

To sleepy people

New **TCRH** Sleep Center can help you get a good night's rest



Fast fixes for a good night's sleep

- Set a bed time
- Don't work out 2 to 3 hours before bed
- Don't eat or drink before bed and no caffeine or alcohol 6 hours before bed
- Don't fall asleep watching TV
- Try white noise, like a wave sound machine
- If you're a shift worker, use a sleep mask and room-darkening curtains to block sunlight

You know the drill: You're ready to hit the hay by 10 a.m. because you couldn't sleep last night. Or you can't keep your eyes open despite having had eight hours' sleep. Or maybe your dear, sweet wife snores like a freight train, shaking the rafters and you, the kids and the dog awake.

As our society becomes more 24/7, our sleep cycles become less normal. Now you can watch the news, work or buy your groceries all night. But these options are not ideal, says Jamey Young, CRT, a licensed respiratory therapist and coordinator of Twin County Regional Hospital's new Sleep Center. These hours mess with the body's natural cycle, or circadian rhythm.

"We need sleep," he says. "We were created to have sleep. They say that as you lose sleep, your body will actually bank that up and say 'some day I need to get this back.'"

Can't sleep?

The inability to fall asleep and stay asleep is a sleep disorder. Simply put, a sleep disorder is "anything that's going to disrupt your normal sleep patterns," Young says, "or what's necessary for you to feel rested. People look at sleep as a luxury. But it's really a necessity," he says. And getting people to realize that is most important.

"The patient needs to be focused on their problems with their sleep," says Cathy Blevins, the hospital's director of cardiopulmonary services.

Sleep deprivation can lead to accidents. If you get a few days of too little sleep, you may run into problems with job performance, moodiness, restlessness and a higher risk of accidents. "If you can't concentrate, your job performance is going to go down," Young says.

Blevins says reports indicate sleep deprivation leads to 10,000 accidental deaths a year and \$16 billion in lost productivity. So, if you can't sleep, it is serious.



It's not just adults, either. The increase in childhood obesity is giving them obstructive sleep apnea, he says. But it might not always be apnea. "A lot of kids just aren't sleeping," Young says. "The way the world is today—they're nervous and their nerves will keep them up."

Also, Blevins says, babies who are born premature are having problems later on.

How do you find out if you have a problem?

If you're having trouble sleeping, ask your primary care physician for a referral for a sleep study at the TCRH Sleep Center, which opened on June 5 in Hillsville.

"Physicians sometimes don't have time or don't ask the questions about a patient's sleep. Sometimes sleep is the last thing on the doctor's list of what's going on in your life,"

Blevins says. "People in the community need to know that if they're having these symptoms that they need to tell their doctor ... that maybe they need to have a sleep study done."

There are many medical reasons for sleep disorders, Young says. He says the most common is sleep apnea.

What is sleep apnea?

According to the American Sleep Apnea Association (ASAA), there are three types: obstructive, central and mixed. Young says obstructive is the most common. It occurs by a blockage of the airway during sleep. Usually, the soft tissue in the back of the throat collapses and closes. You stop breathing, your body wakes even if you don't, and you breathe.

Young says obstructive sleep apnea is diagnosed with a sleep study of airway pressure. A

nasal cannula-like device is placed in the patient's nose. When airflow ceases and O2 saturations drops, you have an apnea. Some patients have as many as 100 incidents a night.

There are two ways to treat it: with a mask or by surgery. "The easiest way is with a CPAP or BiLevel [device]," he says. "What it does is it forces air down into the airways so that when they go to sleep, their airways can't collapse on them. The second way is through surgery." If a patient's airway has a lot of fatty deposits around it, surgeons can trim that out, he says. "It's pretty invasive and from what I understand it's pretty painful."

Patients would wear the devices at night for the rest of their lives, Blevins says.

Though sleep studies may sound New Age, they aren't, she says. Blevins, who has worked in respiratory therapy for about 20 years, says sleep medicine has been emerging in the past five to 10 years. "We've done probably three times as many in the last five years than we did 10 years ago. It's becoming more commonplace for patients to have these (devices) at home."

Sleep disorders are often respiratory-related problems. "Anything that affects the airways and weakens it and makes it more susceptible is going to affect [sleep]," Young says.

Blevins agrees that asthma and allergies play a role, but, she says, "It's more chronic obstructive pulmonary disease (COPD), emphysema, bronchitis, that I see most frequently."

She says she thinks respiratory therapists are the first medical professionals to see the problems that people are having.

"We're the first person they see when they enter the hospital with a breathing problem.

"A plus for us is this," she says, "a lot of the sleep labs that are starting up now are taking people off the street and training them to be a sleep tech. Jamey has worked in respiratory therapy for 10 years and has past experiences with these types of patients."

How can you get help?

If you can't sleep, make an appointment with your primary care physician for a checkup. Ask them to refer you to the Sleep Center for a sleep study. Before your appointment, you will be sent a packet that includes instructions and a sleep diary for you to fill out. Your stay will be a night, with arrival at either 8:30 p.m. or 10 p.m. You will be hooked up to state-of-the-art equipment so that Young can monitor your brainwaves, heart rate and breathing. In most cases,

after a night's sleep, he'll know what's going on. A second visit may be needed for a patient to become familiar with the treatment he or she chooses, usually a CPAP or BiLevel.

Blevins describes the new facility as very comfortable with a homelike atmosphere. There are two beds and a semiprivate bath with a shower. Young is the onsite sleep technician.

Private insurance and Medicare cover sleep studies, Blevins says. Six hours of recording time is needed for Medicare. For more information, call 1-877-5RESTING (1-877-573-7846) or (276) 236-8181, ext. 1745. ■

Risk factors for sleep apnea

- Some studies have shown that a family history of sleep apnea increases the risk of obstructive sleep apnea (OSA) two to four times.
- Being overweight is a risk factor for OSA, as is having a large neck. However, not all with sleep apnea are obese. (For more information, read Sleep Apnea and BMI: The Majority of OSA Patients Are Not Obese, www.sleepapnea.org/resources/pubs/bmi.html.)
- Sleep apnea is more likely to occur in men than in women.
- Abnormalities of the structure of the upper airway contribute to sleep apnea.
- Sleep apnea may be more common among African Americans, Pacific Islanders and Mexicans.
- Smoking and alcohol use increase the risk of sleep apnea.

Source: American Sleep Apnea Association (www.sleepapnea.org)