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INSOMNIA: WHY CAN'T I SLEEP?

You're lying in bed. It's the middle of the night and you're wide awake. No matter how hard you try, you can't seem to fall asleep.

Many of us have experienced this frustrating scenario, sometimes it occurs nightly. But what causes Insomnia and how can it be alleviated?

Insomnia is the inability to fall asleep or remain asleep. 30 to 40 percent of the population experience insomnia symptoms at some time during any given year and 10 to 15 percent report having chronic insomnia. (*National Sleep Foundation*) The condition can occur at any time during a person's life and is often a symptom of another underlying or related problem.



Insomnia can seriously disrupt people's lives.

There can be many reasons for insomnia. *Transient Insomnia* occurs occasionally and is usually brought on by a stressful event in your life. This could be something as simple as stress at work or as serious as a death of a loved one. Transient insomnia usually will go away after the stressful time has passed. Insomnia is considered *Chronic Insomnia* if it occurs regularly for a month or longer.

Generally there are two distinct categories of insomnia symptoms: *Sleep Onset Insomnia* and *Sleep Maintenance Insomnia*. Sleep Onset Insomnia means you have trouble falling asleep. Many times you may feel that you "just can't turn your mind off" or wind down for the night. This type can be related to a stressful period in your life and often is transient, disappearing when that stress goes away.

Sleep Maintenance Insomnia occurs when a person has difficulty falling asleep after waking up in the middle of the night. Many times this type of Insomnia is directly connected to another sleep disorder such as Sleep Apnea. Sleep Apnea causes multiple awakenings throughout the night; sometimes these awakenings are accompanied by surge of adrenaline in the body. Once awake, the person suffering from these events can't fall back asleep.

What can I do to stop my Insomnia?

The first thing a person should do is work on improving their sleep hygiene. Establish a healthy bedtime routine. Bright lights and activities or conversations that are stressful or too engaging should be avoided within 1 hour of bedtime. A calming activity such as reading or meditating is beneficial. Remove the television and computer from the bedroom. Also, avoid alcohol and over-the-counter sleep aids, as these actually end up disrupting sleep. If your problem persists, consult a sleep specialist for help.

What are the treatments for Insomnia?

Despite the many advertisements in the media for sleeping pills, good sleep hygiene and a regular bedtime are the best first steps, beyond that cognitive behavioral therapy is still the most effective treatment for Insomnia. However, if your Insomnia is being caused by an underlying sleep disorder such as Sleep Apnea or Restless Legs Syndrome, that needs to be identified and treated first. Often if those causes are addressed, the Insomnia goes away. A sleep specialist can use many methods to address your problems sleeping. If you have problems with insomnia, please contact Oregon Sleep Associates at 503 288-5201 for assistance.

**THINGS TO
CONSIDER:**

- *Though alcohol may make you feel sleepy, it actually disrupts your sleep and makes your breathing worse*
- *Set your alarm clock and then turn it away from your bed. Clock watching is a sure way to make things worse when you're having insomnia*

JET LAG: THE TRAVELING BLUES

Every year, especially around the holidays, millions of people take trips all across the globe. After meticulous planning, packing, and preparation they board planes towards their destinations, hoping for an enjoyable vacation away. But unfortunately, many of these travelers will experience something unexpected that can disrupt and even ruin their time off: *Jet Lag*

Travelers experience “Jet Lag” because of a disruption of their Circadian Rhythm. The Circadian Rhythm is the 24 hour cycle that helps regulate the body’s sleep and wake times. This cycle uses light to essentially “set its clock”. As a person travels between time zones, their body has trouble adapting to the different environment. For example, if you are normally in the pacific time zone and travel east to New York, your bedtime is now 3 hours ahead of when you normally go to sleep. Conversely if you travel west 3 hours, you may find it very hard to stay up since you are staying awake 3 hours past your bedtime.

Jet lag can make people tired and angry, sometimes ruining what is supposed to be a good vacation. Fortunately, there are some things one can do to combat the effects of Jet Lag. The National Sleep Foundation recommends you:

- Select a flight that arrives in the early evening and go to bed at 10 PM local time.
- Anticipate the time change by getting up and going to bed at times closer to your destination’s time zone for several days before your trip.
- Avoid alcohol, caffeine, and heavy exercise around bedtime.
- Bring earplugs and blindfolds to help dampen noise and light during sleep.
- Get outdoors and into the sunlight. Daylight will help regulate your biological clock.

CHILDREN AND SLEEP: BEDWETTING

Bedwetting: It’s a problem that can be frustrating and embarrassing to both children and adults. Most children wet the bed occasionally or even nightly during the potty-training years. In fact, it is estimated that seven million children in the United States wet their beds on a regular basis. (NSF) It is considered normal for children to wet the bed while sleeping during the last stage of the toilet-training process. However, if a child continues to wet the bed more than twice a month after age 5 or 6, it may be considered a problem.

Not every child stops wetting the bed at the same age. Bladder function is a complex process and takes time to develop enough for a child to control it throughout the night. There are both *primary* and *secondary* forms of bedwetting. With primary bedwetting, the child has never had nighttime control over urination and it is usually part of the child’s natural development. The secondary form is less common and refers to bedwetting that occurs after the child has been dry during sleep for 6 or more months. This form is usually caused by some psychological stress or fear in the child’s life. In some cases it may be the result of an underlying medical condition such as constipation, urinary tract problems, or even sleep disordered breathing. If this is the case, a pediatrician should be contacted. The pediatrician can suggest several options of how to deal with bedwetting. These options include behavioral modifications like stretching the bladder by delaying urination during the day, encouraging the child to use the restroom before bed, or using an alarm device to wake the child when it senses urination at night. There are also medications to help control bedwetting, but caution should be used when seeking out and using such remedies. A recent report by the FDA stated that some bedwetting medications, especially when used nasally, may unbalance children’s’ electrolyte levels and could lead to seizures. (AASM) Patients using these medications should consult their doctors.

Parents faced with their children wetting the bed should remember to use positive reinforcement and encouragement to help their kids out of this difficult phase. If you have more questions contact your pediatrician or look online at www.sleepfoundation.org.



Jet Lag results when a person’s sleep cycle can’t adapt quickly to changes in time zones.

“I shall need to sleep three weeks on end to get rested from the rest I’ve had”

***-Thomas Mann,
Novelist***

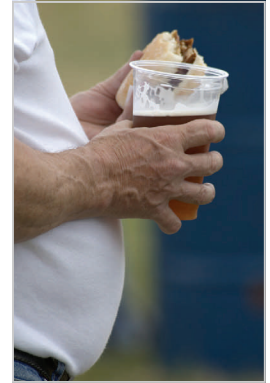


Bladder function is a complex process that takes time for a child to develop.

DIABETES: NEW CONNECTIONS TO SLEEP DISORDERS

A new study in the medical journal *Sleep* finds that people who sleep less have a significantly higher risk of developing Type 2 Diabetes. The research, evaluated by multiple universities, looked at subjects for a period of ten years. Those subjects who slept on average five hours or less every night had a greater risk of Diabetes than those who slept eight hours nightly. (*Sleep*, December 2007) Type 2 Diabetes occurs when the body becomes resistant to the effects of Insulin. This results in higher blood sugar levels. Sleep is an especially important part of this process since many hormones and metabolic functions occur during sleep. If these functions are interrupted or shortened, complications ensue. Sleep is also normally a time of low epinephrine levels. This may be important for normal Insulin function in the body. According to Dr. Lawrence Epstein of the American Academy of Sleep Medicine, "Restricting sleep to four hours a night for only a few days causes abnormal glucose metabolism" (AASM)

The connection between Diabetes and Obstructive Sleep Apnea is being examined closely. A Yale University study found people with OSA are two and a half times more likely to have Diabetes. (*Science Daily*, May 2007) OSA disrupts sleep and can often lead to insomnia or shortened sleep duration. The study's authors suspect that OSA also activates the body's "fight or flight" mechanism, leading to insulin resistance. Though Obstructive Sleep Apnea can occur in most body types, generally overweight people are at a higher risk. This same population is also at a much higher risk for developing Type 2 Diabetes. If you suspect or know you have sleep apnea or diabetes, talk to your doctor to be screened for the other condition. Also, if you find that you are having trouble sleeping more than 5 hours a night, recognize you are at risk for diabetes and be tested. You may actually have an underlying sleep disorder that can be treated. For more information contact Oregon Sleep Associates at 503-288-5201 or visit www.oregonsleepassociates.com.



An unhealthy lifestyle can lead to obesity, sleep apnea, and diabetes.

"People with Sleep Apnea are 2 ½ times more likely to develop Diabetes"

SNORING: MORE THAN JUST LOUD NOISE

"Sawing Logs" "Shaking the House" "Waking the Dead"

However you describe snoring, it never sounds good. But this annoying sound is also a very important warning sign. Snoring is so common we often think of it as normal. However it is actually a symptom of a much more serious condition. Snoring results from the vibration of tissue in a person's airway. When one sleeps, the muscles and tissues relax and start to partially obstruct the airway. This not only leads to loud noise, but it can also actually obstruct breathing. When breathing is obstructed the resulting condition is known as Obstructive Sleep Apnea. These obstructive events can be a partial closing of the airway, called a Hypopnea, or a full blocking, called an Apnea. In both cases the person is struggling to get more air into the lungs. When the amount of fresh air entering the body is restricted, the oxygen level in the bloodstream falls and the body starts to panic. The brain arouses and wakes the person, temporarily restoring airway muscle tone. Even though these events can happen hundreds of times a night, since these awakenings are so brief, the person usually doesn't even know they have this condition. They think they are sleeping all night but have actually been fighting to breath. If you or someone you know snores loudly on a regular basis, contact a sleep specialist for more information.



Snoring can disrupt the sleep of everyone around the snorer, stressing relationships and health.

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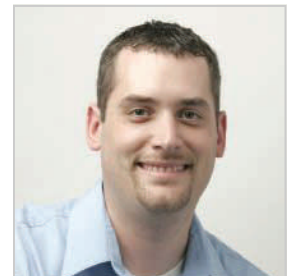
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B E T T E R S L E E P F O R B E T T E R H E A L T H . . .

SPOTLIGHT ON OREGON SLEEP ASSOCIATES: JASON COWLISHAW

Jason Cowlishaw knows about the trials and tribulations that can come with starting CPAP therapy. As a CPAP user himself, the DME Coordinator at OSA also knows the benefits that come with successful use. Jason has been helping patients with CPAP therapy for 5 years and has witnessed firsthand how the therapy changes people's lives for the better. He says it is important to make sure every patient that starts CPAP feels the benefits from it. Whether it takes one week or 6 months to get adjusted, he makes sure the patients know he is there to help in any way possible. Jason says, "It makes me feel really good knowing everyday I come to work I am helping people feel better". If you currently use a CPAP machine at home or would like more information about them, give Jason a call at 503-288-5201.



*Oregon Sleep Associates DME
Coordinator, Jason Cowlishaw*

OREGON SLEEP ASSOCIATES DEBUTS NEW WEBSITE

Check out Oregon Sleep Associates brand new website! New features include the latest sleep health news updates, expanded information about OSA, multimedia coverage and interviews with Dr Root, as well as Patient Forms you can print out prior to your office visit. You can also sign up to receive the *Better Sleep, Better Health* newsletters sent to you!