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**THINGS TO  
CONSIDER:**

- **Women have a harder time falling and staying asleep than men do.**
- **80-90% of Fibromyalgia sufferers are women. A very high percentage of Fibromyalgia patients also have undiagnosed Sleep Apnea.**

**WOMEN AND SLEEP DISORDERS**

*Often, when one thinks about someone suffering from a “sleep disorder”, a vision of a classic patient pops into one’s mind. This patient is usually male, overweight, and snoring on the couch. However, this stereotype only represents a small percentage of a much greater population of people with sleep disorders.*

In recent years, the medical community has been giving more attention to the growing prevalence of sleep disorders amongst women. A poll conducted by the *National Sleep Foundation* found that women are far more likely to have difficulty falling and staying asleep than men. They also found that though the average person needs 7-9 hours of sleep nightly, but the average American woman only gets 6 hours and 40 minutes each night. (NSF 2005)

The unique cycles women experience during their lifetimes, such as menstruation, pregnancy, and menopause greatly impact sleep. The accompanying changes in hormone balances shift can drastically affect the quality and duration of sleep rhythms. Many other factors can play into disrupting rest periods as well. Recognizing the signs and symptoms of sleep disorders makes it easier for tired women to get the rest they deserve. Here are some common sleep disorders experienced by women and some possible solutions:



*Treating sleep disorders can improve women’s quality of life.*

**Insomnia** is the inability to fall asleep or stay asleep. This is by far the most common sleep disruption experienced by women, especially during and after menopause, when over 60% report having it. Its causes are numerous and range from bad sleep hygiene or too much caffeine all the way to Obstructive Sleep Apnea or hormone imbalances. Many times, the lack of a clear cut reason is the most frustrating aspect of Insomnia. But if you suffer from it, there are some simple things to change which may help. Avoid alcohol 3-4 hours and caffeine 8-10 hours before bedtime. Do not watch TV or use computer media for 1-2 hours before bedtime. In fact, eliminate the television or computer from the bedroom and use that room for sleep and partner time only. If the Insomnia continues, contact a sleep specialist. They can help you find resources for cognitive behavioral therapy to learn how to cope with Insomnia and they may be able to correct the root cause of the condition.

**Sleep Apnea** is a condition in which a person’s airway collapses while they sleep. The collapse leads to decreased blood oxygen levels and increased sleep disruptions. This condition is very common (roughly 1 in 4 Americans suffer from it) and is becoming increasingly common amongst women, especially increasing after menopause. Symptoms to watch for include snoring, pauses in breathing, morning headaches, and increased daytime fatigue. If you suspect you may have Sleep Apnea, it’s very important to contact your doctor since it causes increased blood pressure and higher risk of stroke and cardiovascular problems.

**Fibromyalgia** is a very painful ailment characterized by stiff and aching muscles and joints, sleep problems, and chronic fatigue. It feeds into a vicious cycle; pain disrupts sleep and lack of sleep leads to more pain. It’s estimated that 80-90% of Fibromyalgia sufferers are women and many of these patients end up also having Obstructive Sleep Apnea. Unfortunately, there is no cure for Fibromyalgia at this time, but good sleep is essential in a multi-modality approach to care. Getting a sleep medicine consultation can frequently help in this process.

These are just some of the many sleep problems that can greatly impact women’s lives. By working closely with a sleep specialist, you can greatly improve the quality of your sleep and life. For more information contact Oregon Sleep Associates at 503-288-5201 or visit [www.oregonsleepassociates.com](http://www.oregonsleepassociates.com).

## GETTING THE MOST OUT OF CPAP: CHANGING PERCEPTIONS OF THERAPY

*There are many new treatments for Obstructive Sleep Apnea on the market today. But none of them match the efficacy of Continuous Positive Airway Pressure, or CPAP. In this ongoing series, we will explore different aspects of CPAP usage through the eyes of patients.*

A typical story: “I went to my doctor for a checkup and while I was there I mentioned how tired I feel lately. He referred me to a sleep center. I went there and did an overnight sleep study. They told me I have Sleep Apnea and need to wear a breathing mask at night. I want to feel better but I’m not so sure about the machine. A guy at work told me to stay away from those CPAP machines, he had one years ago and hated it.”

The experience above is a common one encountered at sleep centers across the country. Many people’s opinions of CPAP therapy are formed by friend’s and relative’s good and bad experiences in the past. “It’s definitely a problem,” says Oregon Sleep Associates Durable Medical Equipment Coordinator, Jason Cowlshaw, “We have patients coming swearing they’ll never try CPAP because of the horror stories they’ve heard.” Unfortunately, the perception is that the machines are heavy, loud, and uncomfortable to wear. In the past when people would describe CPAP, this perception was unfortunately true. Many of the machines were difficult to transport, noisy, and lacked basic comfort features. The masks seemed medieval, forcing the wearer to conform to a one-size-fits-all mentality. Fortunately, that’s all changed now. As more and more people were diagnosed with Sleep Apnea and were left with few care options, manufacturers started taking notice.

The last five years have produced major changes to the field of CPAP equipment. Many modern CPAP machines are often the size of your hand and are whisper quiet. Most have some sort of comfort settings, such as a “ramp” to slowly increase to the prescribed pressure or “pressure relief” to make exhaling easier. “It’s amazing some of the features they’re coming out with now. They make it so much easier to get used to CPAP.” Cowlshaw says, “A lot of the machines have tracking features too. They come with a data card we can download to see whether the pressure is right, if the mask is fitting correctly, and if the patient is getting enough sleep. It’s great, people can just bring that in for a checkup without bothering with the whole machine.”

One challenge people worry about is getting used to the mask when using CPAP. Many worry that they will be strapped in to something resembling a fighter pilot or Darth Vader. But as with the machines, many advances have been made with masks in recent years. Introductions of better materials and more form-fitting designs have led to a custom tailored experience. “Some of the best designs to come out are the nasal pillow masks,” explains Cowlshaw, “They just fit right in the nostrils and are a lot quieter and lighter than older masks. Plus nowadays there are literally dozens of different styles out there, so we can always find something comfortable for everyone.”

Trying CPAP for the first time can be daunting, but having the right equipment makes it far easier. Most insurance companies will cover the cost of the CPAP and masks and most DME services should let you try multiple masks until you feel comfortable. Remember to ease in to using the CPAP and not to worry since there are always multiple options to get used to using it.

If you’d like to talk to Jason Cowlshaw about DME options, feel free to call him at 503-972-4692.

Next in our series *Getting The Most Out of CPAP: Tips for Compliance.*



Modern CPAP machines are a far cry from their much larger and louder predecessors.

**“Sleep is the best meditation”**

-The Dalai Lama



New nasal pillow designs are much lighter and smaller than previous masks.

## SNORING SOLUTIONS: CUTTING THROUGH THE HYPE

You see the commercials on TV and hear the ads on the radio for simple snoring cures. People give testimonials about how much better they sleep and how they don't snore anymore. The product always seems simple to use, doesn't require a doctor, and is available for 3 easy payments of only \$19.99. But do these cures actually do what they say they do?

Recently a former Air Force doctor, Eric Mair MD, decided to conduct a study to determine the validity of over the counter snoring cure claims. He did so after a soldier was reprimanded because his snoring had given away his camp's position to the enemy during a training mission. As outlined in the latest issue of *Sleep Review*, Dr. Muir started by looking at three commonly sold treatments: An oral spray applied before bedtime, a Nasal Strip designed to maintain airway patency, and a head positioning pillow.

The study measured the loudness of snoring in patients using each of the three treatments. The sound levels were then compared to baseline levels without any treatments. According to the study authors, the results were conclusive, *"Palatal snoring, palatal loudness, average loudness of snoring, averaged palatal flutter frequency, and respiratory disturbance index did not significantly change when comparing the three snoring aids with no treatment."* In short, these three snoring solutions touted as revolutionary ways of getting a better nights sleep did nothing to improve anyone's slumber. Don't believe everything you see on TV.

If you'd like more information about what solutions are medically proven to actually reduce or eliminate snoring, contact Oregon Sleep Associates at 503-288-5201.

## EYE CELLS AND CIRCADIAN RHYTHM

*Every year, millions around the world struggle with Circadian Rhythm Disorders. Their biological clocks are not keeping time, leading them to feel tired on a schedule conflicting with the rest of the world. But new research may lead to a better understanding of how to reset the clock.*

In our eyes there are cells called rods and cones which are responsible for detecting light. These cells send signals through the retina to the brain, where our perception of images is formed. These light-detecting cells also help regulate our sleep/wake cycles. For instance, lack of exposure to sunlight during dark winter months can lead to Seasonal Affective Disorder.

However, it turns out that rods and cones are not the only cells to send light and dark cues to the brain. Recently discovered cells, called intrinsically photosensitive retinal ganglion cells, or ipRGCs, produce a protein which allows them to sense light and send signals on its intensity to the brain.

Researchers at Johns Hopkins University, lead by Dr. King-Wai Yau, studied these cells by exposing them to light and measuring the resulting electrical activity. They found that the ipRGCs are not as sensitive to light as other cells. But once enough light is captured, that light is very effective at producing a signal to the brain. *"In terms of controlling the pupils and the body clock, it makes sense to have a sensor that responds slowly and only to large light changes,"* Yau says. *"You wouldn't want your body to think every cloud passing through the sky is nightfall."*

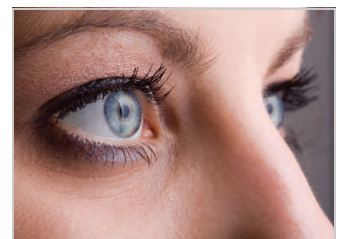
This research may give researchers another piece of the puzzle to understand what causes and how to treat conditions like Seasonal Affective Disorder or jetlag.

For more information about sleep topics, visit [www.sleepeducation.com](http://www.sleepeducation.com).



Snoring cures touted on TV and the internet often turn out to be modern day snake oil.

**"Throat Spray,  
Nasal Strips, &  
Head Positioning  
Pillows were all  
completely  
ineffective in  
reducing  
snoring."**



Scientists have made new discoveries into how eye cells help regulate sleep/wake cycles.

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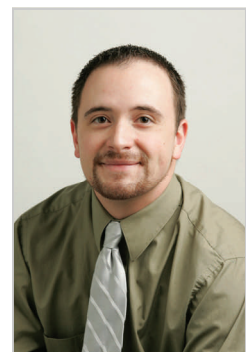
## **SPOTLIGHT ON OREGON SLEEP ASSOCIATES: PAUL BARBUR, RPSGT**

Paul started working nights as a technician when OSA opened in 2005. He eventually moved to the day shift and became the Lead Sleep Technologist overseeing the day-to-day operations of the sleep lab. *“Working days definitely makes it easier to function, but the commute is no fun during rush hour,”* he says.

Paul is proud of the people he works with, *“I’d put our techs up against any others in the industry. They’re dedicated, professional, and know how to give patients the best care possible. I feel lucky to know them.”*

In addition to managing the sleep lab, he also shares responsibilities in community education. *“It’s really cool and rewarding,”* Paul explains, *“We get to go out into the community, to businesses and schools, and help people find the resources they need to get a better night’s sleep. You meet a lot of really interesting people and hear some good stories.”* He also has a hand in creating many of the brochures and newsletters that Oregon Sleep Associates publishes to foster community awareness about sleep disorders.

In his free time, Paul enjoys camping, working on his house, and spending time with his fiancé Emily.



Oregon Sleep Associates Lead Technologist, Paul Barbur.