

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

AMERICANS—WAKE UP TO DANGER AND UNITE

By: Dr. Alexander Golbin—
Medical Editor

War can split a country, but war also has the ability to unite a nation. I hate war. Half of my family was killed in WWII, and I was raised in post-war misery. Like most immigrants, I am a patriot of the United States and appreciate all she has to offer. Right now, in America, the war is dividing the nation. Young Americans in the Gulf are proud to be a part of American history and are ready to die for somebody else's freedom. However, many of their peers at home in America have agitated demonstrations against their military missions. This is understandable – they don't want to die for others. International terrorism and weapons of mass destruction may be an abstract idea for them.



Not only young people, but also the whole world is split and confused. French and Germans call Americans "terrorists." Who is right and who is wrong?

During this time of confusion, strangely enough, principles of medicine and human history may help. Why medicine? The country as a social organism has disorders similar to an individual person. Doctors know that the most life-threatening disorders come from the inside. When body cells are growing out of control at the expense of the whole organism, we call it cancer. We have some symptoms of a serious disease inside of our social organism, similar to immune diseases and cancer - insurances attack people in need,

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WAR— A FORCED CHOICE?

By: Marci Givan—Editor

To take up the question of whether this war is right or wrong, is a momentous task. I am not a historian, nor am I a political expert. So what qualifications do I possess to take up this question? I am an American, and that is all the qualifications that I need. Just as the demonstra-



tors for peace are Americans, we are raised knowing that it is our duty to question authority. This does not mean that we do not love or appreciate our country, but rather that we love it enough to care what happens to it.

I do not believe that anyone would debate the fact that Saddam Hussein is an inhuman dictator that needs to be dealt with; however, I, and many others like me, are children of the Vietnam era. We grew up with mortality counts being reported on the evening news and lived through the realization of friends and family never returning home. My gut reaction to the possibility of reliving such a horrifying time in our country's history is to try anything and everything before returning to a state of war.

It is true that the mortality counts are much lower than they were during the Vietnam War, but a life lost, even one, is one too many. It is also true that Hussein needs to be dealt with, but I suspect that this particular time was chosen for the wrong reasons. Did we go to war in the hopes that it will help our ever-worsening economy? And if so, are we willing to give lives for a

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A NOTE FROM SLEEP & HEALTH

The Staff of Sleep & Health appreciate the difficulties Americans face during the war in Iraq. We also support our troops and hope for their safe return.

The opinions expressed in these articles are those of the authors and do not necessarily reflect those of Sleep & Health.

PEOPLE OF THE MONTH



Howard D. Kurland, M.D.—
Acupressure Expert—Purveyor of Relief without Drugs—
Northwestern University, Chicago
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Bill McCarberg, M.D.—
Director of the Chronic Pain Management Program for Kaiser Permanente in San Diego, California
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Marc I. Oster, Psy.D.—
President-Elect of the American Society of Clinical Hypnosis
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CHILDREN & FAMILY

WAR THROUGH THE EYES OF OUR CHILDREN

By: Reginald I. Givan, Staff Reporter

News coverage about the war in Iraq is everywhere, on television, radio, and in print. The news media reports body counts and interviews the families of lost soldiers daily. As adults, we are learning to deal with the tension, fear and anxiety that comes with being in a state of war. But, what do we tell our children? How do we deal with their fear? In truth, all children are likely to be affected in some way during this difficult period in our history. It is important to talk to our children about their concerns, to help them separate real from imagined fears. It is also important to limit a child's exposure to the media coverage of explicit violence. Your guidance can make the difference between your child being overwhelmed and developing life-long emotional and psychological coping skills.

Kids ask a lot of difficult questions, but some of the most difficult are about war. Parents should look for opportunities to discuss the war with their children. First, find out what the child has seen, read, or heard, and then encourage them to talk about it and ask questions. It is best to be open and honest about what is known at this point. The discussion should be tailored to age appropriate details.



Robert, 14 years old, from Foco

Robin F. Goodman, Ph.D., A.T.R.-BC, and Anita Gurian, Ph.D. write, "a child's age and ability to understand information partly determines his or her reaction".

Preschool children confuse facts with their fantasies and fear of danger. They do not yet have the ability to keep events in perspective and may be unable to block

out troubling thoughts. They may not realize that a single incident is rebroadcast and so may think that it is happening repeatedly and many more people are involved than is the case.

School age children can understand the difference between fantasy and reality, but may have trouble keeping them separate during times of stress and uncertainty. They may also be susceptible to rumors. They may equate a scene from a scary movie with news footage and think that the news events are worse than they really are. In addition, the graphic and immediate nature of the news makes it seem as if the conflict is close to home – perhaps around the corner.

Middle school and high school age children may be interested and intrigued by the politics of a situation and feel a need to take a stand or action. They are concerned about concepts of ethics and justice and may show a desire to be involved in related political or charitable activities.

Not being able to provide children with a guarantee that things will be fine is difficult. Parents can reassure children with facts about how people are protected and can make distinctions between terrorism and war. "The war itself is actually occurring far away."

Finally, it is important to let your children know that you will always be available for them, that you will be honest, that you can handle whatever they ask you and that they should come to you if they are worried. Above all else, listen to your children and try to understand what is behind their questions.

AMERICANS—WAKE UP TO DANGER AND UNITE

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criminals attack the police, patients attack doctors, the street governs the government, and groups of gangs and cults are growing malignantly violent.

History teaches us that Americans are now under an external and vital threat. We need to learn from history how wars started and how they ended. We know, for example, that in 1932-1933, Germany, like Iraq now, threatened the world, but peace lovers – pacifists in Germany and France were against the fight with fascism in its early stage. We also know how it ended—the pacifists were killed first and the war then spilled all over the world....

Nations, like people, die usually from internal disarray. The famous Roman and Soviet Empires fell from an internal conflict. Israel's largest threat is its internal fragmentation, thus allowing Palestinian terrorists to kill them one by one. The Arab world is split as much as the Western world. The orthodox Islamic extremists became the force uniting oppositional Arab groups and movements. The youth there have a clear purpose – to die for God, and they have the clear target – nearby Jews and the far away Americans. The Holy War has been announced. The extremists carry the slogan, "Death to Americans!" and for killing Americans and themselves, their families receive honor...and payment. Terrorists believe that America is weak – a "paper tiger."

The average American believes in human kindness, democracy, peace and individual freedom. After the

9/11 hit on New York, killing thousands of Americans, some American humanists were preoccupied with the cultural menu served to terrorists in jail instead of being concerned about the victims' families. We also see internal terrorism as just isolated episodes, not as symptoms of systemic social cancer. The media reported more about the personal life of the Oklahoma bomber than about the many who suffered from the tragedy. Ethnic groups in our great country become continually more isolated and self-seclusive.

Dear Americans, let us admit – our social organism is sick, our external danger is real: terroristic plague is coming upon us and might grow inside. How many more 9/11s and Oklahoma City tragedies do we need to understand that the time for diplomatic psychotherapy is over? Now it is time for surgery to cut out the terrorized infection and to save our social organism. This healing surgery will not only show that Americans are strong, but will make America healthy.

Let this time of war unite our nation. If community leaders, priests, rabbis, and mullahs educate the youth about the danger and widen their social vision, young people of America will see their purpose to defend their homeland and America's ideals – then agitated demonstrators will be transformed into the true war heroes.

Let us unite around our Government, our President and our Forces to prevent the World's disaster and to hail America.

WAR—A FORCED CHOICE?

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better "job market," or is this war being used to divert our attention from our pain and anger after 9/11? Eighteen months later, and no closer to bringing our attackers to justice.

Again, I am not an expert, and maybe this war was inevitable, but I do not feel that we exhausted all diplomatic possibilities before sending our young men to lose their lives.

And now that our men and women are fighting this war, has the chance for a diplomatic solution been eradicated? Would it not be beneficial to pursue all possible solutions to quickly put an end to this war? If we can resolve the problems with diplomacy or increased intelligence, shouldn't that effort be made as well?

I am an American, and as an American, I salute the young men and women who have placed their lives on hold in order to serve our country. They are heroes and deserve the admiration and respect of each and every citizen of the United States.

I am very proud to be an American, but today I feel like an American who has had war shoved down her throat without a choice. And isn't that exactly what being an American means....having choices.

PEOPLE OF THE MONTH



Bill McCarberg, M.D.
**DIRECTOR OF THE CHRONIC PAIN
 MANAGEMENT PROGRAM FOR KAISER
 PERMANENTE IN SAN DIEGO, CALIFORNIA**

At age 13, Bill McCarberg took a fall from a horse and severely injured his head and back. The doctors, at the time, were far more concerned with his head injuries and treated the pain in his back as a secondary injury. From that day to this, McCarberg has lived with back pain. It was this incident, as an adolescent, that led to McCarberg's interest in pain management.

Dr. McCarberg received his MD from Northwestern University Medical School in Chicago, Illinois, and completed a medical internship and residency in family practice at Highland Hospital in Rochester, New York. Dr. McCarberg chose Primary Care Medicine, because he believed that it was there that he would make the most impact for pain sufferers.

Dr. McCarberg later joined a large organization, Kaiser Permanente, in order to treat large groups of patients with pain management problems. In 1985, Dr. McCarberg created the first pain program at Kaiser Permanente. To date, they have received 10,000 referrals; about which 20% have been Fibromyalgia or Chronic Fatigue patients.

Today, Dr. McCarberg is the Director of the Chronic Pain Management Program for Kaiser Permanente in San Diego, California; he specializes in Cognitive Behavioral Management of Chronic Pain. He is on the Board of Directors and the Fibromyalgia Guidelines Committee of the American Pain Society, as well as Co-President of the Western Pain Society and Assistant Clinical Professor at the University of California at San Diego School of Medicine. Dr. McCarberg is a member of the American Academy of Family Physicians, the American Academy of Pain Medicine, the American Pain Society, and the International Association for the Study of Pain. In addition, Dr. McCarberg teaches classes on Fibromyalgia at Kaiser Permanente.

He is the recipient of several awards, including the Shilling Compassionate Care Award, and in 1998 Dr. McCarberg was named the Highest Rated Physician by Member Appraisal of Physician Services at Kaiser Permanente. He has given more than 30 presentations on pain management issues and is the author or co-author of several publications. He is board certified by the American College of Pain Medicine, the American Board of Family Practice and additionally certified in Geriatrics.

Dr. Bill McCarberg found his calling at a very young age and for the thousands of patients suffering with pain, a child's misfortune became their blessing.



Marc I. Oster, Psy.D.
A PARTNER IN HIS PATIENT'S HEALTH

Marc Oster, Psy.D. has an independent practice in Clinical Psychology and is a Licensed Clinical Psychologist in Illinois and Wisconsin. He is also a Senior Professor at the Adler School of Professional Psychology.

Dr. Oster is a Diplomate and Board Member of the American Board of Psychological Hypnosis and a Diplomate of the American Board of Forensic Examiners. Dr. Oster is a Fellow of the American Psychological Association, American Society of Clinical Hypnosis and the American College of Forensic Examiners. He is listed in the National Register of Health Service Providers in Psychology and he is President-elect of the American Society of Clinical Hypnosis.

In addition, Dr. Oster was the recipient of the Milton H. Erickson Award for Scientific Excellence in Writing on Clinical Hypnosis (2000); the Irving Secter Award (1995, 2000) and the Presidential Award (1997, 2001), ASCH. Dr. Oster was Past-Chair, Standards of Training and Certification Committees, ASCH; Past-President, Chicago Society of Clinical Hypnosis; Member, APA's Division of Psychological Hypnosis; Faculty member, ASCH Regional and National Workshops; and over 22 years experience using hypnosis and teaching hypnosis.

In the past 15 years, Dr. Oster has been involved in over 35 publications, scientific presentations and other public presentations. He has appeared in: the Chicago Tribune Tempo Health & Science section; the Smithsonian magazine; CLTV News; Zimbardo & Weber's (1994) textbook, Psychology; CNBC's American Medical Television JAMA Medical Rounds; Chicago Tribune; Pioneer Press Arlington Heights News on topics including psychological and medical hypnosis.

In describing his Philosophy of Care, Dr. Oster states, "I was always fascinated by people's behavior, how they think and understand the world around them. I would agree that many of us, psychological service providers, also want to understand ourselves better as well. In my own journey, I faced a decision to pursue psychology or medicine. At first psychology was the choice because medicine would have taken so long. As it turned out, psychology took just as long. Secondly, I was drawn to the idea of working primarily with words and image, thus my interest in hypnosis."

Dr. Oster sees the patient's role as that of a collaborator, a partner. "I believe we all have within us resources to solve most of our problems. In my role, I bring empathy and technical knowledge, but the patient brings the tools for us to use their

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Howard D. Kurland, M.D.
ACUPRESSURE EXPERT—PURVEYOR OF RELIEF WITHOUT DRUGS

The major cause of sleepless nights and non-productive days is pain. Pain experts have been around as long as civilization. Acupuncture treatment for pain and sleepless nights is thousands of years old. Dr. Howard Kurland is among those who have devoted his career to the study of acupuncture from a scientific view.

Howard D. Kurland, M.D., is a Professor in the Department of Psychiatry at Northwestern University Medical School and Senior Attending Psychiatrist, Evanston Hospital, Evanston, Illinois.

Both in his private practice in the Chicago area and as Professor at Northwestern University Medical School, Dr. Kurland has established for himself a most impressive reputation as a specialist in relieving certain physical pains that plague millions of sufferers – by the use of auto-acupressure. This is a technique similar to acupuncture, but it does not involve the use of needles at all – your own fingers and fingernails, used on the proper pressure points, do the job. Moreover, you need not go to an acupuncturist to receive treatment. With the correct instructions, as described in Dr. Kurland's books, "Quick Headache Relief without Drugs" and "Back Pains –

Quick Relief without Drugs", you can effectively perform auto-acupressure on a friend or mate, or even on yourself.

Headache pain and backaches are no small matter. Neither is the growing evidence of the dangerous side effects of pain-killing drugs – from the simplest analgesics, such as aspirin, to the strong prescription drugs on which many sufferers have come to rely. Auto-acupressure has proved most effective without any drug use, and Dr. Kurland cites numerous case examples that demonstrate it, including his own. He sets forth a technique that can give the pain sufferer easy access to a program that will maintain pain-free health and restore him to the pursuit of the pleasures of life.

Dr. Kurland is past President of the Association for General Hospital Psychiatry, former Chief of Psychiatric Service of the Veterans Administration Research Hospital in Chicago, former Associate Professor of Neurology at Northwestern University Medical School and former Senior Attending Neurologist at Evanston Hospital. He is a Diplomate of the American Board of Psychiatry and Neurology and a fellow of the Academy of Psychosomatic Medicine. He is a member of the Board of Directors of the Institute for the Advancement of Prosthetics and past President of the Board of Directors of the National Board of Acupuncture Medicine.

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TRADITIONAL & ALTERNATIVE MEDICINE

COFFEE... HOW MUCH IS TOO MUCH?

By: Mark Jacobs, R.Ph.

There are a variety of reasons for insomnia, such as drug induced, medical conditions. Drug induced sleep disorders often times are overlooked because of misunderstandings about how the drug performs. For example, caffeine, probably the most consumed stimulant in the world today, is used by 80% of the United States population. As many as one in five adults ingest enough caffeine to cause some type of clinical symptom, for example, restlessness, nervousness, excitement, diverse agitation, insomnia and much more. "Caffeinism" is a term used to describe the clinical syndrome produced by acute or chronic overuse of caffeine. The risk in developing serious side effects from caffeine becomes high when intake exceeds 500mg per day. In terms of cups of coffee, how much is too much?

The average cup of coffee contains 85-100mg of caffeine, while teas can contain 60-110mg of caffeine. One should also recognize that caffeine is contained in many other items other than coffee and tea. For example, Anacin, Excedrin Extra Strength, Vanquish, soft drinks, prescription drug products, chocolate, plus many more. As little as 85-250mg of caffeine or 1-3 cups of coffee can alter one's motor skills or stimulatory reaction.

Caffeine ingestion varies depending on culture and nations, from 80-400mg per person per day. In the United States, the average intake is 200-240mg per day. The majority of caffeine users progress to a pattern of frequent or daily ingestion. In fact, our children can consume substantial quantities of caffeine by ingesting soft drinks and chocolate. The actual amount of caffeine consumed per day can only be calculated by adding up the caffeine in all the various caffeinated products, which we ingest.

Caffeine is a drug without any governmental regulation. It is contained in numerous substances and can cause side effects. Interestingly, some caffeine formulations can be obtained only by prescription.

Caffeine can cause dependence, withdrawal and reinforcement. In other words, a psychological addiction pattern can be associated with the daily use of caffeine. If consumption is kept at a low daily dose; however, this effect is usually without any consequence.

Caffeine may interfere with sleep in non-tolerant individuals. Once tolerance has developed, people are much less likely to self-report sleep abnormalities or they may sense insomnia has disappeared. Nonetheless, it is prudent to avoid caffeine consumption at least 3-6 hours (or more) before bedtime, since the effects of caffeine stay working in your system for at least that amount of time.

Some of the possible side effects of caffeine include the following:

- Increased heart rate
- Increased heart muscle contraction
- Diuretic actions
- Altered effect on pleasure and reward centers of the brain
- Tremors, agitation, restlessness
- Insomnia, anxiety
- Periods of inexhaustibility
- Muscle twitching
- GI disturbance
- Rambling flow of thought or speech
- Seizures (in very high doses)
- Increased blood pressure

The purpose of this article is not to prohibit coffee consumption, but rather to shed some light on the fact that caffeine is a drug and can cause adverse effects. Nervousness, insomnia, agitation, and restlessness can be common when ingestion of caffeine exceeds a patient's tolerance.

XYREM—A BREAKTHROUGH DRUG FOR NARCOLEPSY PATIENTS

By: Martin Scharf, Ph.D.

Narcolepsy is a disorder characterized by a tetrad of symptoms consisting of irresistible attacks of sleepiness, cataplexy, sleep paralysis and hypnagogic hallucinations. The sleep attacks generally constitute the first symptom and represent sudden repetitive intense sleep attacks satisfied by naps lasting from 5 to 10 minutes. Cataplexy is a sudden loss of muscle tone usually precipitated by emotional stimulation, such as laughter, anger or fear. Sleep paralysis, the third symptom in the narcoleptic tetrad, can occur with sleep onset or on awakening. During REM sleep there is a general loss of muscle tone. Most people awaken from periods of REM sleep with a simultaneous return of muscle tone. In sleep paralysis, the brain can wake up while the body remains in REM sleep for a period ranging from a few seconds to minutes. Hypnagogic hallucinations, the fourth symptom in the tetrad, are dream like experiences that occur during wakefulness or suddenly at sleep onset.

Historically, narcolepsy was treated as two separate disorders. The sleep attacks were considered to be non-REM sleep and treated symptomatically with stimulant medications, such as dextroamphetamine, Ritalin or Provigil. This continues to be true today. The REM phenomena, i.e., the symptoms of cataplexy, sleep paralysis and hypnagogic hallucinations have historical-

ly been treated with REM suppressant drugs, primarily antidepressants. The antidepressant compounds can cause a number of side effects including dry mouth, constipation, sexual dysfunction, weight gain and either sleepiness or sleep difficulty. In addition, tolerance can develop to the anticataplectic effects of these medications with increasing dosages required to control cataplexy or other symptoms. When these medications are withdrawn there is frequently a rebound in cataplexy with a marked increase in the frequency and severity of cataplectic events. While cataplexy is ordinarily precipitated only by external events, rebound cataplexy can occur spontaneously in an unprovoked manner with the rebound lasting for weeks to months.

Recently, a new and unique treatment for the auxiliary symptoms of narcolepsy has been introduced. Xyrem (gamma-hydroxybutyrate) has been shown to be effective in controlling the auxiliary symptoms of narcolepsy. It has also been reported to decrease daytime sleepiness. Xyrem has none of the anticholinergic side effects associated with the common antidepressant treatment and is administered at bedtime and again 4 hours later. Xyrem's effects on daytime symptoms occur even though the compound is virtually undetectable in the blood stream within hours after its administration. Patients in our experience have taken GHB on a nightly basis for up to 20 years without the

evidence of tolerance to the drug. It has a steep dose response curve and has a synergistic effect with alcohol. As a result cases of abuse overdose are not uncommon and when mixed with alcohol, the sedative effects are profound. This has led to home-brews of the drug being feloniously used in date rape.

Xyrem uniquely effects the sleep EEG resulting in a dose-related increase in the deep stages of sleep (Stages 3 & 4), also known as Slow Wave sleep. Eighty-percent of growth hormone is normally released in conjunction with Slow Wave sleep. The increased slow wave sleep induced by GHB has been shown to result in a dose-related increase in growth hormone as well. Finally, Xyrem has been shown to decrease an anomaly in sleep often seen in patients with fibromyalgia, i.e., alpha intrusion. Alpha waves, which normally occur during relaxed wakefulness, can intrude into sleep resulting in complaints of non-restorative sleep. To date, the only compound that has been shown to decrease or correct the alpha intrusion is Xyrem. We have used this finding in studies of patients with fibromyalgia with marked success. Currently, Xyrem is approved exclusively for use in narcolepsy and is available under strict regulatory controls through a central pharmacy. It is a first line drug in the treatment of narcolepsy and may prove to be the first effective treatment for fibromyalgia.

ALERTNESS•MOOD•PERFORMANCE

DO NOT SLEEP TOO LONG ON WEEKENDS

By: Alexander Golbin, M.D.

You worked hard studying all week and didn't get enough sleep. You look forward to the weekend to catch up with your deprived pleasure of sleep. Sunday comes and you sleep until 11:00 or 12:00. Strangely you are still groggy and become perky only toward the evening. You can't fall asleep until late that night. Monday morning comes with fatigue and a headache as if you had been drinking. Familiar picture?

Sleeping too long has another hidden, but dangerous problem. In the late morning, REM sleep is associated with the "heaviest" dreams. The dreams are usually negative and sometimes very scary. Blood pressure and sugar swing dangerously. Other metabolic systems are also disturbed. People wake up with headaches, chest discomfort, moodiness and irritability. Additionally, people who sleep too late usually gain weight significantly.

Too much sleep is as bad as too little. In nursing homes, between elderly people who "never sleep" and others who "sleep all the time", guess who is dying faster? That's right – those who sleep too much. So it goes with animals; the ones who sleep less live longer.

Recently, the largest cancer prevention study ever performed involved 1.1 million people between the ages of 30 and 102. It demonstrated that people who sleep longer than 9 hours are at higher risk for diabetes and hypertension. Sleep deprivation is bad, but too much sleep is equally bad. So what is good?

The answer is surprisingly simple – sleep as much as you need. If one night we need to study, work or take care of our family, it is okay if we sleep less. If from time to time we do not sleep for a good and pleasurable reason, that's fine, do not worry. The key issue here is "balance". Sleep is like money. If you spend too much, you have to pay back your loan and balance out your sleep "checkbook" before you go bankrupt. Calculate it this way: on average, we need 6 to 7 hours of sleep per night. It is better to balance out within a period of 18 to 21 hours, or 3 days. The weekend "pay off" is too little too late. Here is a hint: a one-hour nap before 3:00 P.M. could balance out a 2-hour sleep deficit from the night before.



The second key issue is need: compare sleep with food. Learn from small children. Some people know when and what they want to eat. Some of us lost this talent. To regain it, listen to yourself. You cannot starve yourself for 3 days and then sit down to 3 days worth of breakfast, lunch and dinner! How many times when we are sleepy, are we still staring into the television for hours, dragging ourselves to the kitchen, and then hiding in bed when depressed?

The bottom line is – sleep is like any other vital need, sleep needs to be balanced.

Marc I. Oster, Psy.D.

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symptoms and experiences."

For his part, Dr. Oster views his role in the therapeutic relationship as being open to the patient's experience of their symptoms or illness and understanding that experience. "I apply technical and artistic skills to help the patient to integrate their condition into their life, restoring or resetting a balance in all spheres of life, the biological, psychological, social and spiritual" says Oster.

"Health is achieved when there is a balance and interaction between the four spheres mentioned above. My modalities helped this process by demonstrating to the patient that they can influence their health. They learn tools that they can apply to their current problems and elsewhere in their lives and experience a sense of mastery."

Howard D. Kurland, M.D.

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Dr. Kurland was voted "Top Doctor" of Neuropsychiatry in the Chicago Metro Area (2002), "American Top Psychiatrist" in Neuropsychiatry (2002 – 2003), "Physician of the Year" by the National Republican Congressional Committee (2002) and became a "Distinguished Life Fellow" of the American Psychiatric Association.

Sleep & Health wishes Dr. Howard D. Kurland success in his efforts to unite modern science with the antique marvels of acupuncture on behalf of patients as well as the good of all medicine.

Medical Hypnosis and Hypnotherapy



Marc I. Oster, Psy.D., ABPH

Clinical hypnosis is a tool to be used by qualified health care professionals. It is not a discipline or profession. Further, hypnosis, per se, is not therapy or treatment, but a vehicle through which the clinician conducts their form of therapy or treatment. Hypnosis is used as an adjunct to the standard methods often used by, for example, a clinical psychologist or physician.

Areas in which clinical hypnosis might be of help in treatment include a variety of psychological and medical conditions or complaints, including gastrointestinal disorders, dermatological disorders, pain management, sleep disorders, burns, psychological trauma, anxiety and stress disorders or management, childbirth preparation, dental problems, improving self-esteem, smoking, weight loss, sexual dysfunctions, performance anxiety, and surgical preparation.

In selecting a qualified clinician who uses hypnosis, one might look for the following:

A graduate trained and licensed health care practitioner (psychologist, physician, social worker, dentist, podiatrist, marriage and family therapist, or registered nurse).

Formal training in clinical hypnosis from one of the organizations listed below or someone recognized or recommended by one of the organizations listed below.

Membership in the American Society of Clinical Hypnosis (ASCH), the Society for Clinical and Experimental Hypnosis (SCEH), the Society of Psychological Hypnosis of the American Psychological Association, or the Society for Developmental and Behavioral Pediatrics. (The ASCH and SCEH are the only two hypnosis organizations recognized by the professional societies (e.g. AMA, APA, ADA or AGD, NASW, etc) who oversee the above mentioned health care professions.)

Certification or Approved Consultant in Clinical Hypnosis, Fellow of ASCH, SCEH, or the APA's Society for Psychological Hypnosis, or Diplomate awarded by a member Board of the American Boards of Clinical Hypnosis.

To obtain a referral to a qualified health care practitioner who is also qualified in the use of hypnosis, please contact the American Society of Clinical Hypnosis through their website at www.asch.net.



ART & SLEEP

Frida



"The Dream," 1940

By: Deena Sherman

Mexican painter, Frida Kahlo, had a fascinating and tormented 47 years of life. The drama of her life proved to be excellent material for the sometimes-disturbing movie "Frida", which is a work of art in itself and which I can highly recommend. Mexican actress, Salma Hayek, who was nominated for an Oscar in the best actress category, plays Frida.

Kahlo was born in 1907 and survived polio as a child, though her right leg never fully healed. The biggest calamity to her body; however, was when she was critically injured in a trolley accident as a teenager. It was while she was bedridden and in a cast from head to toe, that she took up painting. Her art then, and throughout her life, was a true reflection of her emotions, thoughts and pain.

The next fateful and climatic event in Frida's life was her meeting of, established Mexican muralist, Diego Rivera, (who was previously featured in this column). The large, some say ugly, painter loved Kahlo's work and then fell in love with the pretty, petite artist. It was a match not made in heaven and Kahlo knew, when she married Rivera, she was marrying a womanizer to the nth degree. The affair that angered Kahlo enough to break up the marriage (though they subsequently remarried) was the one with Rivera and Kahlo's sister.

Kahlo was no innocent either. Her affairs were with both men and women. When Rivera asked her to reunite in order to host the Russian revolutionary and refugee, Leon Trotsky and his wife, Kahlo agreed...eventually bedding Trotsky too.

Kahlo's work is brutally honest and it is this honesty that has led to her becoming one of Mexico's pre-eminent artists, certainly the country's best-known female painter. Her painting, *Henry Ford Hospital*, shows Kahlo lying flat after a miscarriage with objects attached to her via umbilical cord. She desperately wanted a child, but never could carry to term as a result of the trolley accident.

The Dream, (1940), shown here, is typical of Kahlo's art - disturbing. It depicts the artist lying on her four-poster bed, apparently floating among clouds. Her blanket is golden, the color of fire. A thorny tree grows from the bottom end of the bed up and then bursts into leaves on her upper body, onto the pillow and around her head. The bed is covered at the top of the four posters, not unlike a bunk bed. On top of it, in the most dramatic way, lays a skeleton. (Kahlo's thoughts were seldom far from death.) The skeleton above the bed is no ordinary skeleton - this one has wires and pipes running through it - no doubt reflecting Kahlo's damaged body with pins holding it together.



Selma Hayek portrays Frida Kahlo in "Frida," 2002.

er. The pipes could be explosives, which would fit in with Kahlo's expression of her body as one which could burst at any time. After the accident, Kahlo endured 36 operations during her life and her body was never pain-free. She puts herself fully into her paintings, it has been said of her that she wore her heart on her canvas. The skeleton is said to be Kahlo's betrayer, or Judas. Frida did in fact have a real skeleton over her bed and would explain to alarmed visitors that it was a reminder of her own mortality.

Kahlo died in 1954. Her life was as spirited as she was vivacious. It was a life filled with physical and emotional pain. She put her emotions into her painting. "I paint whatever passes through my head without any other considerations", she once said.

Her painting, *Self-Portrait with Monkey and Parrot*, sold at Sotheby's for \$3.2 million, the highest price ever paid for a Latin-American work of art and the second-highest amount for a woman artist. In Mexico, Kahlo is known as "la heroína del dolor," (the heroine of pain).

Sources:

www.ksu.edu; www.wit.ie/art; www.astrodatbank.com

SLEEP INDUSTRY PRESENTS...

Sleep Solutions Celebrates Three Year Anniversary

Valentine's Day is a special day for many people, but for the people at Sleep Solutions, Inc., it is extra special! This year, Valentine's Day marked three years of servicing the Sleep Community in the greater Chicago area for Sleep Solutions.

Sleep Solutions is a Home Healthcare company that is dedicated to treating people with Obstructive Sleep Apnea (OSA), through the use of Continuous Positive Airway Pressure (CPAP). The positive air pressure from the CPAP machine acts as a splint to keep the patients airway open while they are sleeping and currently is the only therapy that is 100% effective when used properly.

"We currently service over 100 patients a month who suffer from OSA. We have made a commitment to do whatever it takes to improve our patients quality of life," says John Kissane, Clinical Manager and one of the founders of Sleep Solutions, Inc.

The other two founders of Sleep Solutions, Dan Loizzi and Joe Fike, act as Co-Presidents and combined, all three founders have over 20 years of experience in the field of OSA. Sleep Solutions was one of the first companies to actually market a program to help OSA patients through the use of CPAP.

"Patient care is the number one priority of the staff at Sleep Solutions. The most rewarding experience for one of our staff is having a patient tell them what an improvement the use of their CPAP has made to the quality of their life", says Co-President - Dan Loizzi.

"In addition to patient care," Co-Founder - Joe Fike says, "we are equally dedicated to educating the public about the symptoms and treatments of OSA, as well as the negative effects on their health if OSA goes untreated. I believe this is possible with continued efforts by the media through television, magazines and newspapers like *Sleep & Health* who's mission it is to educate the public about OSA and other sleep and behavior disorders.

"The staff at Sleep Solutions is grateful for the success they have experienced in the past three years and we look forward to a positive relationship with the sleep community for many years to come." (Sleep Industry Infomercial)

*Left to right,
Back Row:
Joe Fike,
Errol Johnson,
John Kissane,
Frank Salazar.
Front Row:
Dan Loizzi,
Mary Jo Heriford,
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John Kissane, Dan Loizzi, Joe Fike—Founders of Sleep Solutions

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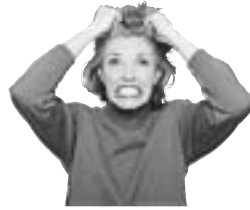
ASK DR. SLEEP

SAY NO TO SCREAMING

Dear Dr. Sleep,

I read in *Sleep and Health* about angry drivers and how screaming can relieve anger. Does that mean that screaming is good for your health because it relieves emotional tensions?

*Signed,
Angry and Confused
Chicago, Illinois*



Dear Angry and Confused,

Screaming relieves anger for a very short time, but it will hurt your health and your relationships for a long time. In the world of animals, screaming is associated with life threatening situations. Either it is a scream of terrifying prey, the aggressive scream of a predator, or a threatening roar as in a mating fight. Screaming is a message that something is or is going to be of life and death consequence. Because of its importance, screaming shuts down many physiological processes to serve one purpose – to survive. This leaves only two options – fight or flight. The same things happen in humans, even if we do not realize it. When someone loudly and angrily screams, his/her own judgment is blocked. The person is not controlling what is

coming out of his/her mouth. Consequences can range from using the most threatening and insulting words with your loved ones, to shooting down your partner, killing relationships or inducing the same response from the screamer; all producing dangerous physiological “payment.” The person’s blood pressure increases, blood rushes to the head making the face red. After screaming, brief relief is followed by exhaustion, headaches and other unpleasant symptoms. Loud screaming is like a street drug – it brings short relief followed by a long crash.

Screaming automatically “turns on” the physiological mechanism of “fight” – eyes become wider, the face reddens, fists get tighter, breathing becomes faster, gestures and muscles become tense, we are ready to kill or throw things around.

Screaming is contagious. You scream at me, and I can switch from “nice guy” to the same wild screamer. Physical fights could and are sparked at any moment. One half of child and family abuse cases are started with screaming at night.

Screaming is dangerous for yourself and others. Remember, screaming solves nothing and brings harm to your health and your relationships at home, at work and on the road.

*Say no to screaming,
Dr. Sleep*



BRIDGES & CROSSROADS

IS SLEEP PARALYSIS THE CAUSE OF ALIEN ABDUCTIONS?

By: Dr. Peter Dodzik – Managing Editor

Every time you enter the checkout lane at the grocery store, you are inundated with tabloid descriptions of alien abductions. Stories range from vivid descriptions of transportation to a space ship with the full gamut of probing and colorful commentary on alien appearance to vague feelings of depersonalization and discontent. For most of us, these are entertaining distractions from our everyday, mundane existence and few of us put much credence in their accuracy.

Scientists, especially paranormal psychologists have begun to examine these phenomena more closely, from a more traditional approach. In 1993, Spanos published an article in the *Journal of Research in Personality* detailing the prevalency and nature of sleep paralysis in university students. Their findings point to similarities in abductions. These include, (1) majority occurring at night, (2) reports of intense sleep related events, (3) 25% of the abductees reported symptoms of sleep paralysis.

Sleep paralysis is a condition that effects approximately 3 to 6 percent of the population in this country and up to 40 percent of normal Americans will experience a one-time sleep paralysis event. It involves the continued suppression of muscle activity after the end of sleep, particularly REM periods. When we sleep it is advantageous for us to inhibit the ability to act out our dreams. Obviously, if we try to run, fight or dance while in bed, no one will want to sleep with us and we may cause injuries to ourselves. However, when the chemicals responsible for sleep paralysis linger past our wake up, the condition can be quite unnerving. The period of immobility lasts for seconds to a few minutes and usually a light touch or movement of the eyes (according to some theorists) will trigger the end of a period.

This condition is often a component of narcolepsy and is referred to as cataplexy (involuntary loss of muscle tone) in that condition. However, what makes it of interest for scientists studying alien abduction is that the period is often associated with hallucinations and feelings of unreality during the paralysis time frame. Obviously, immobility, visual hallucinations and feelings of dread or fear are a dynamic combination. During these periods, the brain will look for ways to make sense of this distorted information and an alien abduction may seem a plausible explanation.

Scientists have studied the prevalency and characteristics of people reporting alien abductions. Susan Blackmore published a study in 1998, indicating that subjects who were identified in the Roper Poll of 1991 (the first mass sample of alien abduction reports) indicated that approximately 2 percent of Americans report experiences consistent with alien abduction (seeing flashing lights, UFOs, out of body experiences, etc.). This study did not; however, ask each subject if they had in fact been abducted. It was based purely on experiences consistently reported by those who had been abducted.

Blackwell proposed that people who had been abducted would have better memory for aliens and the abduction, then those who had not. Or put another way, those who report experiences of abductions should have a different and more consistent knowledge of aliens and of abductions than those who have not been abducted. Her own findings on children and adults were much different. In her work, subjects were given incomplete stories about a fictional abduction. Subjects were then asked to fill in details about the abduction based on their imagination. Subjects were also asked about experiences consistent with abduction and sleep paralysis. Theoretically, those within the sample who had been abducted would have high scores on abduction experiences and produce consistent findings about aliens and the abduction experience. No correlations were found between experiences, recall for events of the story they were told, or knowledge of abductions. Thus, no evidence could be found that those who reported experiences of abductions actually thought they had been abducted or produced any consistency of response.

What was common with those reporting the experiences of abduction was sleep paralysis (46% in adults, 34% in children). When taken together with the Roper Poll (2% reported alien abduction, 3 to 6 percent prevalency of SP), the results suggest that an underlying neurological condition could explain these experiences quite well.

While these and other findings do not and could not refute claims that abductions have ever occurred on this planet, they do suggest that the causes of these experiences in most people is likely more mundane.



NEWS FROM RESEARCH

Spring Forward into Spring

By: Marci Givan - Editor

It's that time of the year again when we are all anxiously awaiting the return of spring, warm weather and longer days. To this end, during the first weekend in April, we must set our clocks forward one hour, causing us to lose an hour of sleep. What effect does losing an hour of sleep have on an already sleep deprived society?

Psychological researchers have tended to minimize the effects of sleep deprivation. However, recent research suggests that each day with insufficient sleep increases our sleep debt and, when this sleep debt becomes large enough, noticeable problems can appear. People who are operating with a sleep debt are less efficient. Among the common consequences of a large sleep debt are attentional lapses, reduced short-term memory capacity and impaired judgment.

There is now evidence that many major disasters have been due to sleep debt related effects. Evidence shows that these include the oil spill of the Exxon

Valdez, the nuclear accidents at Chernobyl and Three Mile Island and the loss of the space shuttle Challenger (Coren, 1996).

In fact, our society's sleep debt is so large that even losing one additional hour of sleep, because of Daylight Savings Time, can increase traffic accident rates by 7% and death rates due to all accidents by 6.5% (Coren, 1996).

Psychologist Stanley Coren, Ph.D., from the University of British Columbia reported his research in the New England Journal of Medicine showing a 7% increase in traffic accidents the day after Daylight Savings Time and a 7% decrease in accidents in the Fall when the clocks return to Standard Time. "We are all sleep deprived anyway, so that extra loss you experience is enough to lead to an accident," says Dr. Coren. Even moderate amounts of sleep deprivation can lead to losses in mental efficiency that can threaten public and personal safety.

Drivers are urged to exercise more

care than usual in the weeks following the start of daylight savings time. Knowing the effects that sleep deprivation can have on driving performance can help drivers recognize when they are becoming overtired. For example:

- Frequent Yawning
- Decreased Alertness
- Slower Responses
- Reduced Awareness of your surroundings
- Not remembering anything about the last few miles
- Driving too fast or too slow
- General Sluggishness

(News-Release: *Daylight Savings Time Linked to Increase in Auto Collisions, March 28, 2000*)

To avoid feeling fatigue behind the wheel, keep your vehicle well ventilated, don't rely on caffeine, listen to the radio, eat lightly and avoid heavily fatty foods.

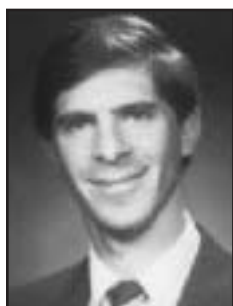
Dr. Robert Hicks, Ph.D., from San Jose State University, recommends treating yourself like you have jet lag in the days immediately following the change



in time. He suggests readjusting your sleeping time by going to bed an hour earlier. Use extra caution when driving or operating machinery, and, in addition, watch your alcohol intake. With the reduction in sleep you are more susceptible to the effects of alcohol.

In addition to his research on sleep deprivation's effect on accidents while driving, Dr. Coren draws similar parallels to bad investment decisions, minor home or work accidents and improperly filled prescriptions. All of which could happen because of a lapse in attention caused by sleep loss.

Iron Deficiency and Restless Leg Syndrome (RLS): Multiple Blood Donations Can Be a Factor



Dr. Michael Silber

Blood donors provide a vital and indispensable service to the health of America. According to the American Association of Blood Banks, more than 23 million units of blood components are transfused every year. The U.S. Food and Drug Administration

(FDA) oversees the regulation of blood, blood products, and plasma; and they direct notification, recall and enforcement practices throughout the United States. Screening processes and eligibility guidelines to protect both blood donors and blood recipients are important elements of the blood donation process.

SUSCEPTIBLE INDIVIDUALS: THE MAYO CLINIC STUDY

Despite donor screening measures, a new study by Mayo Clinic investigators reports that susceptible individuals who donate blood on a regular basis may develop iron deficiency sufficient enough to cause or worsen RLS symptoms. Anemia may or may not be present.

Iron deficiency associated with RLS was first reported in 1953. Other studies have shown that the severity of RLS can be affected by iron deficiency even in patients who are not anemic. Reduced serum ferritin levels are reportedly the most effective predictor of RLS severity in people with RLS related to iron deficiency.

The new Mayo Clinic study, conducted by Drs. Michael Silber and Jarrett Richardson, looked at 245 subjects with RLS, and identified eight of these as regular blood donors (giving blood at least three times a year for the past 3 years) without other risk factors for iron deficiency. All had serum ferritin concentrations lower than 20 mcg/L. Among these eight individuals, three had begun having RLS symptoms at about the time they started donating blood; three had their first RLS symptoms after they became blood donors; and in two patients, RLS symptoms had started before blood donation began. All eight patients in the study were instructed to stop donating blood. Two were treated with iron alone, and the other six were treated with a combination of oral iron and one or more medications to treat RLS. All patients were seen for follow-up several months later.

Serum ferritin levels had increased for all seven patients in whom this test was checked. Symptoms of RLS had resolved in three patients and improved markedly in the other five.

STUDY CONCLUSIONS

The Mayo researchers point out that people who donate blood on a regular basis play an important role in maintaining the nation's blood supply. However, potential donors should be screened to be sure they don't suffer ill effects as a result of their altruism. They suggest that physicians treating patients with RLS should ask these individuals whether they donate blood and counsel them appropriately. Staff at donor sites should be trained to ask potential donors about RLS. Donors with RLS or symptoms suggestive of RLS should be screened by a measurement of serum ferritin concentration before they're permitted to donate blood, even if a screening hemoglobin test is normal.

Georgianna Bell – Executive Director
Restless Leg Syndrome Foundation
Excerpts taken from "Nightwalkers"
RLS Newsletter

ODDS & ENDS

HOLOCAUST REMEMBRANCE DAY

*“Don’t
Let the
Light
Go Out”*



MOSES IN AN AIRPORT

Recently while going through an airport during one of his many trips, President Bush encountered a man with long hair, wearing a white robe and sandals, holding a staff.

President Bush went up to the man and said, “Aren’t you Moses?” The man never answered but just kept staring ahead.

Again the President said, “Moses!” in a loud voice. The man just kept staring ahead, never answering the president.

Soon a secret service agent came along and President Bush grabbed him and said, “Doesn’t this man look like Moses to you?”

The secret service agent agreed with

the President.

“Well,” said the President, “every time I say his name, he just keeps staring ahead and refuses to speak. Watch!”

Again, the President yelled, “Moses!” and again the man stared ahead.

The secret service man went up to the man in the white robe and whispered, “You look just like Moses. Are you Moses?”

The man leaned over and whispered, “Yes, I am Moses. But the last time I talked to a bush, I spent 40 years wandering in the desert!”



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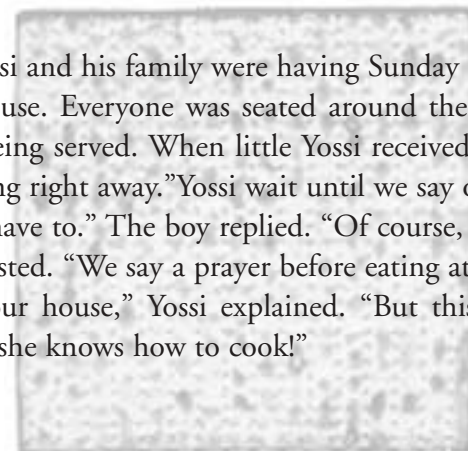
JOKE FOR PASSOVER

Little Yossi and his family were having Sunday dinner at his Bubbie’s house. Everyone was seated around the table as the food was being served. When little Yossi received his plate he started eating right away.”Yossi wait until we say our prayer.”

“I don’t have to.” The boy replied. “Of course, you do,” his mother insisted. “We say a prayer before eating at our house.”

“That’s our house,” Yossi explained. “But this is Bubbie’s house, and she knows how to cook!”

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