

YELLOW PAGES OF SLEEP, MOOD & PERFORMANCE

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SLEEP & HEALTH

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THE DEFINITION OF GOOD HEALTH:
RESTFUL SLEEP AND PRODUCTIVE ALERTNESS

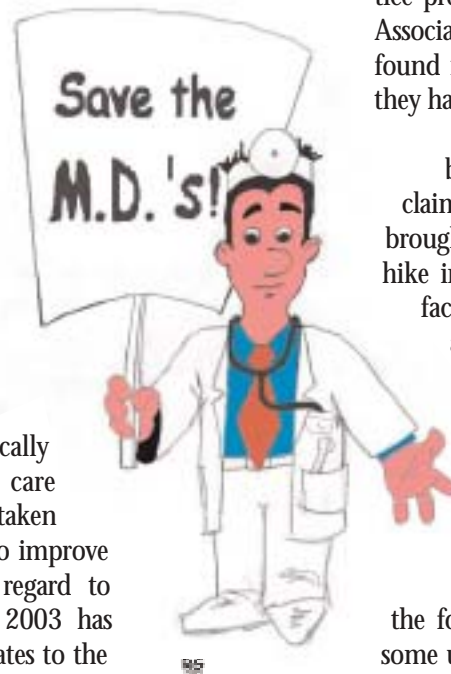
SAVE THE DOCTORS REDUX

By Peter Dodzik,
Managing Editor

Many of our readers may remember the “Save the Doctors” article published several months ago in *Sleep & Health*. Our goal was to bring attention to the crisis in the medical profession affecting physicians and their patients. Prescription drug ads, rising medical malpractice premiums, managed care woes and ubiquitous Internet resources have dramatically changed the nature of health care delivery. Some states have already taken steps at the legislative level to try to improve the position of physicians with regard to malpractice premiums. However, 2003 has already brought the crisis in two states to the media forefront.

Surgeons in West Virginia's panhandle walked out of all elective surgeries on January 6, 2003 to protest the rising costs of medical malpractice premiums and the basically unrestricted ability to wage lawsuits by patients and their attorneys. And just this past week, 4000 New Jersey doctors walked off the job to rally in front of the statehouse. “West Virginia is chasing the doctors — and the businesses in general — out of the state,” the Associated Press quoted a spokesman for the WV doctors. Although attempts were made to try to avert the impending walkouts, many physicians felt that these were attempts at pacification only and not real systemic changes.

The issue is more than just a few doctors looking to make a little more money. Neurosurgeons, who traditionally pay higher premiums than most other specialists are paying up to \$134,000 per year in medical malprac-



tice premiums according to sources from the Associated Press. General surgeons have also found increases of up to 300%, even though they have never had a claim filed against them.

The doctors site the lack of regulation by the government on the types of claims and unlimited damages that can be brought against them as the reason for the hike in premiums. Although likely a multi-faceted issue, insurance companies often agree that the “soft damages,” those for pain and suffering, often include huge settlement figures based on precedents from earlier cases rather than scientific or ecological evidence.

Meanwhile, in West Virginia, patients are being transferred from the four hospitals involved in the walkout, some upwards of 90 miles away. The doctors have labeled this protest a “work slow-down” and say that they are still performing the critical care cases while attempting to make their concerns heard.

Thankfully, as this article is being written (January 12, 2003), legislators, including the Governor, are trying to propose changes in the legislation to help physicians and provide some long-term stability to this crisis. Unfortunately, the West Virginia crisis is simply a microcosm of the world as a whole and strikes, such as this, have been proposed in neighboring states (Pennsylvania) and around the world (Israel). Broad changes are needed to bring balance to a patient's right to quality health care, the means of addressing their grievances and the protection the physicians need to try new, ground-breaking work without fear that their attempts to advance the science will lead to their own demise.

We at *Sleep & Health* welcome your thoughts on this and other issues.

PEOPLE OF THE MONTH



Jason Robinson:
Boxer— At the top of his
mental and physical game



Vadim Rotenberg,
M.D., Ph.D., D.Sci.—
Outstanding Sleep Researcher
(Israel)



Dr. Mike Davison— Radio
Talk Show Host, on the Air
and the Web



CHILDREN & FAMILY

OVERWORKED AND



By Rachel Melissa Lara,

Age 14, San Antonio, Texas, International School of the Americas High School Student

"Oh, I am so tired! My head feels like a ton of bricks!" This is the common war cry among the teenagers at my school. We trudge through the school grounds like brain-dead zombies, our classes melding into one another until they become one big mess; a day looming before us full of lessons, homework, and it is not even 9:00 AM!

Many expectations and pressures are applied to today's teenagers. We are, from day one, constantly being pressured to be better than everyone else, to always set our expectations high, not only meeting them, but also exceeding them. From kindergarten, we are being prepared for college, and high school is just one small step from being in the big leagues. While in my home, we were encouraged to do our best and follow our dreams; the external pressures have always been there. Last year, we attended a family night for my brother who was leaving elementary school and heading to middle school. There they discussed college and what classes he should take in middle school and then high school to be considered for a "good" college. He was 11 years old at the time; this is the world we are living in today.

A regular day for me starts at 5:45 in the morning when my dreaded alarm clock rings. I catch my bus to high school at 8:15, and school starts at 9:00 AM. After seven hours of classes, the school day ends at 4:00 PM, although I rarely get home before

5:00. On average, I have about two to three hours of homework ahead of me, so free time is unheard of. When I have a project due, you can add another two hours. Dinner is at about 7:00, and rarely do I get to bed before 10:30. Often, sleep is the last priority on my list because I am too busy doing homework, studying for exams, or working on projects to sleep!

I recently read in an article in USA Today that 51% of adolescents, ages 10 to 18, go to bed at 10:00 PM or later on school nights; 84% of adolescents have to get up at 7:00 AM or earlier on weekdays in order to be on time for school. According to the National Sleep Foundation, adolescents need about 8 hours of sleep; however, it is estimated that only 15% of adolescents actually get that much; 25% of teens claim less than 7 hours of sleep each night (most of my friends do not get more than five hours of sleep). The pressures that are applied to teenagers are tremendous, they affect our state of mind, our physical and emotional beings, and often our ability to sleep well.

Since the beginning of my freshman year in high school, I have found that I am dozing off more in class. I excel in school; however, the fact is, I fall asleep in class because I am tired. And I can't sleep because I am stressed and too busy thinking to actually fall asleep at night. It is a continuous cycle that affects every aspect of my life, including emotional and physical abilities, eating habits, headaches and migraines, and feeling "brain-dead" every day. Sleep is the only part of your day that you are given down time to truly relax these days. It is a time that we should respect, but instead we abuse it, claiming that it is not important or time we "don't really need." I find it incredible that we are so ignorant of our own needs.

What's the solution? I am not sure there is one. In this fast track society, the expectations are there. We can try to slow down in our personal lives and to treat ourselves better, but at times, deadlines and responsibilities get in the way of that commitment. We live in a society that does not appreciate sleep. We are continuously pushed forward to do more. Along the way we have lost something very precious. We have lost the idea that time to relax is important. We have lost the notion that sleep is what rejuvenates you. We have lost the simple pleasures in life such as reading a book, taking a walk, or taking a nap. These are the things that can keep us going, the things that matter most. Instead we are running more and more on empty. The idea of multitasking has become the ideal in today's society. As a nation I think we should try and reevaluate our priorities and let kids be kids.

SLEEP PROBLEMS IN CHILDREN WITH DEVELOPMENTAL DISORDERS

By Alexander Golbin, M.D.

In 1905, Dukes made the following observation about the effects of sleep loss upon the children in his care:

"...younger pupils are allotted the same number of hours as the seniors for sleep. What this means to the children is lower vitality, apathy, bloodlessness, diminished growth of the body and brain. It renders the child easy prey to disease [and] causes slight fainting attacks resembling cases of epilepsy..."

Although the tone of his remarks may seem over-dramatic, it is now well recognized that impaired sleep quantity or quality can have profound effects on daytime mood, behavior, cognition, general performance and physiology. When a sleep disturbance is present in children, it impacts not only the child's daytime functioning, but also that of the parents and the family at large; associations between childhood sleep problems and maternal

stress, depression, poor marital relationships and even child abuse have been reported.

The negative associations with childhood sleep problems are of particular concern in view of the high prevalence of sleep difficulties. Figures indicate that 25% of preschool children, 43% of school-age prepubescent children and 33% of adolescents have some type of sleep disorder and these are likely an underestimation. The reported rates of sleep disorders in children with developmental disorders are even higher. Rates vary depending upon the criteria used to define a "sleep problem," but examples reported are 49-89% of children with autistic spectrum disorders, 25-50% of children with attention deficit hyperactivity disorder (ADHD) and 34-86% of children with intellectual disabilities.

The sleep problems in children with developmental disorders deserve particu-

These reported sleep abnormalities could be classified into three basic groups:

- (1) Physiological sleep irregularities, such as rapid eye movement (REM) sleep abnormalities, which have been identified across a range of conditions (the clinical significance of these anomalies is often uncertain);
- (2) Sleep disorders that are most prevalent in particular groups of children, often resulting from their underlying condition. For instance, sleep related breathing disorders are common in children with Down Syndrome because of congenitally narrow airways, reduced muscle tone and increased tonsil and adenoid size;
- (3) Sleep 'problems' of unspecified origin, which are commonly reported across a range of waking, irregular sleep patterns, short-duration sleep and daytime sleepiness.

There is also a possible fourth group, in which the sleep disorder is causing or contributing to the 'primary' condition. A substantial minority of children with ADHD are reported to have Periodic Limb Movement Disorder (PLMD), a condition characterized by stereotypic and repetitive limb movements during sleep, which are accompanied by physiological arousal. Sleep quality in PLMD is impaired to such a degree that it shows in daytime behavioral manifestations of sleep disruption, poor concentration and overactive behavioral impulsivity. After treatment for the PLMD, ADHD symptoms have been reported to diminish or even resolve themselves completely in these cases.

lar attention, not only because of their prevalence, but also because of their persistence, severity and the additional stress they place upon families. The contribution sleep disturbances make to daytime difficulties with behavior and cognition

are tremendous. In addition, this burden is passed on to the parents and limits their ability to cope with these children. Fortunately, improvements in child and parent functioning can follow successful treatment.

PEOPLE OF THE MONTH



JASON ROBINSON: BOXER – AT THE TOP OF HIS MENTAL AND PHYSICAL GAME

By Reginald I. Givan, Staff Writer

Jason Robinson is a 27-year-old man, handsome, soft-spoken, good natured and kind. He loves video games, watching cartoons and playing Monopoly with his girlfriend's daughter.

So what, you may ask, makes this man different from others? If you met Jason Robinson on the street, you would never guess by his manner or appearance that he is a professional boxer in the cruiserweight division (190 pounds), with a record of 16 wins, 3 losses, with 10 victories by knock-out or that he spends his days toiling through rigorous workout routines that include punching the bag, lifting weights and sparring with opponents.

Jason's fighting career started with an interest in the martial arts, specifically kickboxing. He competed in the amateur and professional ranks, "I enjoy the challenge of having to learn to combine punches and kicks to mount a successful offense against my opponent," says Jason.

I met Jason when he was in his teens, eye-level with me, and growing (currently 6'2", I am 5'7"). We trained together at the same gym, where I had a chance to watch him mature and to see his skill level grow as he faced new and more skilled challengers. His sense of humor, his work ethic and his dedication to the sport are still strong. Jason went on to have a successful kickboxing career and then a few years ago, he made the jump to professional boxing.

I asked Jason how his training affects his daily life? He said that "...the discipline and commitment that he learned in both boxing and kickboxing has taught him to keep pushing forward through any adversities that he encounters."

The adversity that Jason speaks of has entered into his personal life. Jason lost his father early on and confronted much of the difficulties, which face the youth of today, on this own. While in his first year of college, his mother became ill causing him to leave school to help his brothers and sister pay for the mortgage on their family home. Sadly, after a hard-fought battle, Mrs. Robinson succumbed to her illness. Jason and his siblings; however, fought to maintain their family unit and against all odds, Jason prevailed and grew to be a respected figure in the boxing community. His family is very supportive of Jason's dream to win a title and attend his bouts at every opportunity.

At this point in his career, Jason works, not only at the physical aspect of training, but has come to see that his mental game is as important. Jason says, "Eighty to ninety percent of fighting is mental; not only must you prepare for the physical challenges that you may encounter, but being prepared mentally is definitely the key to succeeding in this sport as well as in life."

Continued on page 4



VADIM ROTENBERG, M.D., Ph.D., D.SCI- OUTSTANDING SLEEP RESEARCHER (ISRAEL)

Dr. Vadim Rotenberg is a psychiatrist and an outstanding researcher in the psychophysiology of sleep. He is the author of several original and advanced concepts that have changed our understanding of the function of sleep and mental disorders.

Dr. Rotenberg's "Search Concept," that emphasized an active search for a solution as a fundamental brain function, explained the active role of our dreams; in our dreams, we are "searching" for a solution. While we are "searching", awake or in our dreams, our resistance to stress and disease is higher. When we stop "searching," we are more susceptible to illness. His work on brain function helped us to understand memory, as well as hypnotic, creative and dissociate states of mind. His theory of two types of anxiety (productive and destructive) was the basis for developing the most advanced form of psychotherapy for anxiety.

There is no area in the field of psychophysiology and mood disorders where this outstanding researcher has not made a unique contribution. It was formally announced by the International Biographical Center in Cambridge that he was included in the Cambridge List of Outstanding Intellectuals of the 20th Century and Scientist of the year in 1993/4 and 1999/2000. You can find his biography in "Marquis Who's Who in the World", "Marquis Who's Who in Science" and "Marquis Who's Who in Medicine and Healthcare".

His biography is as fascinating as his work. If you picture Professor V. Rotenberg as a distant, hard-nosed scientist, you are dead wrong. In personal contact, Vadim is an incredibly warm, charming, caring person and friend. If you met him in a social setting, you would never guess that this great storyteller with a delicate sense of humor, a romantic and a philosophical poet is a tough researcher who "killed" many sound theories and "grilled" much experimental data.

Dr. Rotenberg graduated from State Medical School (called the First Moscow Medical Institute). He was among the first scientists in Russia to begin Sleep Research. He has an M.D. and Ph.D. and soon after achieving these, he received his highest degree, Doctor of Science, which was quite a challenge for a Russian Jew at that time. Despite writing many books and achieving European fame, Dr. Rotenberg was forced to immigrate to Israel.

Presently he is the Head of a Sleep Center affiliated with Tel-Aviv University, a Senior Lecturer at the university, as well as a Senior Lecturer at Harvard, University of Chicago, Toronto, Berlin, and others. He has published 150 papers and 5 monographs.

If you are interested in reading some of Dr. Rotenberg's creative ideas and poems, you can find them on his Web Site http://rjews.net/v_rotenberg/book4.html.

Dr Vadim Rotenberg is a great model for how a scientist should be: creative in all aspects of life, an erudite and the heart of any group of which he has contact.



LOCAL PSYCHOLOGISTS OFFERS "POSSIBILITIES" OVER THE RADIO

By Dr. Peter Dodzik, Managing Editor

Chicago Psychologist Mike Davison began hosting a radio talk show last year, which hopes to "Help you access more of your potential and personal development." However, you won't find the program on any of the Chicago stations. In fact, to hear this potentially life-changing program; you have to use your computer.

Since its inception, Dr. Davison has had many prominent names in the field of psychology including Albert Ellis, the founder of Rational Emotive Therapy. "I actually did the interview from New York at his Institute, it was a great experience. In fact up to this point, I have been able to get everyone I have approached thus far," says Davison.

Currently, the show reaches over 25,000 people in Phoenix on KFNB, AM1100 and a wide base in Rhode Island as well. Davison says that the listeners are drawn to the wide range of topics including everything from Hypnosis to Domestic Violence. Davison thinks that the topic matter is probably more of a draw than the guest at times, "because the average person outside of psychology may not be familiar with Dr. Martin Seligman;" however, they are likely to have heard of the theory of "learned helplessness," which he coined.

Davison says that he has begun to get a large listener base in Chicago, mainly because of the Internet. Listeners can tune in through the computer every Friday at 12:00pm through www.nabcinc.com and go to the KFNB icon. In addition, Dr. Davison fields questions from many listeners sent through email. "I didn't realize how many people listen to radio through their computers at work," quips Davison, "but the trend seems to be catching on."

When not on the air, Dr. Davison teaches clinical psychology at the Adler School of Professional Psychology in downtown Chicago and maintains a private practice in Arlington Heights. He can be reached at www.doctordavison.com or at (800) 470-3257.



TRADITIONAL & ALTERNATIVE MEDICINE

"SKINNY KIDS"

By: Margo Schafer

A new diet pill for children has the media and some medical experts in an uproar. Called the "Skinny Pill for Kids," it is an herbal supplement that is marketed on the Internet to children, age 6 to 12. It has been called everything from "junk science" to "potentially fatal" by the medical community.

Pediatric experts and nutritionists are concerned because the herbal supplement contains three diuretics and potentially lethal doses of Niacin. The supplement has never been tested for safety or efficacy in children.

The pill contains uva ursi, juniper berry and buchu leaf. All are diuretics—they cause the body to lose water. The Physicians Desk Reference states that Uva Ursi should not be given to children under age 12.

Levels of Niacin in the pills are four times the recommended dosage for 8-year old children and could potentially cause serious kidney and liver damage.

"It's absolutely outrageous," said Keith Ayoob, a pediatric nutritionist and an American Dietetic Association spokesman. "It's not going to help people lose weight. It's junk science."

The pill was developed by Edita Kaye, a business woman whose website claims that she has been "called America's favorite nutritionist," though Kaye has admitted in interviews that she is not, in fact, a nutri-

tionist. Kaye merely claims that people call her a nutritionist. Kaye's website, which also markets similar skinny pills to adults, features a photo of her eating a slice of pizza.

Though obesity has been shown to be an increasing problem in children, many experts believe that Kaye's solution is ill-informed and dangerous. Diuretics are not an effective weight loss tool, because they cause loss of water, not fat. Any "weight" that is lost will be regained when the water is replaced.

The supplement has not been studied clinically and has no data to show that it can be given to children safely, nor any data to show that it is effective in helping children lose weight. Like all herbal supplements, the pill is not regulated by the Food and Drug Administration.

Nutritional experts have, for many years, maintained that a low-fat diet, and plenty of exercise, is the healthiest way to lose weight, and keep it off, for both adults and children.

According to the American Dietetic Association, losing weight—at any age—is not a mysterious process. It's scientific: if you burn more calories than you take in, you will lose weight. If you burn fewer calories, you will gain weight.

The opinions in this article are solely those of the author and do not necessarily reflect the beliefs of Sleep & Health.

Jason Robinson: Boxer—At the Top of Mental & Physical Game

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Jason continues to work towards forging a successful boxing career. His next bout is scheduled for March 1, 2003 at Caesar's Palace in Las Vegas, Nevada. He will be fighting a ten round bout against Ezra Sellars on the under card of current light heavyweight champion Roy Jones Jr. Jason says, "This will be a tough fight, but I am prepared to face anything."

These are words that I have come to believe about Jason; anything in the ring or anything that life may throw at him, Jason will take on. I have come to think of Jason as a younger brother and when that bell rings on March 1st, I will be there. I am proud of Jason the boxer and even prouder of Jason Robinson the man.

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FDA to Speed Arrival of Generic Drugs

Oct. 21, 2002 — The FDA will change a rule that lets drugmakers slow the arrival of lower-cost, generic versions of their brand name drugs, an official said.

Currently, brand-name drug companies can file for repeated 30-day stays to keep generic drugs off pharmacy shelves. Secretary of Health and Human Services Tommy G. Thompson announced that the FDA will eliminate this practice.

"This proposed rule change would bring relief from the high prices that American consumers frequently pay for prescription drugs," Thompson says in a news release. "This proposal would not only move generic drugs to market more quickly, but could save consumers approximately \$3.5 billion every year."

With strong support from both Democrats and Republicans, the Senate recently passed a stronger measure. The House has yet to act. Ben Peck, a spokesman for the consumer watchdog group Public Citizen, says the Bush administration opposed this bill. He sees the new rule as an effort to bypass more effective legislation.

"We feel like this is a day late and a dollar short," Peck tells WebMD. "This legislation passed in the Senate with 78 votes and bipartisan support. From our perspective, this bill was already a compromise. There should have been even more consumer protections. Now the administration has watered this down to where it is unacceptable."

Peck says the proposed rule states that the FDA lacks the expertise and authority to decide patent disputes — effectively washing its hands of any real ability to speed generic drugs to market.

According to the HHS, the new rule would still allow brand-name drug companies to protect their patent rights. But it would clarify the types of patents that the companies can ask the FDA to protect. In the past, things like changes in packaging or minor changes to the drug have been used to get the FDA to extend patent protection for brand-name drugs.

"This proposal provides a common-sense balance between providing patent protection for brand-name pharmaceutical manufacturers and our desire to speed generic drug approval," Lester Crawford, PhD, DVM, deputy commissioner of the FDA, says in a news release.

The chief lobbying group for brand-name drug-makers, the Pharmaceutical Research and Manufacturers of America (PhRMA), has not decided whether to support the proposed ruling.

"This is a very complex issue, and we need more time to think about it," PhRMA spokesman Jeff Trehwitt tells WebMD.

The rule change will be open for a 60-day public comment period beginning Oct. 24. After considering these comments, the FDA will make its final ruling.

*By Daniel DeNoon, WebMD Medical News
Reviewed By Brunilda Nazario, MD*



NEWS FROM RESEARCH

DENTISTS GIVE PATIENTS AN ALTERNATIVE TO CPAP

By: *Ira L. Shapira, DDS, FICCMO*

While many patients with snoring and apnea are very pleased with CPAP as a treatment, historically fewer than 50% tolerate it on a long-term basis for even half the night. Many patients, who tolerate CPAP while at home, find it a major inconvenience when traveling. The good news is that there is an excellent alternative for most patients, the intraoral dental appliance. These are appliances that a patient can wear comfortably, in their mouth, that keeps their airway open while they sleep without noisy compressors, tubes, straps or masks. While they are not perfect, almost all patients who have tried an oral appliance prefer it to CPAP. Of course, most patients who try appliances were unable to tolerate CPAP in the first place.

Most sleep doctors and sleep centers prescribe CPAP or BiPAP as the first mode of treatment and it is still considered the gold standard of sleep medicine, but that may be changing. Effective December 12, 2002 the FDA announced its final rule, which changes the classification of intraoral devices to Class 2 (special controls). This ruling is expected to increase insurance reimbursement for patients choosing this comfortable alternative to CPAP.

This author considers this ruling an important step to universal acceptance of intraoral appliances, not primarily for patients who cannot tolerate CPAP, but rather as a first line of treatment for snoring and mild to moderate apnea, as well as a realistic option for some patients with severe sleep apnea. It is important to clarify that

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LASER SURGERY WON'T CURE SLEEP APNEA

By Dr. *Peter Dodzik, Managing Editor*

Laser surgery for the treatment of chronic snoring has become more popular in recent years. The procedure is safe, relatively painless and involves minimal disruption to daily living. However, for some forms of snoring, the results could hide a larger problem.

For Sleep Apnea sufferers, laser surgery may not be the best answer. While the procedure brings short-term relief, people often end up snoring worse than before.

The procedure called laser-assisted uvulopalatoplasty (LAUP), which involves removing soft tissue on the back of the throat and palate — has been used since 1990. However, Yehuda Finkelstein, M.D., a researcher at Meir Hospital, Sapir Medical Center in Kfar Saba, Israel, reports that two years ago, the American Academy of Sleep Medicine stated that LAUP, "is not recommended for the treatment of sleep apnea."

It "has become a popular treatment for the management of snoring," he writes. However, recent studies have shown that a large portion of patients develop significant worsening of sleep problems and only a few patients had satisfactory relief from their sleep disorder.

Dr. Finkelstein followed the progress of 26 patients who had LAUP for Sleep Apnea. Initial results were encouraging: up to 88% saw "significant improvements" in snoring. However, twelve months later, there was a "significant deterioration in the favorable results ... and significant aggravation" in snoring, according to his study published in the *April Archives of Otolaryngology — Head and Neck Surgery*.

The study did indicate that, though snoring was worse, the noise quality did seem to improve. In addition, the patient's bed partners reported that the frequency of the snoring sound was changed and was "less annoying to the human ear."

The research has suggested that the scarring caused by lasers may be the root of the problem.

Nevertheless, "we achieved a surgical success in only one third of our patients and found a deterioration ... in a considerable number," Finkelstein indicated. These facts are "cause for concern" and suggest that LAUP might not be an appropriate procedure to treat sleep apnea.

ACADEMY OF DENTAL SLEEP MEDICINE

Established in 1991, the Academy of Dental Sleep Medicine (ADSM) is the only professional association that represents dental and medical practitioners treating sleep-disordered breathing (SDB) through the use of oral appliance therapy. The Academy also fosters relationships with the medical community to further sleep disorder research and treatment.

The ADSM provides programs, information and services to nearly 500 individual members. The Academy advocates oral appliance therapy and supportive policies in the medical and dental communities and the public sector. These programs and services include the sponsorship of educational forums and the development of products for pro-

fessional and patient education.

The academy serves as a common platform for professionals from a wide spectrum of specialties. These include general dentistry, orthodontics, prosthodontics, oral and maxillofacial surgery, periodontics, endodontics, oral and facial pain, sleep medicine, neurology, pulmonology and cardiology. These professionals gather to discuss ideas, develop methodologies, promote education and stimulate research related to dental sleep medicine.

June 6 – 8, 2003, the ADSM will host its 12th Annual Meeting in Chicago. This Annual Meeting is the single largest gathering of dental professionals involved in the treatment of sleep-disordered breathing.

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ART & SLEEP



Degas



By Deena Sherman

Seen from a low angle, with the subject's head turned away, *Reclining Nude* by Edgar Degas reflects the artist's brilliance at painting subjects in unusual positions.

The nude seems to mold with the bedding, her lowered clothing gently falling over part of her body. It is surely a painting restful enough to put any insomniac to sleep.

The very different, *Retiring*, has dark but vibrant colors and depicts the female subject about to switch off the bedside lamp and go to sleep. The bed looks inviting and cozy with curtains surrounding it to make an encompassing, protective womb.

Degas was a master at catching his subjects in unguarded moments. His critics have said he did not engage his subjects, but Degas wanted to depict his models as if he were looking through a peephole, seeing vibrant bodies in their natural state. Many other paintings reflect this style, often showing his subjects in informal, sometimes awkward ways: *Woman Brushing Hair* is an example, as is one of his most famous works which has graced many a book cover, *Absinthe Drinker*; a painting of a woman and man at a bar. This painting inspired Edouard Manet to paint *Café-Concert*, using the same models.

Degas was born to a wealthy, French family in 1834. He was fortunate to always be encouraged as a painter and studied in Italy for five years in his early twenties. While originally planning to paint historical events, he turned to the emerging style of impressionism. Like many other impressionists, he wanted to paint modern life, but he did not. As was the case with other impressionists, he did not focus on light and color, but rather tended towards form and composi-

tion. His most often painted subject was that of ballerinas, followed closely by horse races.

Degas' attitude towards women has been differently reported. Degas never married, apparently saying he would have been in mortal misery all his life for fear his wife might say: 'That's a pretty little thing,' after he had finished a picture. He was not gay, though he invited that reputation with his famous reply to a hostess who asked him: "Why do you paint women so ugly, Monsieur Degas?" to which he barked: "Because, madam, women, in general, are ugly".

Soon after he started gaining recognition as a painter, in his mid-thirties, Degas visited relatives in Louisiana. (His mother was an American from New Orleans.) While there, he painted the stunning *Cotton Exchange* at New Orleans, which was the only picture purchased by a museum during his lifetime. Degas died in 1917. Earlier this year, one of his paintings, *Au musée du Louvre*, painted in 1879, sold at Sotheby's for \$16,509,500.

ODDS & ENDS



Who Packs Your Parachute?

Charles Plumb was a U.S. Navy jet pilot in Vietnam. After 75 combat missions, his plane was destroyed by a surface-to-air missile. Plumb ejected and parachuted into enemy hands. He was captured and spent 6 years in a Communist Vietnamese prison. He survived the ordeal and now lectures on lessons learned from that experience.

One day, when Plumb and his wife were sitting in a restaurant, a man at another table came up and said, "You're Plumb! You flew jet fighters in Vietnam from the aircraft carrier Kitty Hawk. You were shot down!" "How in the world did you know that?" asked Plumb.

"I packed your parachute," the man replied.

Plumb gasped in surprise and gratitude. The man pumped his hand and said, "I guess it worked!"

Plumb assured him, "It sure did. If your chute hadn't worked, I wouldn't be here today."

Plumb couldn't sleep that night, thinking about that man. Plumb says, "I kept wondering what he had looked like in a Navy uniform: a white hat, a bib in the back, and bell-bottom trousers. I wonder how many times I might have seen him and not even said 'Good morning, how are you?' or anything because, you see, I was a fighter pilot and he was just a sailor."

Plumb thought of the many hours the sailor had spent at a long wooden table in the bowels of the ship, carefully weaving the shrouds and folding the silks of each chute, holding in his hands each time the fate of someone he didn't know.

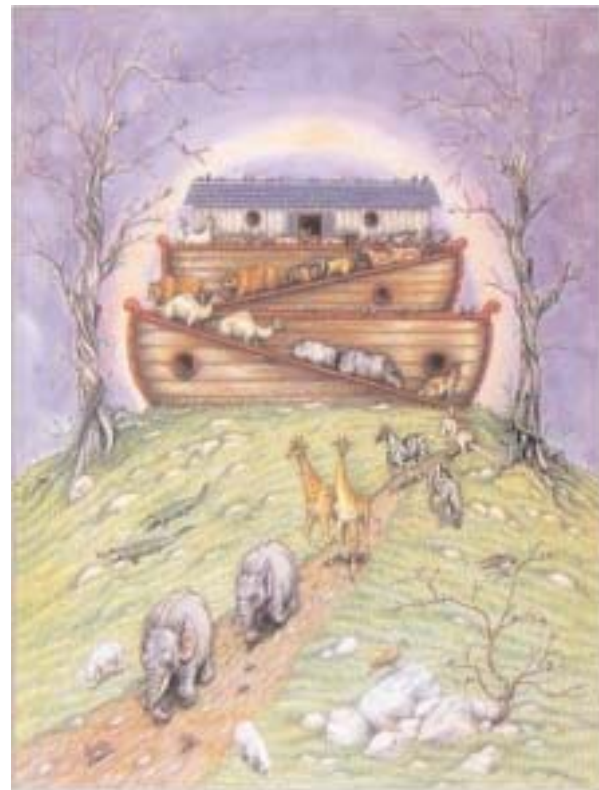
"Who's packing your parachute?"

Everyone has someone who provides what they need to make it through the day. He also points out that he needed many kinds of parachutes when his plane was shot down over enemy territory - he needed his physical parachute, his mental parachute, his emotional parachute, and his spiritual parachute. He called on all these supports before reaching safety.

Sometimes in the daily challenges that life gives us, we miss what is really important. We may fail to say hello, please, or thank you, congratulate someone on something wonderful that has happened to them, give a compliment, or just do something nice for no reason. As you go through this week, this month, this year, recognize people who pack your parachutes.

Email from a friend

Noah's Ark



Everything I need to know, I learned from Noah's Ark...

ONE: Don't miss the boat.

TWO: Remember that we are all in the same boat.

THREE: Plan ahead. It wasn't raining when Noah built the Ark.

FOUR: Stay fit. When you're 60 years old, someone may ask you to do something really big.

FIVE: Don't listen to critics; just get on with the job that needs to be done.

SIX: Build your future on high ground.

SEVEN: For safety's sake, travel in pairs.

EIGHT: Speed isn't always an advantage. The snails were on board with the cheetahs.

NINE: When you're stressed, float awhile.

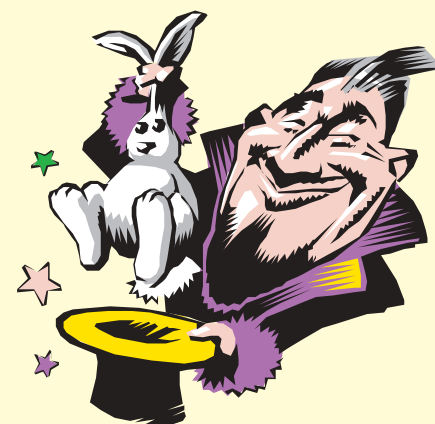
TEN: Remember, the Ark was built by amateurs; the Titanic by professionals.

Email from a friend

Wanted... Magician Healer

There is a vacancy on an unusual position in New Zealand—State Healer Magician. The present Magician Healer is Ian Blekenberg Shanli who has been in this position for 10 years. He states that he wants to come back to normal life.

This state mystic should share his wisdom based on mystic information with people and tourists. Official mystics should have rain dances during dry periods. His job is considered so important that he is free from tax.





NEWS FROM CANADA

THE NEUROBIOLOGY OF SLEEP



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

Advances in knowledge of brain regulation of sleep and wakefulness have led to fundamental discoveries in the neurobiology of sleep. Soon we will reach the fifty-year milestone of the scientific era in sleep medicine. Polysomnography has played a major role in establishing this new field. The first continuous all-night recording of ocular motility in sleep, using combined EEG and EOG techniques, was conducted in the latter part of 1951 by E. Aserinsky on his eight-year-old son. The discovery of REM sleep in 1953 (Aserinsky and Kleitman), with its unusual physiology, prepared the basis for the understanding of different sleep disorders.

Since then, a variety of EEG sleep abnormalities have been described in psychiatric, medical and intrinsic sleep disorders (e.g. sleep apnea, narcolepsy, parasomnias etc). For instance, the sleep EEG in psychosomatic disorders, and particularly in depression, was investigated in more detail than in any other clinical entity. Slow wave sleep deficiency, low sleep duration caused by increased sleep latency, awakenings during the night and early morning awakenings, redistribution of REM sleep with its concentration in the first half of the night, decreased REM sleep latency, increased eye movement density in the first sleep cycle – all these features characterize the sleep of depressed patients. However, none of these alterations of sleep architecture are specific. More sophisticated new sleep EEG techniques should be applied to explore endogenous pathologic markers of the deceased brain.

Amongst these advanced methods are coherence and independent component analyses, which may reveal interesting differences between brain regions.

Over the past 10 years, the research has reached enviable maturity. M. Steriade and F. Amzica (1998) have shown that slow cellular oscillations of less than 1Hz synchronize various types of sleep rhythms including slow waves, spindles and short high-frequency bursts. Neuronal populations, responsible for coordinating slow wave sleep and harmonizing it with REM sleep, were identified in the hypothalamus and basal forebrain. There also is compelling evidence that high adenosine levels are being accumulated in the basal forebrain during prolonged sleep deprivation.

Other exciting developments have recently entered the domain of neurobiology of sleep. Use of CT, functional MRI and PET in sleep research have opened new perspectives in elucidating the basic mechanisms of sleep and wake interactions. The mapping of brain regions that are particularly activated during different sleep states of the normal and diseased brain, such as REM sleep, currently is an area of intensive research. There is evidence that areas activated during practiced tasks are reactivated during REM sleep. More recent neuroimaging studies show that human REM sleep is characterized by a specific pattern of regional brain activity. Although this is usually interpreted in relation to physiological and cellular mechanisms, the specific regional distribution of brain activity during REM sleep might also be linked to specific dream features. Remarkably, several bizarre features of normal dreams have similarities with well-known neuropsychological syndromes after brain damage, such as delusional misidentifications for faces and places.

Continued next month.....



ASK DR. SLEEP

DO I HAVE INSOMNIA?

Dear Dr. Sleep,

I think, I am pretty sure that I have insomnia, but it is only a mild case I'm sure. It only happens once in a great while (like now it is 5:00 AM). I eat well and I don't have too much stress in my life. Why can't I sleep?

Can anyone help me out? If so, send me an e-mail pretty please!!

Lindsey

Dear Lindsey,

Temporary insomnia, like yours, visits 40% of Americans. The visits of this unwanted guest become pretty bothersome. When a person has insomnia, even temporary, he/she is unhappy, fatigued, irritable, and not performing his/her best. In addition, many hidden body discomforts accompany insomnia.

What to do?

Rule #1: try not to get upset or angry. Meet this guest as any guest—polite-ly. When you worry or get upset or angry, it is the best way to prevent sleep.

Rule #2: have a pre-sleep ritual that stimulates the brain and body into a "sleep" mode. Light food like fruits, warm fluids and hot showers might help to smooth the transition to sleep.

Rule #3: if insomnia ever disturbs your mood or disrupts your life, do not hesitate to tell your doctor. Doctors today do not take sleep problems lightly.

Dr. Sleep

VIOLENT SEXUAL DREAMS

Dear Dr. Sleep,

I am embarrassed to admit that I have extremely violent sexual dreams. These dreams are from hell. I wake up tired and depressed. I am a very religious person and I am preparing to be a priest. I pray every evening, but it doesn't help much. Why is that, and what can I do? I am healthy except for a head trauma in a car accident a few years ago.

Peter, Peoria, IL

Dear Peter,

Sexual dreams are common and normal. Violent and repetitive dreams are another story.

I think it is a good idea to consult a sleep specialist; there may be several reasons for your problem. It is considered a problem, if the dreams become unusually intrusive, unusually long, and influence your daytime mood, performance and health.

Repetitive bad dreams with specific violent content do not mean that you are a bad person. Suppression of natural reflexes, for whatever reason, may cause the dreams to "act out." Head trauma that included brain "shaking," may also be a serious cause for violent dream outbursts. The content of the dream is unreal, but emotional and body storms are very real and might be damaging to your health.

Please contact your doctor or our hotline.

Dr. Sleep

TRAVEL



SLEEP DEPRIVATION RESPONSIBLE FOR CHALLENGER SPACE SHUTTLE TRAGEDY?

By Marci L. Givan
Assistant Editor

January 28th was the 17th Anniversary of the *Challenger* Space Shuttle Tragedy. The explosion, 73-seconds after liftoff, claimed the lives of *Challenger's* crew of 7 astronauts.

Following the terrible tragedy, on January 28, 1986, numerous investigations were launched. One of these investigations centered on the condition of the ground crew that was involved in the launch.

In the report from the Presidential Commission on the Space Shuttle *Challenger* Accident, it was revealed that exceptionally high overtime was accrued immediately before the accident. During the month of

January, the month in which the accident occurred, the employees had already participated in 5 aborts and 2 launches.

Over the period under study, the 20-hour limit on overtime was exceeded 480 times by employees of *Morton Thiokol* and 2512 times by *Lockheed* employees (the 2 companies contracting with NASA at the time of the accident).

"People who are as fatigued as those individuals, are generally error prone..." said Dr. Roger Fritz in an article on Sleep Disorders. Could sleep deprivation be at least partially responsible for this nightmare in our Country's history? This study seems to at least intimate that possibility.

Author's Addendum: This article was written prior to the tragedy of the Columbia Space Shuttle on Saturday, February 1, 2003. The seven astronauts that lost their lives on the Columbia knew the risks of their mission and embraced them with unwavering heroism in the name of science.

The staff of *Sleep & Health* would like to express our condolences to the families of the seven men and women who gave their lives for their countries. We salute their courage and pledge our gratitude for their contributions to us and to our future generations.

Dentists Give Patients an Alternative to CPAP

Continued from page 5

these appliances must be used in a similar manner to CPAP. Efficacy of treatment and appropriate titration must be confirmed by an overnight polysomnography test. Further, it is important to note that while a dentist may manufacture and deliver the appliance and deal with dental issues, it is always the sleep physician that makes the diagnosis and determines the efficacy of treatment.

Where does a patient find a dentist that understands the complexities of oral appliance therapy? I will make the following statement as a charter member of the Sleep Disorder Dental Society and a credentialed member of the Academy of Dental Sleep Medicine; the group to look to is The Academy of Dental Sleep Medicine. It is the only national dental group dedicated exclusively to dental sleep medicine. The group and its members are dedicated to continuing education for dentists and medical members of the sleep community. It will hold a three-day meeting in Chicago on June 6-8, 2003. All medical and dental practitioners, as well as research academics and sleep technicians are welcome at the annual meeting. If your dentist is not yet a member of the academy encourage them to join. The academy credentials members that have acceptable knowledge in the field of sleep medicine including oral appliance therapy and have presented extensive, completed and documented cases. There is a certification exam supervised by the Certification Board of the Academy of Dental Sleep Medicine, doctors who have met requisite requirements may take the exam at the Chicago meeting.

The academy has an excellent web site that can help patients find a trained or credentialed member to treat their sleep disordered breathing problems. The web site is WWW.dentalsleepmed.org. It is an excellent resource for anyone interested in oral appliances or looking for a qualified dentist.

THE NEW FACE OF AIR RAGE

There's a new kind of air rage out there, but it's the crew, not the passengers, who seem to be losing their cool. Stressed out by layoffs, extra security duties and now two big airline bankruptcies, pilots and flight attendants may have reached their boiling point.

In a first-of-its-kind survey, American Express found that 55% of fliers have seen a "noticeable decline" in cabin service, and one big flight attendant's union just hired a psychologist to study job stress. How bad is it? In one widely reported case, an American Airlines pilot had to make an emergency stop in Dallas to throw an unruly attendant off the plane (both the airline and the flight attendant's union declined to comment further).

Flight attendants claim that a lot of what seems to be rude behavior isn't their fault. Under new Federal rules, flight attendants have been required to step up scrutiny of passengers for security risks. "We would just grin and bear a lot of bad behavior," says Pat Friend, President of the Association of Flight Attendants. Now "we treat even the most minor disturbance as a level-one threat."

Still, Ms. Friend concedes that increasingly testy treatment of passengers is an "issue that needs to be addressed." Complaints about the flight attendants went up about 12% among big U.S. airlines in just six months, according to Planet Feedback, a con-



sumer-complaint service, while overall airline complaints are up about 9%.

Airlines say such incidents as the flight attendant who turned down a passenger's order for pretzels and told him to watch his waistline, are extremely isolated, but they also acknowledge a surge in requests for stress-management programs. "Certainly there's more stress to the job lately and that takes a toll," says Kristi Tucker, a spokeswoman for Delta Air Lines, which expects to furlough up to 1000 flight attendants in the coming months. The Union for United Airlines and US Airways has commissioned its own "coping study," while American Airlines' Union, the Association of Professional Flight Attendants, hired Loyola College psychologist Jeffrey Lating to study members.

Kevin Gaspari, a steward who joined US Airways in 1987 and fondly remembers the days of free Europe trips and tranquil cabins, found himself at a new training course a few months ago. He was learning how to brandish a coffee pot as a weapon and "elbow" potential terrorists to the floor. Mr. Gaspari, who is now taking a voluntary three-year-furlough, said, "A lot of us just didn't sign up for this."

From the *Wall Street Journal*
Jan. 10, 2003 p. W1, W12



BRIDGES & CROSSROADS

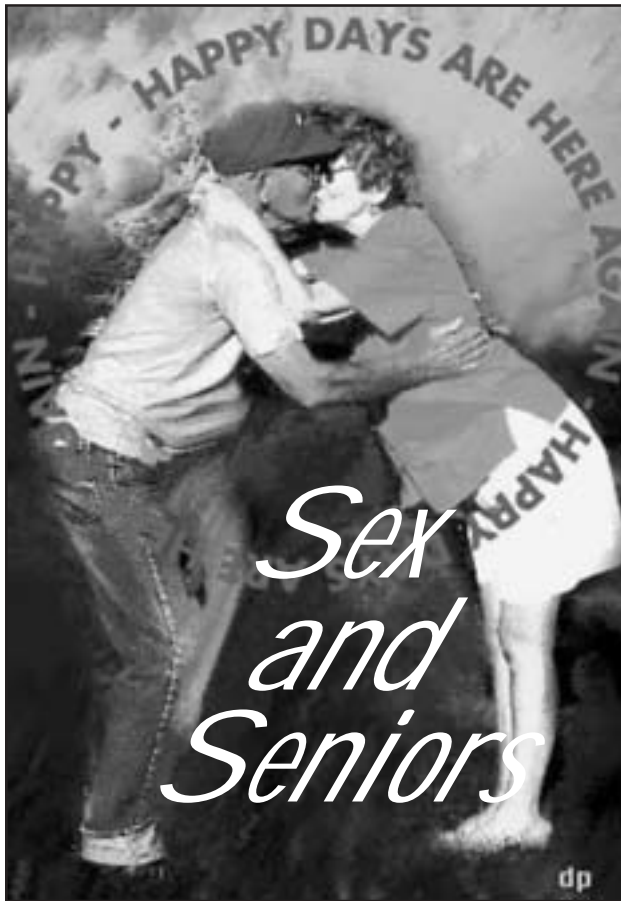
By Marci L. Givan, Assistant Editor

Americans getting on in years are still getting it on. Many people feel that after a certain age, sexuality becomes an insignificant or indifferent part of life. Nothing could be farther from the truth. A survey on Sexuality and Older Adults for the National Council on Aging found 48% of Americans ages 60 and older are sexually active at least once a month. Many people are sexually intimate well into their 80s and beyond. Charlie Chaplin fathered a baby when he was 73, Pablo Picasso, the renowned artist, fathered children into his 70's, and just recently in the news a 55-year-old woman gave birth to a baby to fulfill the dream of her second husband to become a first time father.

The real difference is in the way sexuality is expressed. Most anything can be a turn-on at 20, but at 60, after years of sexual experience, expressions of sexuality are more refined, more evolved.

One of the problems with sex is the false image conveyed by our "R" rated movies that seem to turn intimacy into an athletic performance. Actually, good meaningful sex is less performance-orientated. However, if you expect to react like newlyweds in the bodies of 50-to-90-year-olds, you may become frustrated and unhappy. But, if you learn to go with the flow and adjust and adapt to the changes in your body, sex can be fulfilling. Young people sometimes act as if they invented sex. However, according to a recent anonymous questionnaire of men and women from ages 80 to 102, sexual activity was so common that perhaps the role model for intimacy should be shifted from young people.

Here's a pleasant surprise, much of what we believe about the inevitability of declining sexuality in late life simply isn't true. Researchers believe that robust sexuality is possible into the tenth decade. However, elders themselves can create a self-fulfilling prophecy of declining sex-



© 1996 Dustin Pittman

ual activity based on the false assumption that decline in performance is a normal part of the aging process. Results from a study at Stanford University indicate that chronological age alone is not a good predictor of sexual function. Instead, factors such as illness, drug interactions or negative perceptions about late life sexuality are usually the culprit when sexual activity does decline. Most research suggests that the best predictor of sexual activity in old age, is sexual activity at younger ages.

Walter M. Bortz II of the Palo Alto Medical Foundation and Stanford University noted, "The pres-

ence of negative perceptions of sexual receptivity when combined with the presence of illness and drug use, may suppress the level of sexual functioning." In other words, sex begins in the mind. Older couples may have the same problems that effect people of any age. In addition, reactions to physical changes with age, retirement and other shifts in lifestyle and illness can cause sexual difficulties that can usually be helped.

In addition to the self-prophesizing and physical changes, which seem to be problematic for seniors sexuality, the cultural attitudes that revere reproductiveness and youthful good looks may contribute to the expectation that older people are, or ought to be, asexual.

Unfortunately, a wide variety of negative attitudes exist within society concerning sexual behavior and older people, which has influenced the thinking of older people themselves. The media is an important influence on attitudes; social and cultural definitions of sexuality and aging reflected in the mass media influence how older people perceive themselves. Kass (1981) theorized a Geriatric Sexuality Breakdown Syndrome in our society, through which elderly people internalize the negative attitudes to which they are exposed and perceive themselves as nonsexual. Kass said that this syndrome can be broken eventually by education to change society's negative attitudes, but more immediately, by educating aging adults about their sexuality and helping them develop ways to cope with the negative attitudes they receive.

Clearly, educational intervention is needed to dispel negative myths, stereotypes and self-fulfilling attitudes in older people and to promote the perception that full sexual expression is part of the entire extent of adulthood.

The best advice was given by Dr. Ruth Westheimer at an AARP Convention, "There is no reason in the world why most all of us can't have a hot and healthy sex life as long as we're still breathing."

Surfing the Odornet: Exploring the Role of Smell in Life and Healing

Although we seldom think about it, most of the important events in our life are associated with specific smells. This is why a particular scent often triggers memory of a previous happening.

Sigmund Freud, the founder of modern psychoanalysis, theorized that humans deal poorly with smell because of our evolutionary history. When we assumed an upright posture and began to walk, this resulted in a turning away from the earth and the pleasures of smells associated with earthiness. We eventually forgot how to enjoy smelling things, and scents and odors became less important.

Yet we get a different story from people who can no longer smell. As Rachel S. Herz, assistant professor of experimental psychology at Brown University, says,

[a] number of people have told me of their dismay at losing their sense of smell, through either disease or injury. The sensual experiences of eating, sex, and even walking in a spring morning are vastly diminished. But more interest-

ing—and disheartening too—is that those individuals often report a general, progressive blunting of their emotional lives. In other words, people who lose their sense of smell may undergo a loss of intensity of emotional experience in general.

Today the sense of smell is the subject of several studies. For years, dogs and their sense of smell have been employed to detect fleeing criminals, drugs, and explosives.

In April 1989, British physicians reported the ability of a Border Collie-Doberman cross to sniff out a melanoma in the left leg of a 44-year-old patient. It was apparently the first published study of cancer detection by an animal.

Researchers at the University of Pennsylvania have developed a way of predicting the development of Alzheimer's disease that involves the sense of smell. Patients are asked to identify a smell. Olfaction scores were lower in patients with mild cognitive impairment.

Recent evidence suggests that disorders of smell may be

connected with a variety of other conditions, including schizophrenia, obsessive-compulsive disorder, and AIDS.

Are the aromas of our favorite foods a sure way to blow a diet? Not necessarily, says neurologist Alan Hirsch of the Smell and Taste Treatment Research Foundation in Chicago. Hirsch maintains that food smells can fool the brain into thinking that the appetite has been satisfied, making weight-loss programs more effective.

Scents are sacred if we allow them to be. But will we? Or will we succumb to the modern curse of practicality that dominates so many spheres of modern life? There are practical uses of scents that we should employ, but balance is the key. So, as we continue exploring the physiology of smell and the ways we can use olfaction in diagnosis and therapy, let us also honor the mysteries and enchantments of fragrances, which have eternally lifted humans beyond the mundane.

Excerpts From: Alternative Therapies magazine – March 2001, VOL. 7, NO. 2, Larry Dossey, M.D.

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