

YELLOW PAGES OF SLEEP, MOOD & PERFORMANCE

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IN THIS ISSUE:

- National News
 - Is This Really What Our Mothers Fought For? page 1
- Children and Family
 - Infants Who Sleep Alone Might Have Personality Disorders in Adulthood . . page 2
- People of the Month
 - William C. Orr, Ph.D.–Leading Researcher in GI System & Sleep . . page 3
 - Deena Sherman–“Art and Sleep” Section Editor page 3
 - Henry Lahmeyer, M.D., A.B.S.M.–Sleep and Psychiatry Expert page 3
- Traditional & Alternative Medicine
 - Distribution of Fat on Men and Women Connected to Health and Longevity page 4
 - New Non-Stimulant Alternative to Ritalin for Treating ADHD page 4
- Alertness • Mood • Performance
 - Badgers Get New Curfew page 5
 - Sleep Apnea May Hinder Sex Drive page 5
 - Sleeping Dolphins page 5
- Art & Sleep
 - Tamara de Lempicka page 6
- News from Canada
 - While You Were Sleeping page 7
- Ask Dr. Sleep
 - Web Medication Information page 7
 - Juvenile Sleep Apnea page 7
- Bridges & Crossroads
 - Science May Be Funny page 8
- News from Research
 - New Findings page 9
 - Study: Long Daily Commutes Can Increase Risk of Sleep Disorders . . . page 9
- Odds & Ends
 - Sleep Jokes page 10
 - If I Had My Life to Live Over . . . page 10
 - Pain Connected with Sleep Problems page 10
 - SAD Study page 10
- Classified, Opportunities
 - Sleep Information & Service Directory page 11

THE DEFINITION OF GOOD HEALTH: RESTFUL SLEEP AND PRODUCTIVE ALERTNESS

IS THIS REALLY WHAT OUR MOTHERS FOUGHT FOR?

By Marci Givan

Since the time of the Suffragettes, women have been struggling for equal rights with men. In the last 30 years, women have achieved great accomplishments and we have realized many of our dreams. We are doctors, lawyers, CEOs, and astronauts. We have truly witnessed the age when there is nothing we cannot be. However, as the saying goes, “Be careful what you wish for.”

The days of “June Cleaver” and “Carol Brady” are gone. Today’s modern woman is expected to be a “Wonder Woman” of sorts. Not only does she hold down a full time job outside of the home, but is still cleaning the home, cooking the meals, doing the laundry, operating the carpool, acting as a social director for the children, helping with homework, and still expected to be a “loving” wife when her husband comes home in the evening. This is nothing less than “Super Hero” antics.

How is the chaotic life of today’s “Super Woman” affecting her mental, physical, and emotional well-being?

There have been dramatic

increases in fatigue, aggression, stress, and depression just to name a few.

FATIGUE

The article, “Fading Fast: Women and Chronic Fatigue” estimated that 20 to 40 percent of women suffer from chronic fatigue.

Fatigue is usually defined as weariness after exertion or work. But a more useful definition, coined by Dr. Holly Atkinson, author of “Women and Fatigue”, says, “Fatigue is a symptom of having too many demands placed on your body and mind. Fatigue is a vital warning signal, that your body gives you, that the load is simply too great.” Long-term fatigue can weaken your immune system and makes you more susceptible to accidents or illness.

Some women fail to recognize how tired they really are. They start to accept chronic fatigue as a way of life.

Overworking is probably the leading cause of chronic fatigue in women. Women have always done more than their share of work, but these days, women are working harder than ever.



“Rosie the Riveter”
Vintage WWII Picture

Studies show that a typical working woman spends anywhere from 15 to 50 hours a week performing household and child care duties on top of a forty hour work week. Another study reported that working women with pre school children put in an average 77-hour total workweek. The same study showed that in the last ten years, men had increased the amount of time they spend doing housework by less than half an hour per week.

Continued on page 2

NEW SECTION!	NEWS FROM CANADA	See Page 7
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PEOPLE OF THE MONTH



William C. Orr, Ph.D.–
CEO, Research
Institute–Baptist Medical
Center, Oklahoma City, OK;
Leading Researcher in
GI System & Sleep
See Page 3



Deena Sherman–
“Art and Sleep”
Section Editor
See Page 3

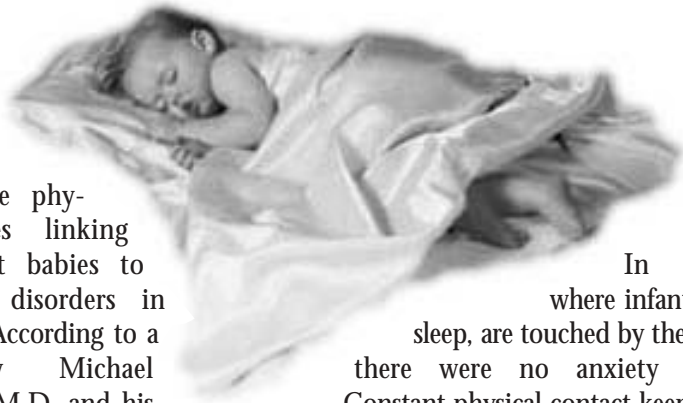


Henry Lahmeyer, M.D.,
A.B.S.M.–
Professor of Psychiatry,
Chicago Medical School;
Sleep and Psychiatry Expert
See Page 3



CHILDREN & FAMILY

Infants Who Sleep Alone Might Have Personality Disorders in Adulthood



There are physical causes linking stressed out babies to personality disorders in adulthood. According to a study by Michael Commons, M.D. and his colleagues at Harvard Medical School, infants who sleep alone or are not picked up and comforted when upset may grow up susceptible to anxiety, post-traumatic stress disorder, and personality disorder. This study was presented at the American Association for the Advancement of Science's annual meeting.

Prolonged crying infants have higher levels of the stress hormone, Cortisol, than calm babies do. This makes babies more prone to stress and illness including

mental problems. In cultures where infants, even in sleep, are touched by their parents, there were no anxiety disorders. Constant physical contact keeps Cortisol levels down and aids the development of the baby's brain.

Dr. Commons urges parents to not let babies cry for long periods of time or sleep alone. "As an infant, sleeping alone is very stressful. We can see it because infants cry," Dr. Commons states. He recommends that babies be hugged, kissed and rubbed. Twins should not be put to sleep in separate cribs.

The best thing for children is to sleep in contact with each other. Is it not true for adults?

Is This What Our Mothers Fought For?

Continued from page 1

AGGRESSION

Over the last 20 years, the number of fatal traffic accidents involving women drivers, according to Karyn Sultan in "Women's Role in Road Rage," is up 18 percent, and women are involved in a higher rate of non-fatal accidents than men.

The increased aggressiveness of women drivers may reflect changes in society, said Loretta Worters, Spokesperson for the Insurance Information Institute. "Just as we have an increased number of women in the workforce since the 1960s, more women have also gotten behind the wheel and taken out their daily stress on the other drivers on the road."

STRESS

In today's fast-paced world, women are experiencing more stress than ever before. Juggling professional life, education needs, family schedules, career advancement, and child-care are only a few of the common concerns confronting today's woman.

Many women experience far more stress than men, particularly when they are full-time working mothers. Furthermore, levels of stress-related illness are nearly twice as high for women as for men.

Stress can cause a woman to have far more interest in sleep than sex, and inhibit her ability to become aroused.

Women who reported high mental stress were also more than twice as likely to have a fatal stroke than women reporting low stress and about three times as likely to have a deadly heart attack (as reported in "Different Stress Heart Risk for Men, Women" - at Applesforhealth.com). Stress increases blood pressure and heart rates, both of which contribute to the risk of stroke and heart disease.

DEPRESSION

There is accumulating evidence that demonstrates a link between the mind and the body," says Esther Shao, a physician at Stanford University Medical

Center. "We may not only be what we eat, but also how we think."

"Besides mental stress, depression has also been shown to have negative physiological effects related to the cardiovascular health. Women are more than twice as likely as men to experience clinical depression. Social reasons, such as greater stresses from work and family responsibilities and the roles and expectations of women may lead to higher rates of clinical depression.

The diversity of sources and intensity of fatigue, aggression, stress, and depression among women reflect their changing role in society. Interesting; however, is that more than half of all women attribute these to the pressure they put on themselves. "We women are partially responsible," as a guest on the Oprah Winfrey show recently stated. "In the 60s and 70s it was all about Women's Lib, 'we can do everything.' But we are the X Generation and we are saying, 'wait a minute - I can't do it all - I'm tired!'"

Although women have taken great steps forward and have achieved so much, we have also allowed ourselves to become victims of our own dreams. In reality, we may be expecting too much of ourselves and others. Without the strength of a "Wonder Woman," can we begin to take on all of these new roles, in addition to the old ones, without jeopardizing our health and well-being?

As a woman from the baby boomer generation, it has been an amazing and awarding experience to observe and participate in what women have accomplished in the past 30 years. But, as I connect with women around me, I see exhaustion, anxiety, and stress every day. I caution these women to enjoy their accomplishments, but do not sacrifice yourself for the roles that society is now placing on you. "Super Woman" is a media myth; it was 30 years ago with the "perfect" wife and mother routine, and it still is today.

Women unite... kick off your high heel shoes and sit down somewhere; tomorrow is another day!

Editor's Note: Source Credit

The quotes & photo appearing on this page last month were taken from *US News & World Report*, September 2002, "Health" Section.



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



William C. Orr, Ph.D.
*CEO, Research Institute—
 Baptist Medical Center, Oklahoma City, OK;
 Leading Researcher in GI System & Sleep*

Dr. Orr's interest in sleep began initially when he was a young investigator, fresh from his Ph.D. at Washington University in St. Louis, and was working at the Walter Reed Army Institute of Research. The laboratory where he was assigned was working on the effects of sleep deprivation on performance. The work was especially interesting since they were describing a 90-minute cycle in physiologic variables, similar to the REM cycle. This further enhanced his

interest in sleep phenomena, and he extended his interest in sleep to the sleep research program at the National Institute of Mental Health. It was there that he made the acquaintance of several notable sleep investigators, primarily Fred Snyder, J. Christian Gillian, and Wallace Mendelson. "I really learned sleep medicine from these individuals, and I remain in their debt to this day for their generous mentoring of me in the field of sleep medicine." Dr. Orr said.

After going to the University of Oklahoma Health Sciences Center as a full-time faculty member in 1972, he set up a sleep research program within the Department of Psychiatry and Behavioral Sciences. He was soon able to begin research with several individuals in a variety of departments at the Medical School including surgery, pediatrics, and medicine. Shortly after establishing his sleep laboratory at the VA Hospital in Oklahoma City, he met Dr. Imes who at the time was a Fellow in pulmonary medicine. He had made a number of observations of individuals who seemed to "stop breathing when they would fall asleep." He asked if Dr. Orr was interested in this phenomenon, and the two collaborated on the first studies to be conducted in the U.S. on the sleep apnea syndrome.

"We were in the early 1970's, and very little was known about sleep apnea at that time. We established a makeshift laboratory in the Intensive Care Unit at the University Hospital, in addition to the VA Hospital laboratory. This allowed us to study patients at both facilities. Dr. Imes was, and continues to be, an outstanding clinician who has taught me a great deal about medicine, particularly respiratory physiology." They continued to be amazed at the remarkable physiological changes which they were

Continued on page 8



Deena Sherman
Art and Sleep Section Editor

By Alexander Golbin

Expert in Art and Sleep, Deena Sherman is internationally known as both a writer and a photographer. She says she is delighted to be writing for the Art and Sleep section as it combines her love of art and more than a passing interest in sleep. She has assisted with sleep studies, been the editor for a newsletter for a non-profit sleep disorders organization and is a sometimes insomniac herself!

Ms. Sherman began her journalism career in South Africa where she worked on staff on national newspapers – first as a reporter and later as a photographer. Married with two children, she is now based in Toronto where she freelances in both media. Her writing can vary from corporate brochures to interior design columns. "It's always been variety, which I've enjoyed so much. Not knowing what assignment will come tomorrow," she said. Seemingly up to any task, she has also designed and done the desktop publishing for several newsletters and brochures.

Although Sherman has done a stint in commercial product photography, it is people that she loves photographing most. Sherman has photographed people in many difficult situations – from floods to children suffering from malnutrition. She has also been in trying situations while photographing. She once had to enter a lion's enclosure for a shoot and was arrested briefly for photographing police during a state of emergency in South Africa's apartheid regime. "Most of my work is more relaxed than that and as long as I am photographing people, I feel rewarded...it can be a wedding, or a corporate portrait," she says. Her photographs have appeared in Time magazine, and in several books including "South Africa's Ten Best" and "Working the Shift, a Self-Help guide".

If you would like works of art to be featured in the Art and Sleep report, Sherman says she would welcome suggestions. "It does not necessarily have to be the work of a famous artist," she said. Sherman can be emailed at deena.sherman@rogers.com.

Henry Lahmeyer, M.D., A.B.S.M.

Sleep and Psychiatry Expert—Clinical Professor of Psychiatry at Chicago Medical School



Henry Lahmeyer has been practicing psychiatry for 30 years. He grew up in Missouri, where a love of the outdoors and gardening shaped his interests in chemistry and later, medicine. While still in medical school, he obtained a NIMH fellowship to study psychiatry in London at the Maudsley for six months, at the University of Edinburgh for three months, and at Stanford University for three months during his senior year. At Maudsley, he studied with Ian Oswald, the father of sleep research in Europe.

He was also privileged to study under the great Isaac Marks while treating claustrophobic British seamen and phobic pilots with desensitization.

Dr. Lahmeyer was able to see Bedlam at St. Mary's of Bethlehem Hospital. The original public viewing room where the public was allowed to view, jeer and toss coins at the insane was a daily reminder of the tragic treatment of the mentally ill.

In Edinburgh, he lived at the Royal Edinburgh Hospital and will never forget the spectacle of 100 chronic schizophrenics performing their daily constitutional by doing one hundred different "silly walks" that undoubtedly inspired "Monty Python" without ever touching or making eye contact with each other.

After receiving his M.D. degree with honors in Medicine and Psychiatry at the university of Missouri, he completed his adult residency and child fellowship requirements at the University of Chicago. There he collaborated with Dr. Alan Rechtschaffen and colleagues at one of the nation's premiere sleep research laboratories. Dr. Lahmeyer later studied Clinical Sleep Disorders with Dr. Rosalind Cartwright and obtained his boards in Sleep Disorders Medicine. Currently, Dr. Lahmeyer is Board Certified in Psychiatry and Neurology, Sleep Medicine, and Forensic Psychiatry. He was previously a Professor at the University of Illinois and Northwestern University. He has published over 70 articles and received over 35 research grants.

He is a frequent reviewer for major journals in medicine, psychiatry, and sleep. Dr. Lahmeyer is currently a Clinical Professor of Psychiatry at Chicago Medical School. He maintains an active private practice in Northfield, Illinois where he is associated with psychologists specializing in clinical school, and neuropsychological assessments.

He has just initiated a Phase IV Clinical trial of Wellbutrin for the prevention of Seasonal Affective Disorder (SAD). Winter depression (SAD), is a form of depression with symptoms that begin in the fall, peak in the winter, and usually resolve in the spring. More than 10 million Americans may suffer from winter depression each year.



TRADITIONAL & ALTERNATIVE MEDICINE

Distribution of Fat on Men and Women Connected to Health and Longevity

Severe (morbid) obesity occurs twice as often in women as compared to men. Since obesity is thought to be a major factor in the development of disorders like Sleep Apnea, one would expect that women would have Sleep Apnea twice as much as men. But epidemiological evidence supports the opposite. Why? A group of researchers from Greece and Canada found that the location of fat is a key problem.

In men, fat located on the neck (neck size) correlates more with the frequency and severity of Apneas. The severity of Apneas in pre-menopausal women seems to relate to the overall upper body obesity. In post-menopausal women, central body obesity (pelvic area) correlates to a higher level of health problems. In both men and women waist-to-hip ratio is the best indicator of health and risk for cardiovascular disease.

New Diagnostic Procedure for Sleep Disorders

A new device attached to the finger could accurately count the microarousals disturbing your sleep. A new device, The Peripheral Arterial Tonometry System called Sleep PAT-200 TM (Itamar-Medical LTD, Ceasarea, Israel) is a non-invasive finger plethysmograph with an optical sensor attached to the finger to accurately measure the dynamics of pulsatile volume changes from sleep to micro awakenings. The amounts of microarousals are correlated with the severity of hypertension, sleep apneas, drug side effects, and other disorders.

Source: *Sleep* 25(5) 2002

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New Non-Stimulant Drug Alternative to Ritalin for Treating ADHD

Treatment options for ADHD have doubled in the last five years. Ritalin and Adderall have each come out with Once-a-day dosed versions and new methylphenidate (the active ingredient in Ritalin) derivatives have been introduced such as Concerta, Metidate and Focalin. However, all of these meds fall into the class of psychostimulants and because of their potential for abuse require written prescriptions from doctors, limited refill options and media stigma.

Eli Lilly hopes to break the cycle of fine-tuning the old into new cleaner packages. They have created a new, non-stimulant medication called atomoxetine (brand name Strattera), which is scheduled to be released next spring.

In a clinical trial comparing it to Ritalin (methylphenidate), Eli Lilly's atomoxetine was found effective in treating attention-deficit hyperactivity disorder (ADHD).

In clinical trial, Eli Lilly's new non-stimulant atomoxetine (brand name Strattera) was found effective in treating attention-deficit hyperactivity disorder (ADHD). Lilly reported results of several double-blind studies (funded by Lilly), which indicate that atomoxetine is more effective than a placebo and is more easily tolerated than Ritalin.

Dr. David Michelson, Lilly's medical director, reported results of several double-blind studies (funded by Lilly), which indicate that atomoxetine is more effective than a placebo and is more easily tolerated than Ritalin.

"Atomoxetine seems to work by blocking the norepinephrine transporter and doesn't involve the dopamine receptors directly," Dr. Michelson explained. "Therefore, it has a different mechanism of action than the stimulants usually used to treat ADHD." The new drug appears to not be associated with insomnia.

"Clinicians and parents have been looking for alternatives to stimulants for the treatment of ADHD for years," said co-investigator Christopher Kratchovil of the University of Nebraska. "There are concerns about side effects and about reports of children and adolescents using [Ritalin] as a recreational drug. We're looking for an alternative class of medications that will be effective and have a different side-effects profile than stimulants. Indications are that atomoxetine is not an abusable drug; therefore, it's not likely to be a scheduled drug."

Eli Lilly and Co. in August, 2002 said regulators may require more study of an experimental treatment for attention deficit hyperactivity disorder before it can be marketed. However, Indianapolis-based Lilly said it had received an "approvable letter" from the U.S. Food and Drug Administration, which usually indicates the FDA is prepared to approve a drug but only once certain conditions are met.

Lilly said it hoped to introduce Strattera next spring, but at least one analyst said that might be overly optimistic. Approval hinges on discussions on the drug's label and submission of additional data or analyses from either existing studies or a potential new study, Lilly said.

Strattera may also offer help to those children with co-morbid Tic disorders or Tourette's disorder, which can be exacerbated in some cases by stimulants. Research in this area has not been completed, however.



ALERTNESS • MOOD • PERFORMANCE

SPORTS & SLEEP

BADGERS GET NEW CURFEW

By Kevin Harmon

When University of Wisconsin football coach Barry Alvarez was vacationing in Norway several years ago, he met someone that practiced a concept that he thought would help his football team.



Last year the Badgers were a team that seemingly faded in the fourth quarter of many games and limped home with a 5-7 record, one of its worst in recent years. Alvarez had always wondered if implementing a curfew the night before a game would be a good idea considering the school's reputation for nightlife. Then he found out the coach of the Norwegian National soccer team did a study from one season to the next and there was a correlation between the amount of sleep his team got and its performance on the soccer field.

Coach Iski had a 10 p.m. curfew for his players the night before a soccer match last year, with them getting up at 7 a.m. The team went 14-2-2 that season. Under pressure from his players, he pushed the curfew to 11 p.m. this season and the team went 10-7-1. Connection? He thought so and so did Alvarez. "I could look at some of our players on the day of the game and see that they didn't get the proper amount of sleep," Alvarez said. "It's tough because you want to treat your players like men while at the same time keep some sort of order and discipline within your team."

Sleep deprivation was recently found to hinder sports performance

and not many coaches would doubt it. Lack of sleep interferes with glucose metabolism, which impairs both endurance performance and recovery. New research by U.S. investigators showed that sleep deprivation can slow glucose metabolism by 30 to 40 percent. A study led by Eve Van Cauter, researcher at the University of Chicago, examined the effects of varied amounts of sleep on 11 men ages 18-27. The men spent eight hours in bed per night for the first three nights (fully rested period), four hours per night (sleep deprivation period) for the next six nights and 12 hours per night for the last seven nights (recovery period).

Results showed after being deprived of sleep, the men's bodies metabolized glucose less efficiently. "Getting a normal amount of sleep could be a health-promoting behavior," Van Cauter said. "Just as a lack of sleep can harm the body, getting sleep can help it."

So Alvarez puts his kids to bed by 10 p.m. on nights before games this season and to this point the Badgers are 5-1 and playing inspired football in one of the nations most competitive conferences. "At least knowing that they are getting 8 or 9 hours of sleep makes me sleep a little better at night," Alvarez said.

Sleeping Dolphins

The bottle-nosed dolphin is a cetacean, a group that includes whales, porpoises, and dolphins. Although the definition of sleep varies depending upon the species, it is generally believed that cetaceans do in fact sleep, either at the surface or else slowly sinking in the water column. As the need for oxygen becomes great, the dolphin slowly rises to the surface and takes a breath.

Dorling Kindersley

SLEEP APNEA MAY HINDER SEX DRIVE

Study: Men With Condition Produce Less Testosterone

Men who suffer from obstructive sleep apnea — the inability to breathe properly during sleep — produce lower levels of testosterone, resulting in decreased libido and sexual activity, according to researchers at the Technion-Israel Institute of Technology in Haifa, Israel.

The study, was reported in the July issue of *The Journal of Clinical Endocrinology & Metabolism* and found that nearly half the men who suffered from severe sleep apnea also secreted abnormally low levels of testosterone throughout the night.

"For years we have seen sleep-disorder patients complain of decreased libido, but we had no explanation for this phenomenon until now," said study leader Peretz Lavie, head of the Technion Sleep Laboratory.

Sleep apnea is a respiratory disorder that affects 4 to 9 percent of adult males. It occurs most often when there is an obstruction to the airway (such as the tongue blocking the throat or dissention of soft palate. Its most common manifestation is loud snoring, and it may occur several hundred times throughout the night in severe cases, resulting in sleep fragmentation and excessive daytime sleepiness.

For many years, sleep apnea sufferers have complained of decreased libidos, yet previous studies reported that patients' testosterone levels, although low, were within the normal adult male range. In the current study, participants' testosterone levels were monitored throughout the night instead of in the morning, as in previous studies. "Should follow-up studies confirm these findings, then therapeutic interventions of sleep apnea could become a recommended remedy for certain forms of male sexual dysfunction," said Rephael Luboshitzky, an endocrinologist on the research team. "It is our hope that in the future, by correcting nighttime breathing patterns, we will be able to stimulate hormone production and thereby raise libidos."

Comparison studies after treatment of sleep apnea, such as with CPAP machines will also be necessary to rule out other causes to the drop in testosterone levels.

Adopted from the *Journal of Clinical endocrinology & Metabolism*, 07/2002





ART & SLEEP

Tamara



de Lempicka

By Deena Sherman

Polish born Tamara de Lempicka painted *Sleeping Woman* and *Girl Sleeping* around 1935. The style is the typical art deco of the 1920's and 30's with strong angles and deep colors. Both show glamorous women, not dissimilar in looks, in sleeping poses. De Lempicka was one of the most famous painters of the art deco period. She was a prolific artist and was much sought after as a portrait artist.

De Lempicka's story is notable not because she was a woman but because she learned to paint relatively late – she was already in her twenties. Born to wealthy parents in Warsaw, Poland (her maiden name was Gorska) she often spent her early years vacationing in Europe. While staying with a relative in Russia at age eighteen, the attractive Tamara met and married well-known lawyer, and reported ladies' man, Tadeusz de Lempicka. Political events and the Russian Revolution took over two years after their marriage and the rich became somewhat unpopular. The Bolshevik police arrested de Lempicka's husband whereupon Tamara did whatever was necessary to secure his release and flee to Paris.

The marriage did not survive, in spite of the birth of de Lempicka's beloved daughter, Kissette. Needing a way to support herself and her daughter at a time when Russians in Paris became taxi drivers and poorly paid fashion models, de Lempicka instead decided to go to art school.

She studied privately with Maurice Denis at the Academie de la Grand Chaumiere. De Lempicka soon became well known for her sensual, shocking portraits. Her beauty and opinionated nature also increased her celebrity.

Photographs of the period show a sleek woman with languid eyes. With the sale of paintings, de Lempicka was able to resume her life of luxury. She traveled abroad, stayed in the best hotels and surrounded herself with well-known writers and artists.

In 1925 de Lempicka made a name for herself exhibiting at the first Art Deco Exhibition in Paris. After reportedly having affairs with more than one wealthy "patron of the arts," she divorced Tadeusz and married Baron Raoul Kuffner in 1933. With war looming the couple took an extended holiday in 1939 to the United States where several exhibitions displaying de Lempicka's work were held. She wrote: "I was the first woman who did clear paintings – and that was the success of my painting. Among a hundred paintings, you could recognize mine. And the galleries began to put me in the best rooms, always in the center, because my paintings attracted people. It was neat, it was finished."

In spite of success, de Lempicka's output slowed down and in 1960 she changed her style and began painting with a spatula. After the death of her husband in 1962, which affected her deeply, she all but ceased to paint.

In 1974, de Lempicka moved to Cuernavaca in Mexico. She died there on March 18, 1980. Following her mother's wishes, Kissette scattered her mother's ashes over the crater of Mt. Popocatepet.

Web sources: <http://members.aol.com/>; <http://www.soho-art.com/>; <http://www.arts-studio.com/>; <http://www.technique.com/>

NEWS FROM CANADA



While you were sleeping ...

Part 1



*Dr. Leonid Kayumov, Ph.D.,
Chief Editor of Canadian Edition*

It was the best sex you ever had. And you slept right through it. Parasomnia can do that to you- turning nights into bumping, jumping, grinding affairs. And mornings into sweet oblivion.

"The only person who is disturbed is your partner," explains Dr. Harvey Moldofsky, director of the sleep disorders clinic at Toronto's Centre for Sleep and Chronobiology.

"They're really disturbed because there is no emotion. She says, 'Look you've got to get help for this.' He says, 'Me? I don't remember that.'"

About one in four Canadians isn't sleeping well. They're walking, talking and twitching to the tune of 88 different sleep disorders. Among them, the real bed-breaker is parasomnia- a class of sleep disorders that includes anything from waking up in a cold sweat, paralyzed by fear, to stepping out on the town while sound asleep.

"There are people who can do very complicated things and look as though they're awake," says Moldofsky. "But they are not with it. They are behaving as an automaton. A robot." And sometimes sleep can be murder.

"There are people who are violent during their sleep and within that group, there's a very small group that murders people," Moldofsky says.

In 1988, Kenneth Parks made headlines when he drove 23 kilometers from his home in Pickering and stabbed his mother-in-law to death. Then, he made medical textbooks when he claimed he was sleepwalking. He was acquitted.

"That was very unusual," Moldofsky says. "Generally that does not occur. The jury agreed that this was non-insane automatism." It took a team of sleep

researchers- psychiatrists, respirologists and scientists- to determine that Parks was suffering from some form of parasomnia.

"That's where the big problem comes up," Moldofsky explains. "Are they culpable? Is the person aware of the nature of their circumstances? Was there any pre-meditation? Do they have the mental capacity to perform the act?" Or are they just murderous golems shambling through the night? One man's parasomnia can be another's prison sentence.

"Because you have been diagnosed with having something like this, it doesn't necessarily mean that the courts will look kindly upon you," Moldofsky says. A decade ago, he was a medical expert in a criminal case involving a man who killed his wife. "The individual clearly had a parasomnia," he recalls. "It was well-documented, witnessed even by the police. But he was nevertheless found guilty."

The first appeal failed. After yet another appeal, Moldofsky says, "they tried to get him to plead manslaughter. He was adamant about it. He said he was unaware of what he was doing." He ended up serving time for murder.

Moldofsky studies sleepers who have "beaten up their partners, torn apart things, gone out windows and lacerated their arteries and almost died. "There are those people who grab their spouses and strangle them. Or beat them. And in some cases, they kill them. Then there are people who destroy things, tear things apart in the rush of their terrifying experience in the context of sleep."

Continued next month.....

*"Reprinted with permission from The Toronto Star."
The Toronto Star, 9/20/2002*

ASK DR. SLEEP



Dear Dr. Sleep,

I have a problem with my doctor. He prescribed sleep medication for me. I went on the Internet, read some literature, and got scared of the side effects. I saw another doctor and asked him for medication that I saw on a TV advertisement. Now, I have all the side effects I was afraid of getting. What should I do?

Matthew K. Orlando

Dear Matthew,

What happened to you is a very common problem nowadays. People go to their doctors, who prescribe medications based on specific data of the patient's condition and knowledge of specific drug interaction. Patients jump on the Internet and obtain easily available material meant for professionals. They get scared of the described side effects and demand "better" medication that they have heard about or seen on a TV advertisement.

Your case is an example of two modern social problems. One: sensational and grotesque media exposure of a drug's side effects and positive "panacea" type description of another drug. Two: a "witch hunt" attitude toward doctors who are portrayed as horrible money suckers that have urges to kill patients. As a result, many doctors are forced to practice "defensive" medicine, meaning no more than "standard routine protocol;" they are afraid to be creative. Or worse yet, to practice "pleasing" medicine, meaning giving the patient the medication that he/she insists on.

My advice for you, go back to your doctor, openly discuss with him your concerns, and "Follow the Leader."

Dr. Sleep

Dear Dr. Sleep,

Our child was diagnosed with reactive airway disease and mixed sleep apnea. We have been told that she will likely be on a CPAP machine for life. This diagnosis was made at age two and we are wondering whether this prognosis is correct or whether it is possible that she might "outgrow it" as her brain develops. We were also wondering how common this problem is in children?

Debbie F.-Fort Wayne, Indiana

Dear Debbie,

Infant and Pediatric Sleep Apnea became a more and more recognized problem and, accordingly, is diagnosed more and more frequently every year. A diagnosis of "Sleep Apnea" in infants and children relate to several clinical conditions and only some of them need a CPAP (Continued Positive Airway Pressure) machine. I do not know the exactly what the diagnosis of sleep apnea in your daughter was based on and cannot comment on the prognosis in your particular case, but in general, children can "outgrow" sleep apnea allowing CPAP treatments and the CPAP machine to be discontinued later, but in each case this process should be monitored by a pediatrician and a sleep specialist.

Dr. Sleep



BRIDGES & CROSSROADS

SCIENCE MAY BE FUNNY

Adopted from the Associated Press (October 3rd, 2002)

The definitive study on bellybutton lint, a dog-to-person translation device and an inquiry into what arouses ostriches were recognized Thursday with Ig Nobel prizes for dubious contributions to science and cocktail-party conversations everywhere.

The Ig Nobel Prizes, awarded annually at Harvard University as a spoof of the Nobel ceremony, recognize achievements that "cannot or should not be reproduced."

"It's a great honor. It introduces people to the idea that science is fun," said Karl Kruszelnicki, a University of Sydney researcher who wrote the paper on bellybutton lint.

Kruszelnicki reportedly studied bellybutton lint samples sent to him by 5,000 people. He concluded the lint is a combination of clothing fibers and skin cells that are led to the navel, via body hair. "Your typical generator of bellybutton lint or fluff is a slightly overweight, middle-aged male with a hairy abdomen," Kruszelnicki said.

A Japanese device that measures the tone of a dog's bark and relays his mood was also honored this year. The device is currently available in Japan, and an English version, called Bow-Lingual, should be ready in about a year.

Other award-winners included a group of British scientists for their research that found that ostriches become friendly with each other when a human is around. In many cases this affection extended to the human present.

In economics, the executives and auditors at Enron, WorldCom, Arthur Andersen and a host of other companies were commended by the Ig Nobel committee "for adapting the mathematical concept of imaginary numbers for use in the business world."

Actual Nobel Laureates bestow the awards at a raucous ceremony and a secret committee selects winners from thousands of nominations. If a recipient feels insulted by the award, it's withdrawn, said Marc Abrahams, editor of the Cambridge-based *Annals of Improbable Research*, which bestows the award. He said most people are pleased with the prize.

William C. Orr, Ph.D.—Leading Researcher in GI System & Sleep
Continued from page 3

observing during sleep in patients who repeatedly obstructed their upper airway, and were equally amazed at how the problem was resolved when the first tracheostomy were performed on these patients. "These were truly remarkable times, and I remember them quite fondly, particularly my very productive relationship with Dr. Imes." Dr Orr recalls.

Dr. Orr continued to collaborate with another colleague, Dr. Hall and initiated his first venture into gastrointestinal physiology and sleep. "At that time, there was a prevalent notion that the hypersecretion of acid during REM sleep was important in the pathogenesis of duodenal ulcer disease. Our study disproved this notion, and we continued to do other work related to gastrointestinal functioning during sleep." His association with Dr. Robinson also blossomed during the early years of his faculty position at the Oklahoma University, and he subsequently joined Dr. Robinson who had left the University to affiliate with a private teaching hospital adjacent to the University Hospital. "One of our first ventures was to follow-up on some now classic work, which had been published by Dr. Lawrence Johnson who was the Chief of Gastroenterology at the Walter Reed Army Medical Center. We had made his acquaintance during army reserve duty at the Walter Reed Army Hospital. Dr. Johnson had recently published data, which suggested the importance of sleep related gastroesophageal reflux in the pathogenesis of reflux esophagitis. He suggested that this needed to be more explicitly evaluated under the conditions of a sleep laboratory, and Dr. Robinson, Dr. Johnson and myself began to collaborate." This collaboration was productive and fruitful, and was extremely beneficial to everyone.

Dr. Orr later set up a GI physiology laboratory at Presbyterian Hospital, and began to work also in the area of clinical medicine. This stimulated a strong interest in clinical gastroenterology, particularly gastrointestinal motility, which persists to this day. His laboratory expanded, and he began a number of studies on acid reflux disease, as well as functional bowel disorders such as irritable bowel syndrome (IBS). Work on the IBS continues, and Dr. Orr has published a number of studies, which have investigated the autonomic functioning during sleep in patients with this disorder. "Our work has shown that there are specific physiologic changes, which occur during REM sleep in patients with IBS." He continues to follow-up this work at the present time, striving for new cues and treatments in the field of Sleep Medicine.

In 1988, he was offered the opportunity to become the first Director of Research at the Baptist Medical Center of Oklahoma, in Oklahoma City. At the same time, he established both clinical and research facilities in sleep and GI physiology. The research department grew quite rapidly over the next several years resulting in the establishment of a Research Institute at Baptist Medical Center, which Dr. Orr headed. This was subsequently separated from Baptist Medical Center and now functions as a not-for-profit research foundation in Oklahoma City. "We have an active sleep and GI clinical and research program, as well as an active program in clinical trials research. I serve as the President & CEO of the Institute, which has approximately 25 employees. My research interests continue to be in the areas of general sleep physiology, and in the relationship between sleep and various gastrointestinal diseases." He continues to be actively involved in the role of sleep in the complications of gastroesophageal reflux disease, as well as in sleep functioning in patients with functional bowel disorders, particularly IBS.

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NEWS FROM RESEARCH

Study: Long Daily Commutes Can Increase Risk of Sleep Disorders

CNN: October, 1999

As a long time commuter who lives in the downtown Chicago area, I was shocked to learn about the recent study reported on CNN. "If it takes you more than an hour and 15 minutes to travel to your job, you may be putting yourself at greater risk of suffering from sleep disorders, according to a new study." —CNN correspondent Steve Salvatore reported.

In other metropolitan areas such as NYC, every morning, Monday through Friday, workers climb aboard the Long Island Railroad and try to catch up on lost sleep on their way to New York City. "There's some hint there that perhaps the stresses of the commute are beginning to add up for them," said Dr. Joyce Walsleben, director of the New York University Sleep Disorder Center.

That's a problem not only for those snoozing travelers, but also for anyone with a long commute. And the stress can lead to other illnesses. "Any time we nap in a noisy environment, our level of sleep is different," said Walsleben. "Those with long commutes, which were figured in as about 75 minutes or longer seemed to be more obese and they seemed to have more hypertension, irrespective of their obesity." Walsleben said in her study that compared to the general population, commuters tend to have more sleep disorders.

"This population, (on) the railroad, had more than 50 percent of folks saying they had something wrong, and that they were sleepy, and that's a little bit excessive," said Walsleben. Many people with sleep disorders don't seek out professional help. Experts say it could be that the sleep deprived think their sleep habits are normal. Others may think that sleep deprivation is just part of the price they pay for commuting.

And though more than half of all Americans have trouble sleeping at one time or another, few go to their doctor specifically to treat the problem. This is changing with the recognition of the relative impact of sleep on general health, but even those that do desire help, can find it difficult to find a doctor who understands sleep disorders because most medical schools don't offer courses on sleep.

In today's world of increased demands on efforts, time and personal sacrifice, a long commute can be one of the things that pushes some people into the sleep-related disorder category. A long period of decreased arousal right before or right after sleep, such as during a commute can impact circadian rhythms and create a disruptive or fragmented sleep pattern at night. Exercise and stimulation can help to create a better balance and actually provide an increase in energy.

NEW FINDINGS

HELPING THE BODY HELP ITSELF FIGHT CANCER

Innovative Therapy Transforms Immune System to Target Cancer

Sept. 19, 2002 — A promising new cancer treatment may help revive a disease-ravaged immune system and convert it into a cancer-fighting machine.

Researchers have developed a two-step approach designed to boost the body's own natural defense system. In addition, this approach may also lead to new treatments for other types of cancer as well as infectious diseases, including AIDS, by helping the body better fend off attacks.

In the first major test of the treatment in people with a deadly form of melanoma (skin cancer), six of 13 patients had a significant shrinkage of their cancer and another four saw at least some cancer growths disappear. None of the patients had previously responded to even the most aggressive treatments currently available.

Prior to this breakthrough, cancer researchers had been unable to sustain the cancer-fighting immune cells long enough to eliminate the disease process. However, these new approaches can modify the production and reception of this immune cells and thus provide a more effective self-treatment for diseases such as skin cancer.

"Nothing like this has ever even been approached before in humans," says study researcher Steven A. Rosenberg, MD, PhD, chief of surgery at the National Cancer Institute. "It's a technique that generated staggeringly high numbers of immune cells, and the patients reacted against the cancer." The study appears in the October issue of *Science*.

Rosenberg says there are two main differences between this new two-step technique and previous unsuccessful approaches. First, researchers temporarily shut down and eliminated the body's own ineffective immune system using chemotherapy. Then, the patients received an infusion of highly selective anti-cancer cells derived from the patient's own tumor. Once these specialized cells are in the body, they continue to divide and multiply. Meanwhile, the patient's own immune system continues to replenish itself and return to normal following the completion of the chemotherapy.

Rosenberg says the findings are important because researchers were not only able to generate enough of these cancer-fighting cells to launch an attack, but

those levels were sustained for up to five months — allowing the battle to continue.

Although the researchers emphasize that these findings are only preliminary and the treatment has only been tested in 13 patients, they plan to start new studies in cancers other than melanoma within the next few months.

Three of the patients tested did not have any response to the therapy. The researchers are trying to determine why these patients did not respond and what possible implications that may have for patient selection for treatment.

While the immune system is suppressed, there is also an increased risk of infection to the patient. But researchers say they saw only minor, treatable infections in this study.

Adopted from WebMD Inc. (2002)

SLEEP, PAIN, AND HEADACHE

Sleep disturbance produces decreases in pain tolerance and changes in perception of pain, said Dr. Watson. Sleep deprivation and disorders have been considered as contributing factors in chronic body pain, such as fibromyalgia. "The relationship between sleep deprivation and body pain raises questions as to sleep complaints and other pain syndromes," he said. "Some headache syndromes are thought to have an intricate interaction with sleep and wakefulness? A number of these headache types are primary headaches, including chronic, paroxysmal, hemicrania, migraine, and cluster headache. Some headache syndromes have a significant link with sleep stage, he noted. "On sleep periods preceding the occurrence of migraine headaches, patients have increased total time of REM sleep and prolonged REM latencies. Episodic cluster headaches are more likely to occur during REM sleep, whereas chronic cluster headaches have no predilection for sleep stage."

In tension headaches, the headache syndrome may alter sleep by reducing sleep time and efficiency which causes frequent arousals and increasing nocturnal movements, according to Dr. Watson. Sleep disorders may also influence headache syndromes, he said. "Patients with obstructive sleep apnea frequently complain of awakening headaches. The frequency and severity of these headaches are greatly reduced with treatment of obstructive sleep apnea. Obstructive sleep apnea and nocturnal oxygen desaturation increase the frequency of duster headaches."

ODDS & ENDS

SLEEP JOKES

Insomniacs don't sleep because they worry about it, and they worry about it because they don't sleep.—

Franklin Adams

The only time most women give their orating husbands undivided attention is when the old boys mumble in their sleep.—

Wilson Mizner

I never sleep comfortably except when I am at a sermon.—

Rabelais

Sleep is an excellent way of listening to an opera.—

James Stephens



In honor of Women's History Month and in memory of Erma Bombeck who lost her fight with cancer.

IF I HAD MY LIFE TO LIVE OVER

By ERMA BOMBECK

*I would have invited friends over to dinner even if the carpet was stained and the sofa faded.
I would have eaten the popcorn in the "GOOD" living room and worried much less about the dirt when someone wanted to light a fire in the fireplace.*

*I would have taken the time to listen to my grandfather ramble about his youth.
I would never have insisted the car windows be rolled up on a summer day because my hair had just been teased and sprayed.*

*I would have burned the pink candle sculpted like a rose before it melted in storage.
I would have sat on the lawn with my children and not worried about grass stains.
I would have cried and laughed less while watching television and more while watching life.*

*I would have gone to bed when I was sick instead of pretending the earth would go into a holding pattern if I wasn't there for the day.
I would never have bought anything just because it was practical, wouldn't show soil or was guaranteed to last a lifetime.*

Instead of wishing away nine months of pregnancy, I'd have cherished every moment realizing that the wonderment growing inside me was the only chance in life to assist God in a miracle.

*When my kids kissed me impetuously, I would never have said, "Later, now go get washed up for dinner."
There would have been more "I love you's" and more "I'm sorry's," but mostly, given another shot at life,
I would seize every minute...look at it and really see it ... live it ...and never give it back.*

PAIN IS CONNECTED WITH SLEEP PROBLEMS

The Washington Post reports "tens of thousands of people whose chronic physical pain is usually kept in check have suffered setbacks since the terrorist attacks on New York and Washington, according to pain management specialists across the nation." The paper says pain clinics have been "inundated with complaints of worsening pain from patients who suffer from cancer, back problems, chronic headaches and other ailments." Experts say the patients' reports are triggered by stress over the attacks and the fear of more terrorism in the future.

While there is a clear connection between stress and chronic pain, there is also a connection between pain and sleep problems. The National Sleep Foundation found that 20% of adults reported that pain or physical discomfort disrupts their sleep a few nights a week or more. The 1996 NSF Sleep in America poll conducted by the Gallup Organization revealed that 65% of those with pain and sleep problems were awakened during the night by pain, and 62% woke up too early because of pain.

SAD Study

Dr. Lahmeyer of Northfield is enrolling individuals who suffer from winter depression into a clinical research study comparing Wellbutrin to a placebo in the treatment of SAD.

Winter depression, also known as Seasonal Affective Disorder (SAD), is a form of depression with symptoms that begin in the fall, peak in the winter and usually resolve in the spring. More than 10 million Americans may suffer from winter depression each year.

Men and Women interested in participating in this study must be at least 18 years old, and must have a history of winter depression that has occurred in a seasonal pattern during the autumn and winter, for the last 2 years. Volunteers should not be currently depressed. After signing an informed consent form, volunteers will undergo a screening visit to determine if they meet entry criteria and to collect background information about their depressive episodes. Qualified participants will be asked to complete up to 11 scheduled visits along with seven telephone visits over the course of the 3-7 month study.

For more information on this study, please call Oren Boxer or Dan Singer at Henry Lahmeyer's office, at (847) 446-3531.

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