position with your eyes closed. Let your breathing be light, easy, slow, and soft. Make no effort to breathe deeply or any special way. Make no effort of any kind at all.
- Slowly inhale, and as you do so, slowly, gradually raise your eyelids a little tiny bit, (about 20 percent). You just allow a little crescent-moon-shaped opening between your lids.
- Then, slowly exhale through your mouth, and as you do so, whisper the word "Aaaah!" At the same time,

slowly lower your eyelids, and softly close your eyes.

- Repeat 5 or 6 times. Slowly inhale, and raise your eyelids 20 percent; exhale, whisper an Aaaah, and lower your lids. Inhale, and raise your lids; exhale, and relax.
- Synchronize the movements of your eyelids with your breathing. Make no effort to focus your eyes or look at anything. Your eyes remain very still. Only your eyelids move.
- Stop, and rest quietly for a few minutes with your eyes

closed. Breathe easy, and feel the tranquilizing effect of the movements.

- Repeat steps 1-5 several times. Make the rest period after each set of movements a little longer each time. Rest quietly, savoring the stillness you have created within yourself. Make no effort to fall asleep. After all, sleep is the antithesis of effort. Simply allow the innate wisdom of your own mind and body to decide what happens next. Allow the next wave to wash you toward the shores of sleep.

### SAVE THE DOCTORS!

Continued from page 1

medication. The report was scathing and the physician, who had devoted twenty years of his life to medicine, was emotionally devastated. Coupled with his ongoing difficult divorce, he became so overwhelmed that he attempted suicide.

Some claims are openly frivolous. In a western suburb of Chicago, one patient visited a psychiatrist for what was supposed to be a consultation about his difficulties sleeping. During the visit, the patient spent most of the allotted time demanding an enormous amount of sleeping pills. When the doctor refused his unreasonable demands, and advised his primary physician of the danger of using too many sleeping pills, the angry patient sued all the doctors involved in his care. In another case, a patient with paranoid schizophrenia became upset because his doctor refused to "give him

disability" and alleged that this doctor sexually assaulted him "in his previous life."

It is known for a fact that when social pressures increase, people tend to get frustrated and their anger is frequently directed toward the wrong party, including their physicians. Doctors were killed in ancient Egypt when the pharaoh was not happy with their performance. In Russia, foreign doctors were decapitated when Ivan the Terrible got sick. But nowadays doctors can get "decapitated" for almost any reason. The number of claims is skyrocketing. So who benefits from suing doctors? Patients? Not really. Even if settlement figures are outrageous and match the cap on damages, patients are still not getting much after what is left from legal fees. Nearly four out of five Americans (78 percent) express concern that skyrocketing medical liability costs could limit their access to care, as doctors in many parts of the country, particularly those providing specialized care, scale back services or abandon their practices. Insurance companies? Not really. One insurance company specializing in malpractice insurance for psychiatrists recently went out of business leaving thousands of physicians without coverage. As the cost of claims soars, medical malpractice insurers are leaving the market and many in the medical community are experiencing difficulties finding affordable insurance.

If a doctor's name has ever been mentioned in connection with a lawsuit, he will forever be presented to the public as the culprit, his reputation and business will suffer tremendously, even if the case is dropped. The "sue mania" is hurting both, patients and doctors.

Doctors are increasingly forced to do the required minimum in self defense, (defensive medicine) or go as far as the law permits to please the patient. For example, a doctor may prescribe a medication that the patient requests after a promotional TV show, even if, in his professional opinion, the medication (which the patient does not want to take because he saw critical comments about it on the Internet) is better. Such an attitude is now referred to as "pleasing medicine." We no longer hear about physicians who practice "creative medicine."

An end should be put to the doctors' "witch hunt," if we want to our physicians to really care about our health. It should be done at all levels of society. Peer reviews should have more power to determine medical "delinquency" and "wrongdoing." To protect insurance coverage, reasonable amounts should be awarded to cover real damages not frivolous accusations. Many claims would be dropped if in cases of false charges the plaintiffs would be punished.

In a desperate effort to protect themselves, some physicians made extraordinary decisions. Dr. Ebbitt who was mentioned in the beginning of this article decided to run for the House of the Representatives. There were also other physicians who decided to go into politics. Eight doctors threw their hats in the ring for State House and Senate seats – a record physician-candidate turnout in West Virginia and possibly in the nation. Thirty state legislatures had physicians in office in the House and Senate this past term. A Health Care Liability Alliance (HCLA) survey released in June

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### SOUNDER SLEEP SYSTEM™

For the rest of your life!

Evanston, October 18-20, 2002

**GOT SLEEP?** 74% of Americans don't! Here's help: the SOUNDER SLEEP SYSTEM™ consists of gentle, innovative movement & breathing techniques you do right in your own bed to improve sleep, relieve stress, promote healing. Profoundly restful and a pleasure to learn. As seen in *Fortune* magazine. Nationally acclaimed trainer. Teacher certification option.

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visit [www.soundersleep.com](http://www.soundersleep.com)

# ALERTNESS • MOOD • PERFORMANCE



## WHAT IS ABNORMAL ALERTNESS?

We take for granted the fact that we wake up in the morning and stay alert all day, running around in an attempt to solve endless problems. Consequently, you might be surprised to hear that disorders of alertness are even more common than disorders of sleep.

There are a great number of brain mechanisms, which work in conjunction with peripheral systems and muscles and are responsible for keeping us awake. Wakefulness, like sleep, has many stages and levels. Psychologically, wakefulness can be interpreted as stages of attention, and physiologically as levels of arousal. Sleep and wakefulness are closely connected as two stages of a biological cycle called circadian. Any serious disruption of sleep leads to compensatory deviations of wakefulness, and vice versa. At some point these compensatory changes may become pathological. Psychological symptoms such as inattention, daydreaming, hyperactivity, and disassociation reflect underlying physiological changes of the level of alertness and the level of arousal.

The most common daytime behavior disorder in children is what is known as the hyperactivity disorder (ADHD), now formally defined as a disorder of arousal and alertness. Inability to stay and maintain alertness leads to instability in behavior – inadequate motor reactions, hyperactivity or passivity, instability of attention, lapses of attention, quick shifts to insignificant details and missing central points. These breed comprehension difficulties and learning problems.

Sleep and alertness are two integrated and inseparable states of consciousness. However, sleep development is the foundation for wakefulness, which means that mechanisms responsible for sleep develop first, and the mechanisms of wakefulness develop later. If, in childhood years, the mechanisms of sleep are not developed or deviated, wakefulness will not be properly developed. A perfect example of this is the tragic effect of sleep deprivation.

A man was driving behind a large truck carrying steel girders. He suddenly remembered that he wanted to stop for a cup of coffee. The next



*Reportedly, about 20% of all truck drivers have fallen asleep behind the wheel at least once every year, nearly escaping collisions.*

thing he knew, his car slammed into the rear of the truck when it stopped at a crossroads. His wife next to him was killed on the spot, decapitated by a girder that smashed through the car's windshield.

In another case from a newspaper, a woman was on the car phone with her girlfriend while driving on the highway. She was talking about the two-week midterm break from college, shopping and taking her younger sister to the movies. As she steered into a curve, she noticed a set of bright lights approaching from the opposite direction. A semi was coming. It was the last thing she ever saw. During the investigation that followed this head-on collision, police determined that the driver of the semi had fallen asleep at the wheel, throwing several tons of steel under the tiny Volkswagen. These are tragic accidents for people who happened to be in

the wrong place at the wrong time. But from the sleep medicine point of view, they are not accidents and can be predicted as an inevitable result of sleep deprivation, which can and should be prevented.

To doctors who work with sleep disorders, America looks like a sleep-deprived society. According to the Highway Safety Commission, 40,000 people are killed and another 250,000 people are injured due to falling asleep at the wheel. Reportedly, about 20% of all truck drivers have fallen asleep behind the wheel at least once every year, nearly escaping collisions. The National Transportation Safety Board says that fatigue and sleepiness are the primary causes of truck accidents. Eighty percent of victims are passengers or other motorists and pedestrians. There is a long list of tragic consequences of excessive daytime sleeping at sea, in factories and even in space. The results of excessive sleepiness due to sleep deprivation among medical residents and surgeons may also be tragic. Recently, there was a massive scandal revealing that several 911 emergency employees were found asleep at their desks. The media talks about responsibility, but the

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### DO YOU SUFFER FROM EXCESSIVE DAYTIME SLEEPINESS?

The following questionnaire will help you measure your general level of daytime sleepiness. You are to rate the chance that you would doze off or fall asleep during different, routine, daytime situations. Answers to the questions are rated on a reliable scale called the *Epworth Sleepiness Scale* (ESS). Each item is rated from 0 to 3, with 0 meaning you would never doze or fall asleep in a given situation, and 3 meaning that there is a very high chance that you would doze or fall asleep in that situation.

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? Even if you haven't done some of these activities recently, think about how they would have affected you.

Use this scale to choose the most appropriate number for each situation:

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

It is important that you put a number (0 to 3) in each of the blanks.

#### *Chance of Situation Dozing (0 — 3)*

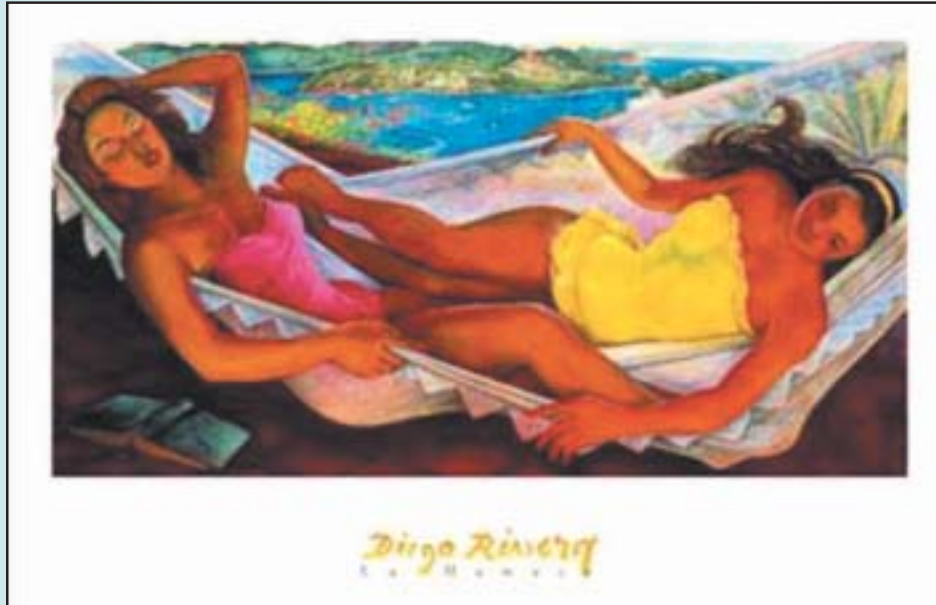
- Sitting and reading \_\_\_\_\_
- Watching television \_\_\_\_\_
- Sitting inactive in a public place: \_\_\_\_\_
- for example, a theater or meeting \_\_\_\_\_
- As a passenger in a car for an \_\_\_\_\_
- hour without a break \_\_\_\_\_
- Lying down to rest in the afternoon \_\_\_\_\_
- Sitting and talking to someone \_\_\_\_\_
- Sitting quietly after lunch \_\_\_\_\_
- (when you've had no alcohol) \_\_\_\_\_
- In a car, while stopped in traffic \_\_\_\_\_

Scores under 10 indicate that you probably do not have a problem with excessive daytime sleepiness. Scores over 10 indicate that you may need further evaluation by a trained physician to determine the cause of your excessive daytime sleepiness.



# ART & SLEEP

## DIEGO RIVERA (1886–1957)



By Deena Sherman

I bring you two very different paintings by famous 20th century Mexican artist, Diego Rivera. They may both depict sleep, but they are starkly different. The first is a tender painting of a native mother and child with the child—and possibly the parent—asleep. The mother embraces her child, holding its (it is not clear if it is a he or a she) hand. In the background are other sleeping children. In a stroke of brilliance, the color is dramatic and subtle at the same time.

Diego's depiction of two women sleeping luxuriously in *La Hamaca* (The Hammock) is quite different in its modernism. Diego loved women and had several marriages and many affairs. Although famous for his frescoes, much of his income was derived

from portraits of women. In this painting, the two women sleep opposite each other in a hammock. Below one of them, on the ground, is a book that was being read before sleep overtook the woman in yellow. The background view is of a river with islands. Although the subjects are asleep, the painting is playful with the bright, fun colors used for the bathing suits.

Diego Rivera (1886-1957) showed his talent at a very early age and was an established painter by age 20. Rivera's murals are what brought him international fame. Rivera's dedication to the communist cause is what made him controversial. In Mexico, some of his anti-religious murals have been destroyed. In America, a mural commissioned by the

Rockefeller Center was halted when Rivera refused to take Lenin out of the painting.

Rivera saw his frescoes as an antidote to the elite walls of galleries and museums.

When Rivera was painting, he was constantly putting on a show. Crowds would gather as he would tell stories of his affairs with women when he was nine years old and of his cannibalistic experiments. The authenticity of these stories has often been questioned.

Rivera remained a central force in the development of a national art in Mexico throughout his life. In 1957, at the age of seventy, Rivera died in Mexico City.

## Ron Richard

Continued from page 3

children find resources to fund activities at summer retreats for children who are ventilator dependent. Mr. Richard worked closely with marketing and engineering teams to launch several new ventilation and sleep products. He was also awarded a patent related to a new form of expiratory pressure support targeted at assisting the breathing of patients suffering from obesity hypoventilation as well as other forms of SDB.

Mr. Richard joined ResMed Corp in 2000. In addition to his day-to-day management of the ResMed marketing department, he has served as the Industry Chairperson for the ASAA, and currently is active with the HME/RT task force and legislative committee with American Association for Homecare. He has focused his recent activities with these organizations on competitive bidding, reimbursement for sleep services and devices, as well as national healthcare policy regarding respiratory care issues. One of his primary goals over the next few years is to raise the overall

awareness of sleep disorders at the primary care physician level. According to a recent published study regarding physician awareness, most physicians are exposed to less than three hours of materials related to the treatment and diagnosis of sleep apnea during medical school.

ResMed Corp recently co-branded an educational poster focusing on sleep entitled "Do you snore?" Over 15,000 posters were distributed via several leading homecare providers to physicians' offices and will help in spreading the message related to sleep disorders. ResMed has a real focus on supporting the homecare dealer with educational and marketing materials in order to better promote their companies to the various referral sources. The company recently received FDA clearance for the new AutoSet Spirit™ and S7™ Elite product lines. These products represent the latest in ResMed's long line of innovative products, including the successful line of *Ultra Mirage™* nasal and *Mirage®* full face masks. All of

these products share a design philosophy focused on patient and DME success.

Mr. Richard has enjoyed a successful and rewarding career in the health care industry and offered this comment: "There is still so much to be done in the field of sleep research and we have just scratched the surface in understanding the complex issues surrounding the topic. My hope is that I can continue the work I have been doing over the past several years and contribute at the highest level. "I extend my thanks and appreciation to the many talented people I have worked with over the past 20 plus years in order to attain these achievements."

Mr. Richard earned his Bachelor of Business Administration from Baker University in Baldwin, KS. He also holds certificates as a Certified Respiratory Therapy Technician and Emergency Medical Technician. He has been a guest speaker at several respiratory and sleep meetings on a wide range of topics.

If you have sleep problems, call the **Sleep & Health HOTLINE** at (847) 673-7660 • Website: [www.sleepandhealth.com](http://www.sleepandhealth.com)

## ASK DR. SLEEP



Dear Dr. Sleep,

In the July 2002 issue of Sleep & Health there is a column on p. 10, which refers to the "techniques of lucid dreaming." I never seem to remember my dreams, but I do recall thinking while I am having a dream that I wish I would remember the dream. I am assuming that the "techniques of lucid dreaming" would help me to remember my dreams. Would you be able to tell me how I can learn the "techniques of lucid dreaming?"

I have used a CPAP for ten years after a sleep study revealed that I have sleep apnea. Fortunately, I do not often suffer from insomnia, but I am still very interested in the quality of my sleep. I hope you will be able to tell me about "techniques of lucid dreaming."

Sincerely, *Cynthia, Skokie, IL*

Dear Cynthia,

Lucid dreaming is a fascinating phenomenon in which the sleeping person becomes aware of his/her dreaming while dreaming. Lucid dreaming is a frequent and normal phenomenon. The sleeping person is very emotionally involved in the dream dynamics but some of him/her is seeing the dream as an outsider like crying in a movie theater while knowing it is just a movie. In psychiatry this is called "the second observer."

The problem starts when lucid dreams that are always extremely vivid and emotional get out of control and become frightening and repetitive nightmares. Physiologic reactions to vivid dreams are also extremely active and if the person has a nightmare, his/her heart rate, breathing and sweating might become dangerously turbulent. As a result, bad dreams might cause severe headache, heart palpitation, high blood pressure and even stroke.

Dreams have lives of their own and can go out of control.

In the 19th century a French physician, Herve de St.- Denis, devoted his life to developing techniques that influence dream control and that could modify or eliminate unpleasant nightmare scenarios. Modern sleep medicine advanced these techniques to treat Post Traumatic Stress Disorder, nightmares in children, and depressed patients. Training in lucid dreaming control is an important part of

advanced stress management programs to increase business, sport and acting performance.

The main principle in lucid dreaming training is based on pre-sleep suggestions. For example: before sleep, close your eyes and try to recall the frightening dream with a phobic object that you saw last night. This night you will invite this dream again but you change the scenario, and before sleep, change it in your mind. This method was used in the form of praying for ages.

Your case is somewhat different in that you are trying to induce and/or remember your dreams. However, the approach is quite similar. Sensitize yourself to memorizing dreams and associated sensations so you can learn to replay them during the day. Also, invite dreams before going to sleep, about the topics that are most important to you. It is not difficult, but as in any training, success depends on your motivation, goals, persistence and knowledge.

I recommend a few books on this subject:

Garfield, P. *Creative Dreaming*. New York, NY: Simon & Schuster; 1974.

Domhoff, W. *Finding Meaning in Dreams*. New York, NY: Plenum; 1996.

If you have bad/no dreams and need help, or for more information on lucid dreaming, call us at (847)673-7660.

*Dr. Sleep*

### Stuart Lowenthal

Continued from page 3

Number two is diet. Substitute fruit for less healthy choices. Take a multiple vitamin and a baby aspirin each day (ask your doctor first). If you need to lose weight, here's a simple way to start. Give up one candy bar or soft drink each day. You will lose a pound a month.

Step three: lower stress. Here are some "do-able" steps:

- Listen to music. According to a study in the *Journal of American Medicine*, 45 minutes of listening to music twice a day can cause a sense of relaxation.
- Do not take on more than you can handle.
- Learn meditation and do yoga.
- Do not allow others to put their stress on you.
- Have a massage.
- Exercise, if only for five minutes, if you are just starting.

Exercise merits a discussion of its own. From a sleep perspective, exercise allows you to rest easier by providing tone to the trunk and breathing muscles. It increases breathing efficiency and oxygen exchange. Your goal is to increase the amount of exercise you get. Perhaps you only walk for one or two minutes. That's a start. The point is to make it so easy that you won't have any excuse for not doing it. You can later increase the amount and the intensity.

I have put together several pamphlets on simple exercises that will get you started. If you want a copy, simply write me or call at the number below.

Finally, step five: sleep. I want to concentrate on this because frequent sleep deprivation impairs your ability to deal with stress in a healthy manner. It can even shorten your life. A California Department of

Health Study found people sleeping six hours or less have a 70 percent earlier death rate than those sleeping more than seven hours.

The sleep connection is so solid that even an hour can make a difference. This has been proven with Daylight Savings time. A Canadian study reports when we "spring forward" each year and we all get an hour less of sleep, accidents increase seven percent. Just the opposite happens when we "fall back" and gain an hour of sleep. The number of accidents decrease by seven percent.

Sleeping poorly or too little sleep is also a problem. We are finding out how much this affects us all. I urge you to take the next step if you suspect you may have a problem. It could save your life or at the very least, make it a lot better.

### SAVE THE DOCTORS!

Continued from page 4

2002 indicates that Americans favor legislative reforms such as limiting trial lawyer fees and guaranteeing patients full payment for medical expenses and lost wages while placing reasonable controls on awards for non-economic damages, such as "pain and suffering."

In April, the Help Efficient Accessible, Low-cost Timely Health Care bill (H.R. 4600) was introduced in the U.S. House of Representatives. Supporters of the bipartisan bill say it is intended to restore balance to the medical liability system by imposing a \$250,000 cap on non-economic damages, establish a criteria for awarding punitive damages, and eliminate the joint and several liability rule that allows plaintiffs to recover the total award from an entity only minimally to blame for the accident. It also institutes a sliding scale for attorneys' fees.

Medical professionals are becoming increasingly vocal in protest against rising

rates and lack of availability as well. On April 8 hundreds of doctors and other health care professionals in Texas went on a one-day strike to protest against malpractice lawsuits and the effect they have had on their insurance premiums. In June New Jersey medical professionals held a massive rally protesting conditions in front of the state capital. The Texas Medical Association, complaining about the rising tide of malpractice lawsuits against doctors, is supporting legislation to give doctors the right to counter-sue for compensation for the time spent defending themselves, damage to their reputation and other losses against a patient who has filed a frivolous lawsuit.

Patients and Doctors! Please, let's unite our efforts for the sake of Health. Save the doctors if you do not wish to see them become rare species. Let them return to the noble chosen profession of Creative Medicine, their true calling. Please feel free to write or call us with any personal stories or opinions regarding this editorial.

If you have sleep problems, call the **Sleep & Health HOTLINE** at (847) 673-7660 • Website: [www.sleepandhealth.com](http://www.sleepandhealth.com)



# BRIDGES & CROSSROADS

## PEOPLE THAT NEVER SLEEP

By Alex Golbin, M.D.

Everybody has heard about a lethargic sleep when a person falls asleep for days, months, years and then wakes up to realize that their life was slept away. The most famous and well-studied case was by Ivan Pavlov, the famous Russian scientist. In his case study, he reported that the person slept twenty five years from the age 35 to 60 when he woke up in a new country, a new era and a new world.

Not many people (even doctors) know that the condition that is the opposite of the lethargic sleep - perpetual insomnia (people who never sleep) does exist.

It is very common for patients with insomnia to say that they are "never asleep." However, a close study always shows microsleep episodes or even good sleep without subjective awareness of it. Recent research has proven multiple times, that prolonged sleep deprivation is detrimental for physical and mental performance and for health. A protracted complete insomnia could even lead to death. Thus, physicians often did not believe that there were cases when the person is truly and completely sleepless for days, months and even years. Nevertheless "a fact is a stubborn thing" and scientists now are collecting such cases.



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In the book *Secrets of the XX Century*, author Boris Mironov reported on several confirmed cases of "never sleepers." Alex Karlin, a 34-year-old active and successful businessman reported to his physician that he never slept. In disbelief, the doctor placed him in the hospital with a rigorous 24/7 observation. Alex was active day and night and truly never seemed to sleep. When asked about the cause of his unique condition, he answered that "I lost my ability to sleep."

Ben Korrenza was a private investigator in New York City. His chief, Allan Pinkerton, asked him to investigate the sudden death of the wife of Arthur Kuswea. It was suspected that the killer would attempt to unearth her and steal the jewelry she had been buried in. Poor Ben was sitting in a family mausoleum for six days and nights without sleep, but finally caught the killers. This was not too difficult for him because he "never slept."

Valentin Medina celebrated his 71st birthday in 1970. He lived in a province of Spain and, since early childhood, suffered from perpetual insomnia. His father was a physician and did everything he could to treat his son. Nothing helped. In 1960, he decided to go to Madrid to seek a cure for his problem. He was short of money and walked two hundred miles to Madrid for four days and nights. A full evaluation in Madrid's clinic confirmed an unusual full sleeplessness, but could not explain this phenomenon. Nevertheless, he was given multiple sleeping pills. He was forced to stop taking them because after each intake his legs became weak as if they "fell asleep" but his head was fully alert. Amazed doctors collected money for the train ticket back home.

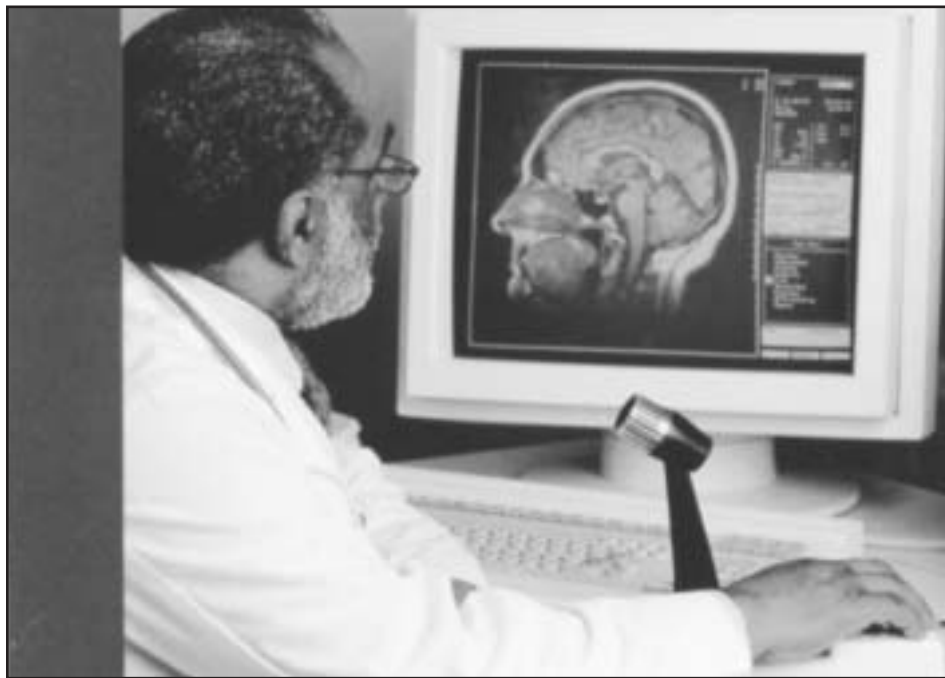
A British farmer, Ustas Bennett, lost his sleep when he was 27. He did not know why it happened. He went to many doctors in England, but without help. He even tried to be hypnotized. However, he never experienced even light sleepiness. During night hours he read books, worked on crossword puzzles or lay in his bed until sunrise. In August 1961, Ustas Bennett celebrated his 81st birthday as active, alert and healthy as ever. Over the next ten years, he continued to beguile physicians with the unknown source of his restful look and endless energy.

The secrets of Perpetual Insomnia are still awaiting discovery. We know only that this unique phenomenon starts either at birth or after head trauma in many cases. Now we have new technologies for looking inside the working or sleeping brain. But the human brain still plays "hide and seek" with us, and the brain is winning!



# NEWS FROM RESEARCH

## New Studies Stress Important Function of Sleep, and Impact of Hormones on Sleep



Four new studies presented at the 84th Annual Meeting of the Endocrine Society highlight the important function that sleep plays in a person's physical well-being. The studies explain the impact of testosterone on sleep as well as how lack of sleep can have a detrimental effect on a person's health.

Dr. Plamen Penev, a researcher from the University of Chicago presented a study on the relationship between rapid eye movement (REM) sleep and testosterone levels in men. "We found an association between the amount of REM sleep and higher nighttime and peak testosterone levels in our older subjects," said Dr. Penev. The study's results also suggest that sleep problems may lead to hormone changes with adverse impact on health. In another study involving testosterone, researchers in Australia found that testosterone treatment was associated with a reduction in total sleep time and quality of sleep, and an increase in sleep disordered breathing in men over the age of 60. "This study shows that short-term testosterone therapy can actually worsen sleep and breathing," said Dr. Peter Liu, on behalf of his colleagues at the ANZAC Research Institute and the Institute of Respiratory Medicine in Sydney. "However, our findings do not exclude the possibility that lower doses of testosterone may be safe in older men."

The third study demonstrated how sleep loss could harm a person's ability to

function. Researchers at Penn State University and the National Institute of Child Health and Human Development at the National Institutes of Health found a relationship between sleep loss and the impairment of day-to-day functioning as well as immune hormones in healthy men and women. According to Dr. Vgontzas, the lead investigator on the study, "one week of modest sleep deprivation significantly increased sleepiness during the day and lowered performance in four parts of the psychomotor vigilance test. Additionally, the men experienced higher levels of immune hormones, which can be associated with an increased risk for diabetes, atherosclerosis, hypertension and osteoporosis.

Many people consider sleep a secondary part of remaining healthy. Our research clearly demonstrates that sleep should be considered an important part of a healthy lifestyle, just like food and exercise," Dr. Vgontzas noted. "People need to work a good night of sleep into their schedule in order to fully function during the day."

*(Adapted from TalkAboutSleep.com)*

### NEW FINDINGS

#### Earlier bedtimes help girls cope with stress

How early young girls are put to bed could determine how well they cope with stress during the day, delegates were told at the 60th annual meeting of the American Psychosomatic Society in Barcelona, Spain. Vincent Capaldi, from Brown Medical School in Providence, Rhode Island, and colleagues found that girls who went to bed before 8 p.m. were able to cope better with daily stressors than those who went to bed later. "Girls that sleep less might react more adversely to stress than girls that sleep an adequate amount," Capaldi added. Researchers suggest that "earlier bedtimes might help girls cope better with home, school, and social stressors," and call for parents to monitor the bedtimes of children more closely.

*(Adapted from the Journal of the American Psychosomatic Society)*

#### Fewer psychological disorders in the old than in the young

Study findings refute the assumption that aging is associated with increased psychological distress in older primary care patients.

*(Abridged from article in FaxWatch, Inc)*

#### Periodic limb movements in sleep show no signs of deterioration with time

The research involving 426 men and women who participated in four follow-up visits every few years, suggested that no consistent change occurred over time in PLM index (average number of movements per hour). This was true for both men and women, with the PLMI increasing for some of the subjects and decreasing for others.

*(Abridged from article in FaxWatch, Inc)*

#### Stimulants aid sleep in adult ADHD patients

Treatment with stimulants appears to aid sleep quality in adult attention deficit/hyperactivity disorder patients, claim researchers. However, given the size and open-design of their study, they call for further investigation into this effect. Sandra Kooij (Institute for Mental Health, Delfland in Delf) and team note that "the beneficial influence [of stimulant therapy] on nocturnal sleep seems to be a spin-off effect of a reduction of ADHD symptoms and better overall adjustment over the day, rather than a direct medication effect on ADHD symptoms at night." They suggest that stimulant treatment may improve "arousal dysfunction" to produce a consolidated wakefulness during the day and better sleep at night.

*(Adapted from the study published in the Journal of Clinical Psychiatry)*

#### Xyrem® is approved by FDA for treatment of cataplexy

Orphan Medical, Inc. announced that the U.S. Food and Drug Administration has approved Xyrem® (sodium oxybate) oral solution - the first approved medication indicated for the treatment of cataplexy, a debilitating symptom usually triggered by strong emotions such as laughter, anger, or surprise. Xyrem is a central nervous system (CNS) depressant and should not be used in conjunction with alcohol or other CNS depressants. Orphan Medical has developed strict distribution and risk-management controls to comply with FDA regulations and restrict access to Xyrem to the intended patient population.

*(Abridged from TalkAboutSleep.com)*

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# ODDS & ENDS

## QUOTES

*The greatest mistake in the treatment of diseases is that there are physicians for the body and physicians for the soul, although the two cannot be separated.*

### PLATO

*A flock of sheep that leisurely pass  
One after one; the sound of rain, and bees  
murmuring; the fall of rivers, winds and seas,  
Smooth fields, white sheets of water, and pure sky,  
I have thought of all by turns and yet do lie  
Sleepless!  
Come, blessed barrier between day and day  
Dear mother of fresh thoughts and joyous health!*

### SHAKESPEARE, *Henry IV, Part II*

*How many thousand of my poorest subjects  
Are at this hour asleep!  
o sleep, O gentle sleep,  
Nature's soft nurse, how have I frightened thee,  
That thou no more wilt weigh my eyelids down  
And steep my sense in forgetfulness?*

### WILLIAM WORDSWORTH

*There never was a child so lovely, but his mother was glad to get him to sleep.*

### RALPH WALDO EMERSON

*In the dead of the night lam only one of the dark millions riding forward in  
black buses toward the unknown.*

### F. SCOTT FITZGERALD

*Sleep is the most moronic fraternity in the world, with the heaviest dues and the  
crudest rituals.*

### VLADIMIR NABOKOV

*Sleep, that knits up the raveled sleeve of care,  
The death of each day's life, sore labor's bath,  
Balm of hurt minds, great nature's second course,  
Chief nourisher in life's feast.*

### SHAKESPEARE, *Macbeth*

*Now, blessings light on him that first invented sleep! It covers a man all over,  
thoughts and all, like a cloak; it is meat for the hungry, drink for the thirsty,  
heat for the cold and cold for the hot. It is the current coin that purchases all the  
pleasures of the world cheap, and the balance that sets the king and the shep-  
herd, the fool and the wise man even.*

### CERVANTES, *Don Quixote*

*Things sweet to taste prove in digestion sour.*

### SHAKESPEARE, *Richard II*

## Dr. B Shulman: A Source of Wisdom and Encouragement for Patients

*Continued from page 3*

feel more understood after only a few minutes with Dr. Shulman than after hours with any other doctor or therapist. His wisdom and encouragement give people the resources to deal with their problems. His book on aging (*How to Survive Your Aging Parents* coauthored with Raeann Berman) provides an understanding of the changing relationships within families as baby boomers' parents get older. His most recent book *Who is Sylvia? and Other Stories* (coauthored with Dorothy E. Peven) is a description of psychodynamic theory using case studies for illustration in how to understand people and perform psychotherapy. The approach is always humanistic and encouraging.

Throughout his tenure, he has observed many periods in psychiatry from psychoanalytic to biochemical. He has also appreciated the relative contributions of psychiatry to sleep and sleep medicine. Humans spend one third of their lives in sleep. Disorders of sleep are behavior of interest to the Psychiatrists since they are often also connected with waking behavior problems. Also, many sleep behaviors may provide diagnostic clues to other medical condition. In addition, sleep is an important treatment tool—it is usually a time of healing and restoration.

His message to young psychiatrists is to study and understand sleep behavior as much as they study behavior during the day. Dr. Shulman is still very active in his work despite approaching status as an octogenarian. His colleague's report that though he is a veritable storehouse of knowledge regarding the history of psychiatry and psychological theory, he has managed to keep up with current biological theories quite well. He continues to move through the hospital milieu and commands respect by the understated elegance of the seasoned physician. His wit and charm are delightful and his stories contain wisdom and perspective. His manner is always encouraging as he sees what is good in all of us. We wish Dr. Bernard Shulman to be well and continue to aim high at whatever he does for many years to come.

## What is Abnormal Alertness?

*Continued from page 5*

employees complain about exhaustion and grave sleep deprivation.

Sleep deprivation with consequent deviations of alertness may be caused by a person's work schedule, social stress, or else by medical disorders of sleep. It may be a severe, specific sleep disorder like obstructive sleep apnea, but it also may be a relatively mild problem like pain, arthritis, high blood pressure or frequent urination. Changes of alertness may take different forms. They come in the form of deviated emotions like deep depression or thought or memory lapses, behavior problems such as agitation or dissociation when a person forgets things, not knowing how they got to different places. Our habits, good and bad, are our instruments for stabilizing our sleep and alertness. People invent many rituals to put themselves to sleep or keep themselves awake. Our habits are our natural regulators of sleep and wakefulness.

The level of alertness, just like sleep, has many stages. Some of us achieve great levels of exciting activity. Some of us are even and clear-headed all the time. Some are very unstable. The question is, "At what price does the system stay alert?" If one stays alert at the price of sleep deprivation, the cost must be too high. Sleep is a primary state in the course of human development, and it is the foundation for wakefulness. The child is born in sleep, and stays in sleep. Arousals and awakenings start as brief intermissions and then get longer. If sleep mechanisms are not developed or deviated, then wakefulness and attention can also become fragmented or deviated. To rephrase, "Tell me how someone slept as a child, and I will tell you how this person will behave in the future." This statement made by one doctor in his lecture is, of course, an exaggeration, but it makes a lot of sense. One of the greatest aspects of pediatric medicine is the possibility and responsibility or preventing behavioral, emotional and learning problems in children. This prevention can be achieved by improving the child's sleep.



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Fax: 312-942-8961  
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**Chicago.** Center for Sleep and Ventilatory Disorders  
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**Park Ridge.** Sleep Disorders Center  
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**Winfield.** Center for Sleep Health at Central DuPage Hospital  
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### Websites:

**National Sleep Foundation**  
[www.sleepfoundation.org](http://www.sleepfoundation.org)

**Talk About Sleep**  
[www.talkaboutsleepp.com](http://www.talkaboutsleepp.com)

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