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Dreaming of a Good Night Sleep: Putting Sleep Apnea to Bed

by Blythe Thimsen

NINE YEARS AGO, Leigh Hawley was exhausted. During the day he felt tired, doggedly dragging himself through work, fighting the urge to nod off when he found a few minutes respite. Sleep did not offer much of a welcome relief, though. He woke up often throughout the night, gasping for air and destroying any hopes for a peaceful slumber. Hawley did not know it, but he was suffering from a form of sleep apnea, a problem that affects more than 12 million Americans, according to the National Institutes of Health.

According to the American Sleep Apnea Association "obstructive sleep apnea (OSA) is caused by a blockage of the airway, usually when the soft tissue in the rear of the throat collapses and closes during sleep. In central sleep apnea, the airway is not blocked but the brain fails to signal the muscles to breathe. Mixed apnea,



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as the name implies, is a combination of the two. With each apnea event, the brain briefly arouses people with sleep apnea in order for them to resume breathing, but consequently sleep is extremely fragmented and of poor quality.”

As the security supervisor at Deaconess Medical Center, Hawley’s job keeps him going all day and demands focus and alertness. Discussing his sleep woes at work one day, a co-worker suggested to Hawley that he consider visiting a sleep lab to help pinpoint and fix his problem. He had never considered this before, but anxious for relief and some quality shut eye, he bit. Luckily, he wouldn’t have to go far, as the Deaconess Sleep Lab had just opened a few months earlier, in December 2001.

Sleep disorders have gained increased attention over the last decade as more research has been done and a greater understanding of the impact of sleep disorders comes into the light. It is somewhat of a new field. “I didn’t even know sleep medicine existed until I started my fellowship,” says Dr. John Naylor, who came to Spokane in 1996 and is one of the doctors who has been running the Deaconess Sleep Lab since it opened. “Sleep medicine is a newer field where you can make a big impact on someone’s life.”

That impact can include taking patients who are getting very *un*-restful sleep, pin-

pointing their problem and fitting them with a CPAP (Continuous Positive Airway Pressure) machine, with the end goal being sweet dreams.

CPAP machines keep a continuous flow of air blowing into the airway, which helps the relaxed muscle lift from the back of the throat and, therefore, opens the airway. With the opened airway, patients no longer experience episodes of not breathing, which cause them to wake up gasping for air. Without the machine, sleep apnea patients can wake up as many as 40 to 100 times an hour. Though they may not be aware of waking up, their bodies break out of their sleep cycle and never get into deep sleep, the phase during which your body repairs and renews; henceforth, the exhaustion, despite thinking they got eight hours of sleep. With the CPAP machine, patients may experience a restful night sleep for the first time.

In order to determine if a patient has sleep apnea, and if they might be a candidate for a CPAP machine, it is necessary to undergo a sleep study.

At the Deaconess Sleep Lab, patients arrive between 8:00 and 8:30 p.m. and are taken to a prep area, where they are hooked up to 15 “leads” or wires, which monitor their breathing, leg movements, muscle movements, oxygen saturation and more. The leads attach at very specific locations on the body, so each patient is

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measured to make sure the placement is accurate. This process takes about 40-45 minutes.

Patients then settle into one of four bedrooms, which are outfitted like hotel rooms with a queen-size bed, nightstand, chair, closet, television and private bathroom. Another bonus? The soundproof walls that create quiet cocoons in which patients may sleep while the hustle and bustle of the monitoring station and the hospital are not heard.

Leads and video monitoring are done on patients during their first two hours of sleep. Depending on the feedback the sleep technicians see on the monitor, they may wake up the patient and fit them with a CPAP machine for the rest of the evening. Patients need to have at least four hours of sleep with the machine in order to gather enough information and to see the impact of the machine on their sleep.

Patients are woken up by 6:00 a.m., refreshed and ready to face the day. That is when the real work begins for the staff at the lab. "Correcting" the results of a sleep study can take up to three hours, as the technicians and doctors pour over the results, reading what looks like a seismograph printout after an earthquake. Lines zigzag up and down tracking a patient's breathing, oxygen saturation levels, leg movements, chin muscle movements, snores and disruptions. When a patient quits breathing, some for up to 90 seconds at a time, it is easy to see the impact on their body. The graphs show a long segment without air can be followed by a quickening of their heart rate, breathing, leg movements and snores, as the brain wakes the body and grapples for air.

The goal for oxygen saturation is 90 to 100 percent; however, patients in the throws of sleep apnea can drop to the low 70s or high 60s.

So is it difficult to fall asleep in the sleep lab, knowing there are cameras and eyes on you? "If you've got sleep apnea, you can fall asleep quickly," assures Naylor.

While some people may balk at the idea of sleeping with an audience of strangers, Hawley didn't bat an eye. "The people here are wonderful," he says. "I'm in security, I'm always watching other people

on cameras so this was just like normal. I watched it again on YouTube," he says with a laugh, joking.

When Hawley saw the results of his study, he was shocked. "It was completely stopped," he says of his breathing during the test, "and that was pretty scary."

Diagnosed with sleep apnea, Hawley was set up with a CPAP machine. Did it make a difference? "Oh, big time!" he says. "I wasn't tired during the daytime, or while driving. Once I started using a CPAP machine, I couldn't sleep without it. I went camping once and found out they had electrical outlets after I got there, so I turned around and drove 70 miles just to get my machine. Once you start using it, you can't sleep without it. One-hundred percent, it is a security blanket."

Hawley says it took a day or two to get used to wearing the mask. "I had a fear of something covering my mouth, but it was not a problem when I got it," he says. "You do what you have to do."

"Most of what I find is that one-third of patients start on the machine and take to it like a duck to the water," says Naylor. "One-third take an effort and have to work at adjusting to the machine, and for about one-third, it is a tough therapy for them. These people may be candidates for a dental appliance."

A mouthpiece, sometimes called a dental appliance, may be used to treat mild sleep apnea. A dentist or orthodontist can make a custom-fit plastic mouthpiece, which will adjust your lower jaw and your tongue to help keep your airways open while you sleep. This is a far less intrusive approach to treatment.

Some argue the sleep masks are odd looking, but Hawley has a good outlook. "I told my daughter 'it's like *Top Gun*.' The full face mask makes me feel like a Navy Seal." He wears a full-face mask whenever he is congested, saying the only drawback is that he can't talk to his wife when he has it on.

"It's figuring out what is wrong, and it makes you better," says Hawley, explaining why patients who may hesitate at the prospect of visiting a sleep lab should just do it. "Some people scare you into it, saying you could die in your sleep. You just

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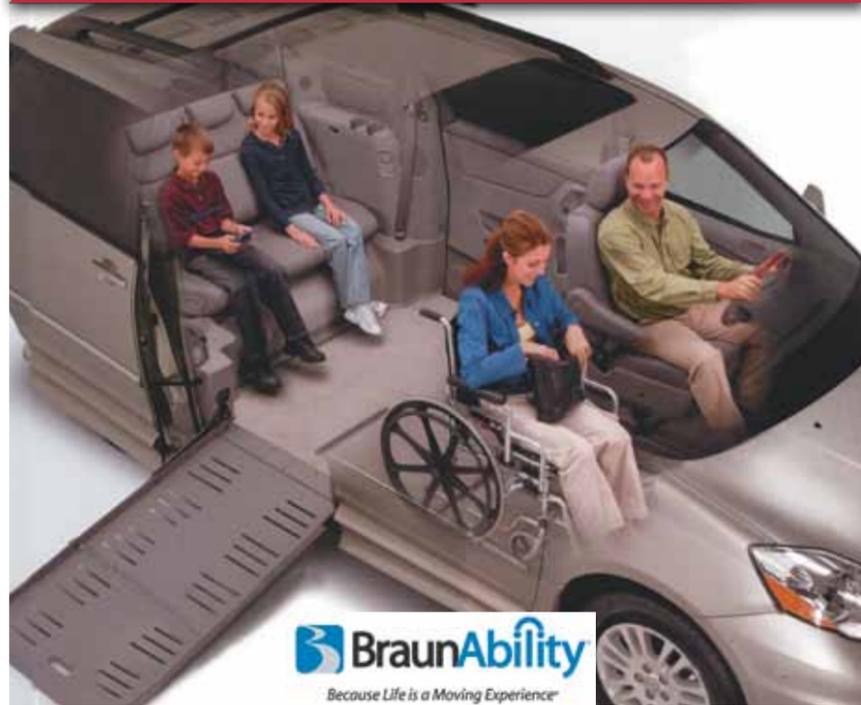
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have to take the step and do it, though.”

His enthusiasm for the sleep lab is evident among his coworkers. “Half the departments here have been in for a test because I push them,” says Hawley.

Which begs the question, when is it appropriate to go for a sleep study? The answer is anyone who is having trouble sleeping should talk to their doctor about it, and see if a sleep study is an appropriate step. “If you think you have a sleep disorder, talk to your doctor. If you are abnormally sleepy, you don’t have to be that way,” says Naylor. “It is normal for adults to wake up at night, what’s not normal is not going back to sleep.”

When patients wake up during the night, they often nap during the day. “There is nothing wrong with a nap,” says Naylor. “Naps are often culturally determined. You need about seven and a half hours of sleep per night, but it doesn’t have to be in one chunk. In our society that is normal,” but in many cultures, midday naps are culturally acceptable.

It is important to take note of your sleeping patterns and notice what type of sleep you are getting, when you feel tired and how you react. “It is a common misconception among men that working hard makes you tired,” says Naylor. “Hard work gives you sore muscles, it doesn’t make you fall asleep.”

Eighty-five percent of the patients seen at the Deaconess Sleep Lab have sleep apnea, but that is not the only sleep disorder that is dealt with there. Naylor says that he used to see lots of restless leg syndrome patients, but it has become such a well-known problem, most of those patients are able to address it and deal with it with their primary care physician. “Insomnia is a huge problem, though. It can be related to psychological problems, medication, poor habits and other things,” says Naylor.

For Leigh Hawley, and numerous other patients, sleep problems are a thing of the past, and the sleep lab has been a dream come true. ■

For more information on the Deaconess Sleep Lab, visit www.deaconessmc.com. For more information on Sleep Apnea, visit www.sleepapnea.org

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- Increase the risk for high blood pressure, heart attack, stroke, obesity and diabetes
- Increase the risk for or worsen heart failure
- Make irregular heartbeats more likely
- Increase the chance of having work-related or driving accidents.

Lifestyle changes, mouthpieces, surgery and/or breathing devices can successfully treat sleep apnea in many people. Currently, there are no medicines to treat sleep apnea.

If you have mild sleep apnea, some changes in daily activities or habits may be all that you need.

- Avoid alcohol and medicines that make you sleepy. They make it harder for your throat to stay open while you sleep.
- Lose weight if you're overweight or obese. Even a little weight loss can improve your symptoms.
- Sleep on your side instead of your back to help keep your throat open. You can sleep with special pillows or shirts that prevent you from sleeping on your back.
- Keep your nasal passages open at night with nose sprays or allergy medicines, if needed. Talk to your doctor about whether these treatments might help you.

- Stop smoking.

— Courtesy of the National Heart, Blood and Lung Institute

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