

# CHICAGO SLEEP GROUP



A Newsletter from Chicago Sleep Group and Suburban Lung Associates



## **Board Certified Sleep Specialists**

Robert W. Hart MD, ABSM  
*Medical Director*

Clifford A. Massie PhD, ABSM,  
CBSM  
*Clinical Director*

Timothy J. McGee DO, FCCP,  
ABSM

Anna Ivanenko MD, PhD,  
ABSM  
*Pediatric Medical Director*

## **Clinical Coordinators**

Andrea Early  
Julie Levin  
Carolyn Potasky  
Jennifer Skweres

## **Administrative Assistant**

April Catalano

## **Convenient Locations**

Elk Grove Village, IL  
(t) 847.981.3660

Winfield, IL  
(t) 630.690.4993

Naperville, IL  
(t) 630.355.8776

Visit us at:  
[www.chicagosleepgroup.com](http://www.chicagosleepgroup.com)

## **Editors**

Anna Ivanenko MD, PhD  
Clifford A. Massie PhD  
Carolyn Potasky RPSGT

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## **New Recommendations for the Effective Treatment of Insomnia**

Everyone can relate to an occasional poor night's sleep. Difficulty sleeping can result from stressful events in our life such as an important upcoming meeting or deadline at work, medical issues, a new job or school, family or financial stress or a shift in sleep patterns following a vacation.

Insomnia is the most common sleep complaint across all stages of adulthood and it affects millions of individuals including children as well as adults. The *National Institute of Health* (NIH) defines insomnia as disturbed sleep when there is adequate opportunity and circumstances for sleep. Features of insomnia include difficulty initiating sleep, maintaining sleep or waking up too early. Insomnia is considered chronic and medical treatment is recommended when a person suffers from symptoms for 30 days or longer.

In June, 2005 the NIH held a state-of-the-science conference where all current treatments for insomnia were reviewed and new guidelines for the safe and effective treatment of insomnia were published. Prescription medication therapy continues to be an effective therapy for treating insomnia, however, this therapy is intended to relieve symptoms of chronic insomnia only while the medication is being taken. Currently, nine medications are approved by the *US Food and Drug Administration* (FDA) for treating insomnia and are felt to be effective. Five are benzodiazepines [e.g., estazolam (Prosom®), flurazepam (Dalmane®), quazepam (Doral®),

temazepam (Restoril®) and triazolam (Halcion®)] and four are non-benzodiazepines that act at the benzodiazepine receptors in the brain [e.g., zaleplon (Sonata®), zolpidem (Ambien®), eszopiclone (Lunesta™), and ramelteon (Rozerem™)]. Although insomnia is often a chronic condition, at this time only eszopiclone and ramelteon are approved for use over an extended period of time.

A non-medication therapy gained recognition as an effective treatment for insomnia. This treatment, *Cognitive-Behavioral Therapy* (CBT), is the combination of behavioral therapy such as relaxation training, stimulus control and sleep restriction *along with* cognitive restructuring therapy which targets anxiety-producing beliefs and other untrue beliefs about sleep and sleep loss that perpetuate insomnia. CBT is used by doctors specializing in sleep medicine to help patients with insomnia through a series of assessments. Sleep diary review, changes to sleep schedules, sleep education and customization of sleep rules are used to help patients achieve sleep and maintain sleep throughout the night. When behavior and cognitive therapies are combined during CBT, they were found by the NIH to be as effective as prescription medications for short term treatment of chronic insomnia. Furthermore, CBT gives patients the tools they need to stop future bouts of insomnia before they become chronic.

The NIH warns against the use of over the counter medications, alcohol, and herbal remedies to treat insomnia and calls for further research in insomnia and its treatments.

## Beauty Sleep...Fact or Fiction?

Does getting enough “beauty” sleep really affect your appearance?

Emeritus professor of dermatology Ronnie Marks at the University of Wales, Cardiff and psychologist Alex Gardner of the British Psychological Society performed a study to find out whether sleep really wards off effects thought to be brought on by insufficient sleep such as “bags” or dark circles under the eyes, sagging skin and redness.

The study tested 15 subjects, both male and female, aged 18 – 45. Participants were kept awake for 48 hours in a room together and were not allowed to wash their faces or use any kind of cosmetic or toiletry products on their face.

Surprisingly, the results showed that although the male subjects looked a bit “grizzly”, neither group showed any signs of skin distress or dark circles. Nevertheless, the majority of participants believed that their skin had rapidly deteriorated in 48 hours with no sleep. A 21 year old female stated that although her skin is usually blemish free, “I broke out in tiny spots around my temples and nose during the study. I looked gaunt and dark around the eyes.” Other participants responded similarly, feeling self-conscious and convinced that their skin and appearance had deteriorated from lack of sleep even though none of these effects were apparent. Researchers concluded that dark circles and sagging skin are likely to be caused by aging, allergies and certain medical conditions rather than from short term fatigue.

The powerful message within the findings of this study is that although a short term lack of sleep did not cause immediate skin deterioration, not getting enough sleep immediately affected self esteem and self perception of beauty within the test subjects. Ensuring you get adequate sleep each night is something you can do for yourself to optimize your “internal beauty”—through improved mood, self esteem and self perception.

## Recent Updates in Decreasing the Risk of SIDS

Since the American Academy of

Pediatrics (AAP) released its recommendation in 1992 that infants be placed to sleep in a non stomach sleeping position, there has been a significant decrease in the incidence of Sudden Infant Death Syndrome (SIDS). However, even with the significant reduction in rates of SIDS over the past decade, it still remains the single highest cause of infant death past the neonatal period in the US.

The AAP recently updated its recommendations to further reduce the risk of SIDS in October, 2005. Newest recommendations include:

- Sleeping in the supine (back) position **only**—side sleeping poses a significant risk for SIDS as an infant may roll onto their stomach during sleep
- Avoid soft (loose and puffy) bedding and soft objects in the infant’s sleeping environment
- Sleeping in the same room with adults but in a separate crib or bassinet reduces the risk of SIDS (sleeping in the same bed as an adult should be avoided)
- Pacifier use at the time of sleep (naps and at night) is recommended, once breastfeeding is established
- Avoid overheating—use light clothing in a room temperature comfortable for a lightly clothed adult
- Do not smoke during pregnancy and avoid your infant’s exposure to second hand smoke

Other factors that continue to increase the risk for SIDS include stomach sleeping, young maternal age, late or no prenatal care, preterm birth, low birth weight, male gender and black as well as American Indian/Alaska Native descent.

Do not rely on commercial devices marketed to reduce SIDS or home monitors. Your best defense against SIDS is to follow AAP recommendations and to educate others caring for your infant about these guidelines.

## Does My Child Have a Sleep Problem?

Sleep problems in children and teens not only have a negative impact on the child or teen but can also impact the entire family. Some sleep problems are obvious to parents such as difficulty falling asleep, co-sleeping, sleepwalking, night terrors and erratic sleep patterns. It is more difficult to know if your child has periodic limb movements, sleep apnea or other upper

airway restriction during their sleep.

Sleep problems can have very significant consequences for your child’s health, development, behavior and daytime functioning. Therefore, it is very important for parents to know and recognize symptoms of a potential sleep problem in their child or teenager.

In their book *Take Charge of Your Child’s Sleep: The All-in-One Resource for Solving Sleep Problems in Kids and Teens*, sleep specialists Jodi Mindell, PhD and Judy Owens, MD offer a simple set of questions referred to as the “BEARS” to help you identify sleep issues in your child.

### B –Bedtime

- Does your child have difficulty going to bed or falling asleep?

### E –Excessive Daytime Sleepiness

- Is your child always difficult to wake up in the morning?
- Does your child seem sleepy or groggy during the day?
- Does he/she often seem overtired during the day? This means moody, hyperactive, or “out of it” as well as sleepy.

### A –Awakenings During the Night

- Does your child wake up at night?
- Does he/she have difficulty falling back to sleep?
- Does anything else seem to interrupt your child’s sleep?

### R –Regularity & Duration of Sleep

- What time does your child go to bed and get up on weekdays? Weekends?
- How much sleep does he/she get? Need?

### S –Snoring

- Does your child snore? Every night?
- Does he/she ever stop breathing, choke or gasp during sleep?

If you have answered yes to one or more of these questions, your child may have a sleep problem that should be looked into further. Please address any questions or concerns with your child’s doctor. If a consultation with a pediatric sleep specialist is wanted, please contact our office to schedule an appointment.