



CHILDREN & FAMILY

BACK TO SCHOOL

Help Your Child Get a Good Night's Sleep

It's back to school time. Students can find it difficult to get back to their school year sleep schedules after a summer of staying up and waking up at later hours. Back to school means resetting biological clocks to ensure sufficient sleep every night and a healthier, safer, and more productive school year.

"It is important for children to have a healthy start to their school day and come to classes feeling awake and ready to learn," said Jodi Mindell, Ph.D., a nationally recognized expert in pediatric sleep and a member of the NSF board of directors. Dr. Mindell noted that in addition to the health benefits of sufficient sleep, there are also safety issues. "A recent study even shows there is a higher accident rate for children following any period of sleep loss," she added.

To help parents, educators, and children plan a back to school sleep schedule, NSF offers the following tips that should be maintained throughout the school year.

BEGIN THE ROUTINE NOW.

Parents should start their child's school sleep routine at least one to two weeks before opening day by introducing a gradual change in their child's sleep schedule, such as going to bed 15-30 minutes earlier each night. This can make it easier for children to adjust their sleeping patterns to meet the new school schedule.

ESTABLISH A REGULAR BEDTIME AND WAKE UP TIME.

Parents and children should plan a daily schedule that includes the basic daily sleep requirements for particular age groups. This schedule should be maintained on the weekends, though students can be permitted to sleep in one or two hours on weekend mornings if necessary. While individual sleep needs can vary, the amount of sleep suggested by Dr. Mindell and other sleep experts for particular age groups is:

- Elementary School Students 10-12 hours/night
- Pre-teens (middle/junior high school) 9-11 hours/night
- Teens 8.5-9.5 hours/night

CREATE A BEDTIME ROUTINE.

Bedtime routines are important, regardless of a

child's age. It should include at least 15-30 minutes of calm, soothing activities. Immediately prior to bedtime, encourage quiet time with some relaxing activities. Discourage television, exercise, computer and telephone use, and avoid caffeine (found in beverages, chocolate and other products).

ACHIEVE A BALANCED SCHEDULE.

Identify and prioritize activities that allow for downtime and sufficient sleep time. Help students avoid an overloaded schedule that can lead to stress and difficulty coping, which contributes to poor health and sleep problems.

BE A ROLE MODEL.

Parents and guardians can be role models for school-aged children by establishing their own regular sleep schedule and a home environment conducive to healthy sleep habits.

BECOME A SLEEP ADVOCATE.

Take steps to encourage . . .

- Scheduling of events to help children keep their sleep schedules
- Appropriate starting times for school



- A sleep curriculum in health and biology classes to help students better understand the importance of sleep to their overall health, safety, and quality of their lives.

AARC Times

From the Staff of Sleep & Health

Kids...start your year off right... get plenty of sleep...eat well...study hard...and have an awesome school year!

Why do half of American Infants have a flat head?

By: Alexander Golbin, M.D.

An alarming announcement came up at the last meeting of the American Academy of Pediatrics. Almost 48% of surveyed infants were found to have a flat head. This phenomenon appeared over the last few years after the Academy recommended keeping newborns and infants on their backs to prevent Sudden Infant Death Syndrome (SIDS). SIDS is associated with infants sleeping on their bellies. Pediatricians and parents took the recommendation too far.



The flat head symptom seems benign, yet an unpleasant effect of infants sleeping on their backs all the time. Long-term consequences, aside from the cosmetic issues, are unknown.

To avoid this objectionable side effect, turning the infant's head from side to side is now recommended.

In medicine, like any other field, following rules too strictly is not always wise. A little common sense is advisable.

SLEEP MEDICINE HAS A GREAT HISTORY. WHAT ABOUT ITS FUTURE?

continued from page 1

studies in labs, which will dry out insurance coverage, as well as enthusiasm for uncovering the wide range of disorders that can be exposed through use of these diagnostic measures.

To put it simply, new markets need be developed. One might be in behavior disorders related to sleep and alertness, another among critical disorders such as cardiological and oncological applications of Sleep Medicine.

The third challenge is the internal cohesiveness among sleep medicine specialists. Specialists in each medical and health related area believe that Sleep Medicine belongs to them (pulmonology, ENT, neurology, psychiatry, psychology and even dentistry). Each specialty is in a hurry to start its own Academy or Sleep Network, which is very resistant to working with other networks. We were surprised to find this territorial guarding,

even in the patient support associations. Without internal unity, we cannot present a united field.

Sleep & Health sees its mission as enhancing such unity and networking between sleep centers, sleep organizations, the sleep industry and the public. This editorial is intended to encourage discussion and search for the solutions. *Sleep & Health* would like to serve as a forum for all interested in the field.

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

PEOPLE OF THE MONTH



Professor Doug Bradley Professor of Medicine and Director for Sleep Medicine and Circadian Biology at the University of Toronto

By: Deena Sherman

Future research on the illness that stops people breathing briefly many times a night is guaranteed and sleep clinics will flourish says Toronto respirologist, Professor Doug Bradley.

Bradley should know. He is Professor of Medicine and Director of the Center for Sleep Medicine and Circadian Biology at the University of Toronto. He specializes in sleep apnea and the studies that he has led over the last 15 years have confirmed the relationship between sleep apnea and cardiovascular disease.

Not one to mince words, Bradley, who has published over 110 papers and book chapters on sleep apnea and related topics, says that sleep apnea is an epidemic waiting to happen.

“Over time, sleep apnea will dwarf SARS (which has affected Toronto badly) as a public health problem,” Bradley said.

The reason, quite simply, is obesity. “Children are eating too much and are not active enough,” says Bradley.

Bradley continues to include exercise in his daily routine, walking two miles to his work at the Toronto General Hospital where he has been since 1985. His family also participates in a healthy lifestyle. His wife, Grace, is an academic dentist specializing in cancers of the mouth and walks a similar distance to her work at the University of Toronto. Together with their two daughters, Helen, 17, and Sarah, 13, they hike, canoe and even roller blade.

About 80% of sleep apnea cases are caused by obesity, and most are men. This is because men gain weight around their neck, which squeezes the throat causing the constriction of the airways, says Bradley. Slender people have sleep apnea if they have a narrowing of the throat, a small jaw or an enlarged tongue, he added. With women, age is more a factor than obesity, because females do not generally gain weight around the neck.

Even if it is not the most pleasant of applications, CPAP (continuous airway pressure) is still the most effective way to treat sleep apnea. It inflates the throat at night and keeps the airway open, says Bradley.

For Bradley, it is satisfying to be helping ill people. It is why, this son of a bank manager, became a doctor in the first place.

“I am very lucky,” he says, “I am intellectually stimulated seven days a week and I work with young, bright people in a medically good atmosphere that is part of Canada. I never have a boring day and I get paid quite well to do the job,” he said.



Lea Wrobel, M.D. ER Physician with Emergency Health Care Physicians Group proves night shift work can be balanced with a happy family and social life

By: A. Golbin, M.D.

When you meet Dr. Lea Wrobel, 52, outside of a hospital environment, you become aware of the warm, friendly, atmosphere that surrounds her. Almost immediately, you are at ease, as though you have known her for years. As I enjoy her hospitality in the beautiful garden of her suburban home, it is difficult to imagine that this delightful woman, that seems so at ease, confronts the tensions that are an integral part of being a night time emergency room physician as well as a devoted wife, mother of three, talented gardener and reliable friend.

Dr. Lea Wrobel's road to medicine was not an easy one. She finished college with a degree in the fine arts and worked for the University of Chicago Press as a graphic artist and book designer. Her position was well-respected, stable and paid reasonably well, but she made the decision to make the difficult and tedious journey into medicine. Her endurance and determination paid off and she became a physician. Her interest in highly dynamic complicated medical problems that demanded immediate attention led to her choice of Emergency Medicine.

But, why permanently commit to such a professionally and physically demanding career? What of the effects on your family, your friends, your own health? Flexibility of schedule was the key. She could choose where and when she would work, which was very important for parenting. It gave her the freedom to take time for important family or school events, vacation, days off to be with a sick child, etc. This type of freedom would not be possible in a regular hospital or office-based practice. It has not always been easy, not for her health, not for her husband, Frank, a prominent business attorney who has supported her choices since her college days and has made his own sacrifices on behalf of their family.

The devotion to family, to creating a healthy, happy environment for ones children while still maintaining a successful professional life is something not seen very often in our hectic, modern lifestyles. Lea and Frank Wrobel are “life winners.” Their sacrifices have been well worth it. They have been happily married for 25 years and have three high-achieving, warm, friendly children. The oldest, Jonathan, 21, is a Stanford University graduate with a Bachelor's Degree

Continued on page 4



Following Alexander Vein Academician of the Russian Academy of Medical Sciences

By: Denis A. Golbin and Nina V. Latysheva
Moscow Medical Academ.

In June 2003, Russian Neurology became an orphan. Academician of the Russian Academy of Medical Sciences, Professor Alexander M. Vein was one of the most outstanding and talented modern-day neurologists. His recent death has shocked the whole neurological world, especially

those who knew him personally. Alexander Vein was truly one of the brightest scientific, clinical and educational minds in the world today.

Dr. Vein started his pathway in neurology 50 years ago. He soon became a professor; the subject of his thesis devoted to hypersomnic disorders. At the beginning of his scientific career Vein dealt with somnology. Later, he started and vigorously developed his specialty—autonomic nervous system disorders. Dr. Vein became the head of the neurology department at I.M. Sechenov Moscow Medical Academy.

Vein began scientific writings on the subject of the neurology of non-specific brain systems (reticular formation, limbic system, hypothalamus). This approach

was based on the ideas of Russian neurologists from the first half of 20th century, especially Vladimir Mikhailovich Bekhterev who was an incarnation of neuroscience (neurology, psychiatry, neuropsychology, neurosurgery, neuroanatomy, etc.).

Later, after joining the foundation of Moscow Somnological Center, Vein became interested in the new promising field of Sleep Medicine. Intensive work by Vein's team resulted in many theses proposed by his department and more than 30 monographs, among them, “Hypothalamic Syndromes,” “Autonomic Nervous System Disorders,” “Parkinson's Disease and Syndrome of Parkinsonism,” “Sleep of a Man” and many others. The other two “children” born from his endeavors were the Alexander Vein Headache Clinic in Moscow and the journal, “Treatment of Nervous Diseases.”

One of his most prominent achievements was the organization of a clinical-scientific system based on the departments that he administered. Thanks to Vein's unique ideas, his system was extremely effective. He devoted much of his time and energy to development and support of this system.

Alexander Vein was one of the most “student-friendly” professors at MMA. He

Continued on page 4

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



TRADITIONAL & ALTERNATIVE MEDICINE

Don't Press the Panic Button...

The FDA Recommends Further Investigation

By: Peter Dodzik, Psy.D.

Psychotropic medications have become more commonly used for children in recent years, but many physicians have prescribed them "off label" because the FDA has not approved their use for younger ages. This lack of approval and consequently regulation often leads to misperceptions about the cost/benefit relationships in medications with children.

Research, however, has been conducted on the safety and efficacy of several medications used to treat depression, obsessive-compulsive disorder and anxiety in children. In fact, many mental health disorders in children respond well to medications originally developed to treat adults. One such class is the selective serotonin reuptake inhibitors (SSRIs). Included in this group are familiar names like Prozac, Zoloft and Paxil. Each is used based on their efficacy and side-effect profile.

However, some recent evidence has suggested that at least one of these drugs, Paxil, may have some unforeseen side effects in depressed adolescents. A large sample (n = 8000) study in Britain found that suicidal thoughts and attempts went up statistically (1.5% vs. 3.2%) in adolescents being treated with Paxil for their depression, as opposed to a placebo. This study has led to a ban on usage of the drug for depression in that population in Britain. While these numbers may seem compelling, there are some other facts to consider. First, suicide is the third leading killer in the adolescent population and 90% of those who attempt suicide have a mental health disorder (usually some form of depression). If one considers prevalence rates for depression, it averages 5.3% in adolescents. Thus, we can expect rates of suicidal attempts to be high in this group, even though the rates are 0.3% as a whole (depressed and non-depressed). Because depression is one of the highest risk factors for suicide, medications that treat the disorder (lasting 7-9 months per episode on average) are of vital importance.

Currently, the FDA has been compiling data on the subject of the use of Paxil in children and has recommended to the pharmaceutical company, GlaxcoSmithKline, that patients who are successfully being treated with Paxil continue on the drug, but that no new children start the medication until a resolution has been reached. This type of approach is similar to the stance taken 20 years ago when Prozac came out and was eventually found to be a valuable addition to the psychiatric arsenal.

If you or someone you love has a child on Paxil, please consult your doctor about the treatment options available and the benefit of the medication before stopping or altering any dosing. Remember, any changes in drug treatment should be discussed first with your physician.

HERBAL SUPPLEMENTS FOR SLEEP

Many patients are taking over-the-counter herbal supplements to treat a variety of health problems, including disorders of sleep.

The following is some available research data?

Name of medicine	Type of Medicine	Results
Caffeine	Stimulant	Taken 3-4 hrs. before sleep, it will shorten sleep time, increase sleep latency and will make sleep more difficult. Its effects are correlated with the amount of caffeine consumed. Sleep Lab Testing Results: increased sleep latency, increased MSLT latency (prevents sleep), increased the ability to stay awake and improved subjective alertness. Narcolepsy patients: 2-8 cups of coffee decreased the ability to stay awake.
Ginseng	Stimulant	Clinical study involving fatigued nurses showed side effects of poor sleep quality.
Yohimbine	Stimulant	Improved Narcoleptic symptoms.
Valerian Root	Sedative	Clinical study showed sedation after 8 and 24 hours. Sleep Lab Study: night effects of shorter sleep latency; better sleep quality and increased slow wave sleep.
Chamomile	Sedative	Clinical study on people with hypertension showed better sleep.
Kava	Sedative	Clinical study of Kava indicates that it does not induce sleep. Insomnia patients: decreased sleep latency, increased sleep spindles and improvement in subjective quality. REM sleep unchanged.
Lavender	Sedative	Clinical study of elderly patients showed decrease in pre-sleep restlessness.
Hops, Lemon balm	Sedative	Clinical trial with Valerian preparation showed no effect on sleep from Hops or Lemon balm and confirmed that Valerian Root improved sleep.

Source: "Sleep," V.24, No. 3, 2001

Lea Wrobel, M.D.—ER Physician with Emergency Health Care Physicians Group

continued from page 3

in Physics and is presently doing an internship with the NASA. Matthew, 18, is at the University of Illinois, Champagne, majoring in engineering and 13-year-old Danielle has her mother's ability to put you at ease and make you feel welcome. My daughter, Ilana, introduced me to the Wrobel family and we agree that we would like more people like them in our lives.

I asked Dr. Wrobel to share with us some of her experiences as a night shift ER physician and her thoughts on how to balance night shift work with family and social lives (see page 5).

Alexander Vein—Academician of the Russian Academy of Medical Sciences

continued from page 3

possessed a rare quality; he could always spare time for his colleagues and students when they needed help or advice, no matter how tired he was. He never thrust his opinion on young scientists, but always made his students feel welcome and respected in his department.

In February 2003, several hundred people took part in the celebration of Alexander Vein's 75th jubilee in the Moscow House of Scientists. Dr. Vein was a respected scientist who dedicated his life to the field of neurology, gently shaped the careers of his students and touched the lives of so many more. All who took part in the celebration and many others, feel honored to have known him and will remember him in their hearts.

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

ALERTNESS·MOOD·PERFORMANCE

OSTEOPOROSIS COMES AT NIGHT



By: Elena Koles, M.D., Ph.D., D.Sc.

One of the greatest fears for an elderly person is development of osteoporosis. Twenty-five million Americans have this condition and 80% of its victims are women. Most men do not consider themselves susceptible to it. However, osteoporosis effects everyone regardless of gender, age or ethnic group. As many as 6% of men, age 50 or older, have osteoporosis and almost half of men in this age group have significant bone loss.

Osteoporosis is a systemic skeletal disease characterized by micro architectural deterioration of the bone causing its fragility. It is not a calcium deficiency, but a mineral *imbalance*. Therefore, the tons of calcium tablets taken by Americans are not really helpful and the number of patients with osteoporosis is still growing.

Many minerals have been shown to be effective in reducing bone loss. Calcium is a major factor, but not the only one. Ninety-nine percent (99%) of all body calcium is in bone tissue, but the 1% that is left in blood is the

most important to us, because this 1% regulates the calcium range. Calcium is very important to every cell controlling heart and muscle contractions, nerve impulses, hormonal synthesis and other vital functions. If there is a calcium deficiency for any of these physiological needs, it will be taken from the supply needed for the bones.

Usually, we ingest most of the needed calcium in our food during the day, keeping the calcium in our blood at the necessary level, but a deficiency in the calcium level at night, for example a deficit caused by a sleep disorder, can become dangerous. That is why one could say that osteoporosis comes at night. So, if you have to take calcium supplements, take them in the afternoon and at bedtime. Actually, it might help you to get a better night of sleep.

We are a sedentary nation, moving only from our couches to our car seats, but the human skeleton was created for movement; and therefore, the first healing approach is physical exercise. Jogging, tennis, and swimming are among the best types of exercise, because our legs are put to work. The stronger and thicker our bones are at a young age, the longer the period before osteoporosis develops.

Chronic stress, with its continuous steroid production

by adrenal glands, is a strong osteoporosis trigger in men and especially in women. In the latter, the adrenals metabolize the sex hormone progesterone into cortisol, causing higher risk for bone loss. A good regime of "early to bed and early to rise" can help to decrease these ill effects.

Bone is a living tissue. It needs enough protein from your diet to build a matrix that later will be mineralized into a firm structure. It needs numerous minerals and vitamins. All these nutrients "work" together. Diet and digestion also play a role. The absorption of all nutrients, including calcium, depends on proper stomach acid secretion. Almost 95% of people, age 50 and older, have low digestive enzyme secretion. Caffeine, sugar, red meat, alcohol and smoking are first on the list to avoid. Soft drinks and canned juices wash out bone calcium, as a result of the phosphoric acid.

Some medications, in prolonged dosages, also may put you at risk for osteoporosis. Thyroid gland dysfunction and celiac disease may also present serious risk factors.

Talk to your doctor about your risks and the causes of osteoporosis.

For further information, contact phone is 847.329.0470 at Oakton Health Center in Skokie, IL www.u-ok.net

Night Shift Work Can Be Balanced With a Happy Family and an Enjoyable Social Life

Interview with Lea Wrobel, M.D. – Night shift ER Physician

Q. We already know that you have chosen to work a permanent night shift due to the flexibility of the schedule to accommodate you family life, but what is your natural biorhythm—are you naturally a Night Owl?

A. Yes, I am a Night Owl. All my life, since college, I have liked working at night. In this sense, I am lucky, but I also got used to it. Sometimes it gets very difficult.

Q. What is the best schedule for night shift workers and how can they adapt to preset schedules?

A. Some hospitals have adopted a schedule with three consecutive nights of work, but our team keeps to a schedule of every other night and two consecutive days off. This way I am less tired and more available for my family. During the nights that I am off, I still keep the same rhythm: awake at night and sleep in the morning—this is the best way to adapt and keep consistency in your lifestyle.

Q. Could you share some details of your schedule (sleeping, eating, home chores, hobbies, etc.)?

A. I go to work about 7 PM. The main personal issues that come up working the night shift at the hospital are sleeping and eating. Nurses, if they are not busy, are allowed to fill in while another nurse takes a short nap, but this is rarely feasible. Some doctors also nap, but I found that brief naps just make me more tired and disoriented. My shift is over at 7 AM, but I spend another hour transitioning my patients to the morning shift. I am at home by 9AM and go to sleep from 10AM to 3 PM.

I wake at 3 PM, before the children return from school, to spend time with them. At 5 PM we have dinner—this is the most important time of day for us. It is the family's time together and my husband and I adjust our work schedules in order to be home at this time as many nights as possible.

I try not to eat too much before work.

When I am home at night, on my days off, I still do not sleep and after my husband and children fall asleep, I do my home chores, read or do something that I like to do. In the morning and days off, I spend time working in my garden where I absorb the serenity of the beautiful flowers, work hard and get some sunlight.

Q. How about your relationship with your husband and children?

A. I am very close friends with my husband, Frank. It is to his credit that he takes care of the children in the morning, feeds them, drives them to school or to one of their activities and I pick them up later. It is difficult on both of us. We have made our sacrifices, but with a little creativity, we have had a happy marriage for 25 years.

Q. What is your advice to other night shift workers?

A. First of all, keep your life in balance. Work is not everything. Your family and social life play a major role in keeping you grounded and therefore should not be forgotten or put on hold.

Keep the same rhythm of sleep and activity to avoid the additional difficulties that arise from constantly read-



justing your body and mind. Do not eat too much before your night shift and do not forget to bring food with you if you have a break at work. Try not to sleep during the night and in the morning, if possible, go to sleep using earplugs and eye covers—brilliant inventions.

Q. What are your concerns?

A. I am concerned about the night shift nurses. Hospitals do not provide healthy food for them; it is a countrywide deficiency among night shift nurses. It is no surprise that nurses burn out quickly. They are often overworked, do not receive enough pay to cover their expenses, and childcare for hospital nightshift employees is non-existent. If we expect good care from the nurses for our patients, we must take good care of our nurses, especially those who make the sacrifices of being a night-shift nurse.

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



SLEEP NEWS FROM AROUND THE WORLD



By: Vadim S. Rotenberg, M.D., Ph.D., D.Sc.
Tel-Aviv University

SEARCH ACTIVITY CONCEPT: THE RELATIONSHIP BETWEEN BEHAVIOR, HEALTH AND REM SLEEP FUNCTION

The Journal, *Sleep & Health*, is the most appropriate publication for the popular explanation of the most general theories that integrate health protective mechanisms and sleep functions, and the Search Activity Concept (SAC) is one such theory.

The SAC provides a new classification for behavior that is distinguished by so-called search activity (activity in an uncertain situation with constant feedback between behavior and its outcome), stereotyped behavior with a definite probability forecast, panic (chaotic activity without correcting feedback between activity and its outcome) and renunciation of the search.

Our investigations on animals, performed with Prof. V. Arshavsky, as well as numerous clinical investigations, have shown that only search activity that includes fight, flight, orienting behavior and creativity raises the body's resistance to stress, to natural and experimentally induced pathology. Whereas renunciation of a search, which displays itself in freezing, helplessness, depression and neurotic (maladaptive) anxiety, forms a nonspecific predisposition to variable somatic disturbances (e.g. psychosomatic diseases); it is possible to suggest that search activity protects health, because without search activity a normal adjustment to the complicated and continuously changing environment in higher animals and creativity in humans is not available. At the same time, search activity itself requires a lot of effort and energy and stimulates the subject to enter potentially dangerous and exhaustive conditions. If it would not protect the subject's health in such conditions, the most creative and active members of the population would become exhausted and die. It is the philosophical background of the positive feedback between search activity and body resistance.

The process of search activity is more important than its pragmatic outcome. Even if a person fails in his efforts, but continues to search, his health is protected.

On the other hand, the cessation of search activity after achievement, even when accompanied by positive emotions, often causes "diseases of achievement" that remains unexplained in the frame of the classical stress concept. Some mental disorders display a "misoriented" search activity.

Together with Professor A. Venger, we have developed a projective questionnaire for the estimation of different behavioral attitudes (BASE). Using this test, we have shown that, in general, distress is higher when search activity is lower and in depression, search activity is low while panicky behavior and renunciation of search are high. Healthy men in normal conditions are more predisposed to search activity than healthy women (the latter display high stereotyped activity), but in stressful conditions healthy representatives of both genders display the increase of search activity.

Dreams in REM sleep are regarded as a specific form of mental search activity aimed at compensating for the lack of search in waking. REM sleep requirement increases in renunciation of search and decreases after all forms of waking behavior that include search activity. REM sleep deprivation on a wooden platform surrounded by water causes death of experimental animals just because such deprivation combines a prevention of search activity and REM sleep suppression. Thus, search activity is not restored and not compensated in dreams. REM sleep deprivation in conditions that do not prevent search activity does not cause death. Search activity in REM became obvious after the damage of locus coeruleus in the brain.

Only functionally sufficient REM sleep can restore search activity. Patients with mental and psychosomatic disorders are characterized by functionally insufficient REM sleep (with nightmares or with a lack of dream activity) and this functional insufficiency of REM sleep is an important mechanism of the pathogenesis of these diseases.

The SAC provides explanations for many paradoxes in relationships between waking activity, sleep and health and offers avenues for future research into the treatment of many mental health disorders.



BRIDGES & CROSSROADS

ONLINE PHARMACIES: WHO LOSES?

By: Mark Jacobs, R.Ph.

In the last few years, the growth of Online Pharmacies has increased dramatically. Because these pharmacies must compete on a financial level in order to gain acceptance, drug prices can be 30–60% lower than the average pharmacy price in the United States. This can be a significant savings for many Senior Citizens who may require 6–10 medications each month. However, according to US Law, there are illegalities in providing medications through the mail or mail services. Regardless of the law, the FDA is permitting up to a three-month supply of medication to be purchased in this manner, as long as it is for personal use.

As a practicing pharmacist, I believe that there are problems with this practice, above and beyond breaking the law. The number one problem is that there are no regulations or bodies governing these practices. Therefore, some patients have received counterfeit or "look-alike" drugs, while others have received diluted (less potent) medications. The patient has no recourse, nowhere to go to complain. No one seems to know the source for the medications from Online Pharmacies. These pharmacies are profiting from our citizens, yet do not pay any taxes, license fees or



uphold the laws of our land.

Many politicians feel that Online Pharmacies will actually lower drug costs via competition. This could not be further from the truth, because the manufacturers are not competing with any other product. It is the physician that determines which medication is used; therefore, the manufacturer has no reason to lower the US price. In fact, the manufacturer will most likely increase their prices in order to meet their financial projections.

In other words, the middle class will pay as a result of Online Pharmacies, because the US drug prices will increase in order to

make up for the losses sustained from out-of-country access. This will cost insurance companies millions of dollars, which will be ultimately passed on to insurance premiums. Corporate health care costs will increase dramatically and the cost will eventually reach the middle-class employee.

Pharmacies in the US will not be able to compete with the prices offered by Online Pharmacies without suffering large financial losses. Most important, however, is that our country mandates certain standards of care for our citizens. These practices circumvent such standards and open the door for chaos. In the end, I am afraid that everyone loses, except for the Online Pharmacies.

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



NEWS FROM RESEARCH

GENDERS: WHO REALLY NEEDS BEAUTY SLEEP?

Researchers have found women appear to bear up better than men under the effects of sleep deprivation. The findings, presented at a meeting of the Endocrine Society in Philadelphia, grew out of a larger study into how well people function when they are deprived of sleep. "We were not expecting a difference between men and women," said the lead investigator, Dr. Alexandros N. Vgontzas of the Penn State University College of Medicine. Researchers asked 25 people, 12 men and 13 women, to sleep in a laboratory for 12 nights in a row. The first four nights they were allowed to sleep for eight hours. For the next week, they were restricted to six hours. During the day, the researchers tested to measure sleepiness and performance, using coordination tests on a computer. They also measured hormones and cytokines, a protein released by the body that causes inflammation. Men and women did about the same on the performance and daytime sleepiness tests, Dr. Vgontzas said, but the women adapted better to the shortened sleep time, using the time more effectively and enjoying more deep sleep than the men. The women also appeared less bothered by the wires and

tubes to which they were connected during sleep. One explanation, the researchers said, is that the ability to regulate sleep better may have developed to help "protect women from the profound demands of infant and child care for most of mankind's history."

*Taken from the New York Times June 24, 2003
By Eric Nagourney*

DIABETES IS MORE COMMON IN OBSTRUCTIVE SLEEP APNEA

Research has found a link between Obstructive Sleep Apnea and the metabolic disorders that lead to diabetes, regardless of the subject's age or weight. Sleep apnea is usually associated with overweight middle-aged men who snore. However, a French study of nearly 700 male snorers of different ages and weight categories showed that those with sleep apnea were twice as likely to be diabetic as opposed to non-apneic snorers and half of those with sleep apnea had a diabetes-related metabolic disorder (often referred to as "pre-diabetes"), as opposed to just over a quarter of the ordinary snorers. "This relationship between sleep apnea and diabetes cannot be explained by known risk factors, such as age and weight," said Dr. Nicole Meslier,

who conducted the study, which was published in the *European Respiratory Journal*.
National Sleep Foundation, July 16, 2003

DISRUPTION OF SLEEP-ACTIVITY RHYTHM IN PATIENTS WITH DEMENTIA RELATE TO SURVIVAL

Older adults with dementia often have disruptions of rest/activity and sleep/wake cycles. These changes are a result of environment, but more of deviated brain activity. The consequences of disrupted rhythms were unknown until recently. Scientists from the University of California, San Diego, studied 150 subjects with a mean age of 84.1 years.

Results showed that the timing of rhythms were important for survival. Patients with dementia appear to develop abnormal sleep-wake timing, which was predictive of shorter survival. It is not clear from this study whether abnormal timing leads to death or whether it is a marker of physiological processes. It may be possible to intervene in patients with dementia to correct the timing of their rest/activity and sleep/alertness cycles and possibly to prolong life.

Source: Sleep, 26, 2003 A158

ASK DR. SLEEP



SLEEP TOO LATE—MOOD TOO BAD

Dear Doctor Sleep,

My 15-year-old daughter, who used to be an early morning riser, always laughing and a nice girl, suddenly started to sleep too late, waking up groggy and angry. She is going to bed on time, but sleeps too long. Her personality has become unpleasant. Can this be some type of sleep disorder? Are mood and sleep connected? Is there anything we can do to get our nice daughter back?

*Concerned Parents
Tampa, FL*

Dear Concerned Parents,

Yes, your daughter has a sleep disorder. It is called Hypersomnia with sleep drunkenness and is quite common for adolescence due to hormonal changes. The quality of sleep in adolescence becomes insufficient and, contrary to common belief, adolescents need more sleep...sometimes too much. It is also interesting that sleeping too late can lead to moodiness, anger and depression. During late morning REM sleep, too many anger-cortisol hormones are released.

Those who rise early, live longer and more pleasant lives. Try to wake your daughter up half an hour earlier each day. If it becomes difficult to accomplish, ask your doctor about treatment now available.

Dr. Sleep

MIDNIGHT AWAKENING IS THE BEST TIME IN MY LIFE

Dear Doctor Sleep,

Everything I read and hear says that midnight awakening is bad for your health and represents some terrible illness, but I can tell you that for me it is a blessing. All my life I have been waking up after 2-3 hours of sleep and I feel fine. It is quiet and I take time for myself. It is during this time that I love to read, do a little writing or something, an hour to an hour and a half of peace and happiness. I then go back to sleep until early morning. I am happily married, mother of two, and have no medical problems.

*Leah Buckovich
Houston, TX*

Dear Leah,

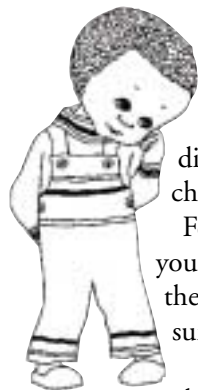
You are really lucky and blessed. To find a little time and peace for yourself is a precious gift. In ancient times, when people lived in caves, they fell asleep around sunset, and then some of them rose to check for danger and keep the fire going. Some of us have these "guard" genes. Many writers, poets, artists and scientists experience the most creative time during the peace and silence of night. If you can do it, and still handle the intense schedule of contemporary living, you are blessed!

Dr. Sleep

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

ODDS & ENDS

WHY PARENTS HAVE GRAY HAIR!



The boss of a big company needed to call one of his employees about an urgent problem with one of the main computers. He dialed the employee's home phone number and was greeted with a child's whispered, "Hello?"

Feeling put out at the inconvenience of having to talk to a youngster the boss asked, "Is your Daddy home?" "Yes," whispered the small voice. "May I talk with him?" the man asked. To the surprise of the boss, the small voice whispered, "No."

Wanting to talk with an adult, the boss asked, "Is your Mommy there?" "Yes," came the answer. "May I talk with her?" Again the small voice whispered, "No."

Knowing that it was not likely that a young child would be left home alone, the boss decided he would just leave a message with the person who should be there watching over the child. "Is there any one there besides you?" the boss asked the child. "Yes" whispered the child, "a policeman."

Wondering what a policeman would be doing at his employee's home, the boss asked, "May I speak with the policeman?" "No, he's busy," whispered the child.

"Busy doing what?" asked the boss. "Talking to Daddy and Mommy and the Fireman," came the whispered answer.

Growing concerned and even worried as he heard what sounded like a helicopter through the earpiece on the phone the boss asked, "What is that noise?"

"A hello-copper" answered the whispering voice. "What is going on there?" asked the boss, now alarmed. In an awed whispering voice the child answered, "The search team just landed the hello-copper." Alarmed, concerned, and more than just a little frustrated the boss asked, "What are they searching for?"

Still whispering, the young voice replied along with a muffled giggle: "Me!"

On July 7, 2003, Governor Rod Blagojevich of Illinois signed a new bill into law, which requires Insurance Companies that cover the cost of prescriptions drugs to now cover all contraceptive drugs and devices approved by the FDA.

A news release from the Governor's Office said, "The legislation will benefit women across the state."



Trucker Time

After driving for about six hours, a trucker decides to pull over and sleep for a little while. As soon as he falls asleep, he is awakened by some knocks on the door of the cab.

"Can you tell me the time, please?" asks a jogger.

"Yeah, it's 4:30," answers the trucker. He falls asleep again, but he is awakened again by another jogger who wants to know the time. "It's 4:40!" yells the trucker.

Deciding to really try to sleep a little, he writes on a piece of paper: I DON'T KNOW THE TIME. He sticks the paper in his windshield.

But he is awakened again. "It's 5:25," says another jogger.

SLEEP AND THE SENSES



As taken from Dreams & Destinies, Beryl Beare, JG Press, Parragon Book Limited 1995, Images Colour Library Ltd.

Do you Experience...

Recurrent lapses into sleep during the day?

Excessive Daytime Sleepiness?

Sudden loss of muscle tone or weakness?



If you have been diagnosed with or think you may suffer from

Narcolepsy,

You may be eligible to participate in a clinical trial.

To qualify you must:

- Have a diagnosis of narcolepsy
- Not have another Sleep disorder
- Be 16 years of age or older, North America; 18 years of age or older, Europe
- Be willing to visit the research center 5 to 7 times.
- Otherwise be in good health

Eligible participants will receive at no cost:

- Study-related physical exams and laboratory tests
- Four overnight sleep studies at a qualified sleep research center
- Study medications

(Reimbursement is available for travel expenses)

If you meet the above listed criteria and would like additional information about this opportunity, contact Orphan Medical, Inc. by calling:

Unites States and Canada: 1-888-867-7426

Czech Republic, France, Germany, Switzerland, United Kingdom:
0011-952-512-8727

Monday through Friday, 8:00 am to 5:00 pm CST
Or via email mids@orphan.com

All messages will be returned within 2 business days.

"BOOK TASTE AND SLEEP"

By: Peter Dodzik, Psy.D.

A study completed at the University of Wales in Swansea has found that the type of books people read can have an impact on the quality of their dreams. Since Freud, dreams have often been thought to reflect latent content from the previous day and many psychologists and psychiatrists have used this phenomenon to try to interpret the meaning of dreams. A group of researchers now have actually found that this can apply to books read the previous day.

Researchers divided more than 10,000 library goers into different personality types based on the books they chose and asked them to complete questionnaires about their dreams. They found adults choosing fiction had stranger dreams (based on content analysis) and were more likely to remember them. Fantasy novel readers had more nightmares and "lucid" dreams, in which they are aware they are dreaming. As would be expected, the dreams of those who preferred romantic novels were more emotionally intense.

The research also suggested children who read scary books are three times more likely to have nightmares. "Reading affects children's dreams more, the younger they are," Dr Mark Blagrove explained. "The number of nightmares tended to decrease with age."

The findings add more weight to the view that different personality types have different kinds of dreams or that people seek out literature that reflects their own wish fulfillment and that is reflected in their dreams.

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

CLASSIFIED & OPPORTUNITIES



WE ARE GRATEFUL TO THE SPONSORS OF SLEEP & HEALTH:

*Pulmonary Physicians of the North Shore – Bannockburn, Illinois
Sanofi – Synthelabo – Makers of Ambien
Shire US, Inc.
Nihon Kohden America, Inc.
Orphan Medical, Makers of Xyrem*

SLEEP TECHNICIAN SCHOOL

If you are considering a career change, the Sleep Technician School would be glad to introduce you to the exciting field of sleep medicine.

WITH QUESTIONS OR TO ENROLL, PLEASE CALL
(847) 673-8005

Sign up for the next available course!

SLEEP INFORMATION & SERVICES DIRECTORY

Accredited Sleep Centers in Chicago Area

Chicago. Sleep Disorders Center
The University of Chicago Hospital
5758 South Maryland Ave., MC 9019
Chicago, IL 60637
Phone: 773-702-1782
Fax: 773-702-7998

Chicago. Sleep Disorder Services and Research Center
Rush-Presbyterian-St. Luke's Medical Center
1653 West Congress Pkwy, Suite 345 Pavilion
Chicago, IL 60612
Phone: 312-942-5440
Fax: 312-942-8961
E-mail: estepans@rush.edu
www.rush.edu/Med/Psych/sleep.html

Chicago. Center for Sleep and Ventilatory Disorders
University of Illinois at Chicago, M/C 722
1740 West Taylor Street - Room 536E
Chicago, IL 60612
Phone: 312-996-7708
Fax: 312-413-0503
E-mail: dswitch@uic.edu

Chicago. Sleep Disorders Center
Northwestern Memorial Hospital
201 East Huron, Galter 7th Floor
Chicago, IL 60611
Phone: 312-926-8120
Fax: 312-926-6637
E-mail: p-zee@nwu.edu
www.nmh.org

Chicago. Sleep Medicine Center
Children's Memorial Hospital
2300 Children's Plaza, Box 43
Chicago, IL 60614-3394
Phone: 773-880-8230
Fax: 773-880-6300
E-mail: sheldon@northwestern.edu

Chicago. Center for Narcolepsy Research (MC802); College of Nursing
845 South Damen Ave, Rm. 215
Chicago, IL 60612-7350
Phone: 312-996-5176
Fax: 312-996-7008
E-mail: narcolep@listserv.uic.edu
http://www.uic.edu/depts/cnr

Bannockburn. Sleep & Behavior Medicine Institute
2151 Waukegan Rd., Suite 120
Bannockburn, IL 60015
Phone: 847-405-0474
Fax: 847-405-0478

Elk Grove Village. Sleep Disorders Center
Alexian Brothers Medical Center
810 Biesterfield Road, Suite 409
Elk Grove Village, IL 60007
Phone: 847-981-5926
Fax: 847-981-2003

Evanston. Sleep Disorders Center
Evanston Hospital
2650 Ridge Avenue
Evanston, IL 60201
Phone: 847-570-2567
Fax: 847-570-2984
E-mail: rrosenberg@enh.org

Hinsdale. Sleep Disorders Center
Hinsdale Hospital
120 North Oak Street
Hinsdale, IL 60521
Phone: 630-655-4803
Fax: 630-655-8166
E-mail: Rpolak@ahssorg.com
Web Site: www.ahsmidwest.org

Lombard-Naperville-Streamwood
Merit Sleep Technologies -Center for Sleep Health
Comprehensive Sleep Services Include:
Sleep Screenings
Sleep Disorder Diagnostic Testing
CPAP/BiLevel Treatment and Compliance Program JCAHO Accredited
Phone # 888-637-4848

Oak Park. West Suburban Snoring & Sleep Disorders Center
West Suburban Health Care
One Erie Court, Suite 3000
Oak Park, IL 60302
Phone: 708-383-9928
Fax: 708-383-1619

Park Ridge. Sleep Disorders Center
Lutheran General Hospital
1875 W. Dempster
Parkside Center, Suite B06
Park Ridge, IL 60068
Phone: 847-723-7024
Fax: 847-723-7369
E-mail: BarryWeber@advocatemedical.com

Skokie. Sleep & Behavior Medicine Institute
9700 North Kenton Avenue, Suite K-205
Skokie, IL 60076
Phone: 847-673-8005
Fax: 847-673-8719

Winfield. Center for Sleep Health at Central DuPage Hospital
25 North Winfield Road
Entrance E., 3rd Floor
Winfield, IL 60190
Phone: 630-933-2975
Fax: 630-933-2745

Home Health Care Companies

Arlington Heights. Sleep Solutions Inc.
825 E. Golf Rd.
Suite #1144
Arlington Heights, IL 60005
Phone: 800-789-9190
Fax: 847-952-4577

Morton Grove. Simpol Home Medical Equipment & Supply
9240-42 Waukegan Rd.
Morton Grove, IL 60053
Phone: 847-967-6767
Fax: 847-967-6841
E-mail: simpolmed@yahoo.com
Website: www.simpolmedical.com

Northbrook. Health Technology Resources
1834 Techny Court
Northbrook, IL 60062
Phone: 877-446-5105
Phone: 847-291-2637
Fax: 847-291-7254

Hawthorne, NY. Oxford Instruments Medical
12 Skyline Dr.
Hawthorne, NY 10532
Phone: 800-438-8322
Fax: 914-593-7290
website:
www.oxford-instruments.com

Medical Equipment Companies

Glendale, NY. Rozinn Electronics Inc.
72-22 Myrtle Ave.
Glendale, NY 11385
Phone: 800-789-9190

Kennewick, WA. Cadwell Laboratories, Inc.
909 N. Kellogg
Kennewick, WA 99336
Phone: 800-245-3001
Fax: 509-735-6503
www.cadwell.com

Poway, CA. ResMed
14040 Danielson St.
Poway, CA 92064-6857
Phone: 800-424-0737
Fax: 858-746-2860
E-mail: usreception@resmed.com
Website: www.resmed.com

Other Services

MedsforAll.com
A pioneer pharmacy service providing American customers with affordable prescription drugs at savings of up to 20 to 80%.

Websites

National Sleep Foundation
www.sleepfoundation.org

Talk About Sleep
www.talkaboutsleepp.com

Sleep and Health
www.sleepandhealth.com

MedsforAll.com
www.medsforall.com

Looking for a job as a Sleep Technician? Call 847-673-8005

SLEEP & HEALTH

MEDICAL AND PUBLISHING STAFF

Editor-in-Chief
Alexander Golbin, MD, PhD
Diplomate, American Academy of Sleep Medicine

Managing Editor
Peter Dodzik, PsyD

Editor
Marc Givan

Chief Editor of Canadian Edition
Leonid Kayumov, PhD, FAASM, DABSM
Diplomate, American Academy of Sleep Medicine

Chief Editor of Israel Edition
Vadim Rotenberg, MD, PhD

Section Editor-Hypnosis and Integrated Medicine
Marc I. Oster, PsyD, ABPH

Section Editor-Sleep Pulmonology
Neil Freedman, MD
Diplomate, American Academy of Sleep Medicine

Section Editor-Sleep Dentistry
Ira L. Shapira, DDS, FICCMO, DAPM

Section Editor-Excessive Sleepiness
Sharon Merritt, RN, MSN, EdD
Associate Professor and Director of Center for Narcolepsy Research at UIC

Section Editor-Alertness, Mood & Performance
Elena Koles, MD, PhD, DSc

Section Editor-Art & Sleep
Deena Sherman

Medical Consultant
Howard Kravitz, DO, MPH
Fellow of American Academy of Sleep Medicine

Designers
Patrice Nightingale

Publishing
Des Plaines Publishing Company

Sleep & Health is not responsible for display advertisements, advertising articles and their content. *Sleep & Health* assumes no responsibility to return unsolicited editorial or graphic or other material. Reproduction in whole or in part without written consent is prohibited. *Sleep & Health* reserves the right to edit any submitted material when necessary for space or clarification.

Copyright © by Sleep & Health, Ltd. All Rights Reserved. 2003.

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

