

# Sleep Apnea Awareness Newsletter

## SUMMER 2007

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### A DISCUSSION ON SLEEP HYGIENE

by Margaret Trussler, MS, APRN, BC

*Mr. Jones was relieved to find out that he had obstructive sleep apnea (OSA). Finally he had an explanation for his extreme exhaustion and sleepiness. His symptoms had progressed to the point he was sneaking out to his car at lunch to have a nap in order to make it through the workday. He was drinking so much coffee in the afternoon, he was having difficulty falling asleep at night and was frequently bothered by an upset stomach. He was beginning to rely on a nightcap to help him get to sleep at night.*

*He was excited about starting CPAP therapy. He had a great experience in the sleep laboratory. It was the best night's sleep he'd had in years. However, a week after starting on CPAP, he felt discouraged and frustrated that it wasn't the magic solution he had anticipated. He returned to the sleep clinic to meet with his physician to determine the reason for his difficulty with adapting to CPAP. He was reporting difficulty falling asleep and staying asleep with the mask on. As far as he was concerned, CPAP was making his already atrocious sleep worse! What Mr. Jones failed to appreciate was that the coffee and alcohol were sabotaging his efforts to acclimate to PAP therapy.*

There is more to being successful with PAP therapy than putting on the mask and going to sleep. Since a good portion of what we do during the day affects how we sleep at night, a healthy lifestyle and attention to issues that might affect sleep will make for an easier transition to PAP therapy. It is not uncommon to develop some bad sleep habits in an attempt to compensate for the poor quality of sleep caused by months or even years of untreated OSA. Daytime napping, irregular sleeping schedules, spending too much time in bed, as well as excessive caffeine use, are common behaviors people with OSA try to get some relief. People can recognize and take measures to address those behaviors by following some sleep hygiene principles.

- **PRIORITY** - make sleep a priority. Look at this experience as an opportunity to make some major lifestyle changes. There is a lot of evidence showing that getting enough sleep and getting good quality sleep are key ingredients to overall health. In addition, inadequate or poor sleep has been linked to mood disturbance, cognitive and memory impairment, an increased risk for accident and injury, and a poor quality of life. Too often sleep is relegated to the back-burner. Work, family, and community responsibilities have a way of consuming our daily schedule. Sleep seems a likely place to cut corners. Change your attitude about sleep. Most adults need 7 to 7 ½ hours of sleep a night. Allow enough time for an optimal sleep opportunity. Consider your need for sleep as you plan your daily activities.
- **SLEEP ENVIRONMENT** - create an environment that is conducive to sleep. Make sure the bedroom is dark, quiet, and well-ventilated. The temperature should be cool with appropriately warm bed covers. The mattress should be of good quality. Sleep wear should be loose and comfortable. Avoid watching television, and engaging in activities other than sleep and intimacy in the bedroom. You want to create a clear connection in your mind between the bedroom and sleep.
- **ROUTINE** - establish a pre-bedtime routine that marks the end of the day and beginning of the sleep period and avoid too much variability in your routine. Too often we work right up until the time we fall into bed. This doesn't give our minds or bodies time to unwind from the events of the day. Create a routine that is relaxing and predictable. Reading, listening to music, taking a warm bath or shower, and quiet time with family are examples of activities that may help your body to recognize that the day is over.

Keep a regular sleep/wake schedule. We are biologic beings and, as such, our bodies crave repeated rhythms. Going to bed and waking up at the same time each day helps to set our biologic clock and cues us for the transitions in our daily routine.

- **CAFFEINE** - limit or give up caffeine completely, especially after noon. People regularly point to their previous experiences with caffeine as a justification for their current use. They say, "I've been drinking five cups of coffee for years", and expect that to justify their current consumption pattern. Just as you probably can't stay out all night anymore, it is unreasonable to expect that you should be able to drink the same amount of coffee you did when you were younger. Caffeine is a stimulant and can be responsible for increasing the time it takes to fall asleep as well as decreasing deep sleep. In addition, it is a diuretic, making the likelihood of middle-of-the-night awakening for a trip to the bathroom higher.
- **SMOKING** - consider giving up entirely. Fluctuating nicotine levels can be responsible for middle-of-the-night awakenings with difficulty returning to sleep without a cigarette. Nicotine is a stimulant that causes increased blood pressure, heart rate, and brain wave activity, none of which are conducive to a good night's sleep. In addition, smokers frequently find it more difficult to acclimate to PAP therapy as a result of nasal congestion and irritation.
- **ALCOHOL** - limit your alcohol intake in the evening and consider a trial period with no alcohol use at all. Alcohol is the great soporific. For centuries people have been using it as a sleep aid. Unfortunately alcohol is also responsible for middle-of-the-night awakenings and fractured and restless sleep. While alcohol can decrease the time it takes to fall asleep, it also decreases deep sleep and REM sleep. If you routinely have an alcoholic beverage in the evening and are wondering if it is impacting your sleep, try avoiding alcohol for a period of time. If it is affecting your sleep you will quickly recognize a pattern of improved sleep once you stop using alcohol in the evening.
- **EXERCISE** - avoid exercise late in your day. Exercise has been shown to improve sleep quality by decreasing the amount of time it takes to fall asleep, increasing the amount of slow wave or deep sleep, and decreasing middle of the night awakenings. However, exercising too late in your day can make it more difficult to fall asleep. Try to finish exercising at least two hours before your planned bedtime.
- **FLUIDS** - Limit fluids in the evening. As we age, middle-of-the-night awakenings for bathroom trips are normal and they are not really a problem per se unless there is difficulty returning to sleep. In the early stages of PAP therapy, it is probably best to try and limit factors that might wake you up and cause you to remove your mask.
- **NAPPING** - avoid the urge to nap. You may have fallen into some habits such as sleeping in the afternoon to make up for a poor quality sleep the night before. Or perhaps you fall asleep on the couch for several hours before actually getting into bed. Naps can thwart efforts at sleep by decreasing the drive for nighttime sleep and disrupting the body's normal sleep/wake rhythms. If you absolutely feel that you can't make it through the day without napping, limit it to 30 minutes and use your PAP.
- **EXPECTATIONS** - set reasonable goals and expectations about your CPAP therapy. Adjusting to it takes time. Too often people expect dramatic results and an overnight success. While some people adjust quickly, others may take as long as three to four months to fully acclimate to PAP therapy. Keep trying. Work closely with your respiratory therapist and sleep specialist to address any issues of comfort with your mask and other equipment. Begin each night with PAP therapy with the ultimate goal of keeping it on each night, the whole night.

*During the first follow-up appointment in the sleep clinic, Mr. Jones had a full consultation with the sleep specialist. They reviewed his progress and he was instructed to reduce his caffeine intake by 50% and avoid alcohol altogether for a period of time. He was discouraged from napping in the afternoon. At first it was quite difficult for him to adhere to the recommendations. He frequently felt like an afternoon nap and missed his afternoon cup of coffee. Over time however, he began to notice less afternoon sleepiness and was surprised to find that he could stay up until 11:00 pm. He progressed to the point where he could fall asleep quite easily with the CPAP in place. If he did wake in the middle of the night, it was usually for a quick mask adjustment and he was able to fall right back to sleep. He reported at his one month follow-up visit that the caffeine and alcohol weren't worth the toll they took on his sleep patterns. He'd much rather have a good night's sleep!*



## CPAP COUNSELOR'S CORNER

### Getting Comfortable With Your Mask

by Paul Urman, CRT

Mrs. J. was recently diagnosed with severe sleep apnea and CPAP was recommended for treatment. Her initial appointment was with Dr. Alexander White, who reviewed her sleep study results and explained the need to be treated. Immediately after selecting CPAP as her treatment she came to see me so that I could teach her how to use and maintain the CPAP equipment.

At the beginning of her appointment, Mrs. J. expressed concern that she wasn't sure she would be able to wear a mask at night. She stated that she wasn't comfortable with it during her sleep study and didn't feel that she had slept at all. Upon reviewing her sleep study data, I had to agree with her. Although she did get some sleep, she was awake a lot during the CPAP trial. I explained that this can happen during the first night on CPAP, but that doesn't mean it will also happen at home.

She also complained that air was leaking into her eyes and that after the technologist came in to fix the leak, the mask felt too tight and hurt. I reassured her that I would not let her go home without getting an interface that would work for her. I told her we had a number of different interfaces I could show her and let her try. Because of her experience with leakage into her eyes, I suggested we look at some direct nasal interfaces, one of them being a brand new style. After looking at them, she decided to try the one I had suggested. After learning how to use the CPAP equipment, she felt less apprehensive and was willing to try it for a few nights.

Mrs. J. came back to see me one week later. As I walked out to the waiting room to get her, I saw her sitting there looking at me with a big smile on her face. As we walked down the hall to my clinic room, Mrs. J said to me "Paul, I couldn't believe how well I slept that first night. I woke up the next morning feeling like a fog had lifted. I've had so much energy this week, I've cleaned the house twice! My husband can't believe he's married to the same woman!" As we entered the clinic room, I also had a big smile on my face, because I knew I had helped to make a difference in Mrs. J's life.

Paul Urman, CRT  
CPAP Counselor  
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*If you have a story you would like to share in our newsletter or on our website, please submit it to [sleepwell@sleephealth.com](mailto:sleepwell@sleephealth.com).*

## GET TO KNOW YOUR STAFF

Paul Urman was born in Odessa Ukraine in 1972, and he immigrated to the United States in 1987 where he lived in Brookline, MA. He received a degree from the Respiratory Therapy Program of Mass Bay Community College in 1998 and began his career working in hospitals and in the home care field working at Denmark.

He worked with patients who had COPD and various sleep disorders. In April 2003, Paul joined Sleep HealthCenters as a CPAP therapist; his experience and knowledge of sleep apnea has grown exponentially and he credits the great staff of physicians, nurse practitioners and his peers for his growth. Throughout the years, he has met and helped numerous patients to manage their sleep apnea and use CPAP machines. Paul is proud to be a part of the company and the team of people who devote their time and expertise to their patients. Paul has a wife who is a cardiology nurse at Beth Israel Deaconess Medical Center, and a four year old son.



## CEO SPOTLIGHT

by Paul S. Valentine

*President and CEO*

We are thrilled to launch our first sleep apnea e-newsletter for patients. Sleep HealthCenters has been providing diagnostic, treatment, and follow-up services to sleep apnea patients for ten years, and we are glad to expand the services we offer by providing an educational and informational component. Our seasonal e-newsletter will contain a feature article to educate patients on clinical issues related to sleep apnea. Our CPAP Counselor's Corner will share real patient experiences. We will also highlight new CPAP equipment in our What's New in CPAP section, and will provide information regarding our sleep apnea awareness and support group meetings and other helpful links.

Our dedicated [medical and clinical team](#) includes physicians, psychologists, nurse practitioners, respiratory therapists and sleep technicians. Sleep HealthCenters has grown to become the largest provider of sleep medicine services in [Massachusetts](#) with ten convenient locations, and one in [New York](#). As we continue to grow, I will update you on any new locations and introduce you to new clinical staff.

We hope this seasonal e-newsletter will be helpful to you, and we look forward to providing you with the best care possible so that you can sleep well. Please feel free to contact anyone on our staff if you have questions.

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