



WAKE-UP CALL

FROM THE AMERICAN SLEEP APNEA ASSOCIATION

CELEBRATING OUR 21ST YEAR

SPRING 2011

ASAA A.W.A.K.E. NETWORK NEWS

How do you build a thriving A.W.A.K.E. group? By planning your meetings carefully, publicizing them widely, providing for ample member participation, and always demonstrating, “We care.” So says Lisa Feierstein, founder of Active Healthcare of Raleigh, NC, and convener of **A.W.A.K.E. of Johnston County** and two neighboring A.W.A.K.E. groups.

About 40 showed up at the Johnston County group’s April 9 quarterly meeting to hear Mike Brown display slides and describe the interpretation of the data collected during a split sleep study of a patient with severe obstructive sleep apnea. Brown, a sleep technologist and clinical manager of IntegraSleep, spoke about 30 minutes, Feierstein said. About 15 minutes’ worth of questions and answers were interspersed with his talk, she said. PAP equipment provided by manufacturers and by Active Healthcare was on display.

IntegraSleep, which offers polysomnography and related services, was launched last year by Feierstein, a registered nurse, and her husband Steve Feierstein. It is a sister company to Active Healthcare, which has been in business 20 years as a vendor of home care medical equipment.

Feierstein insists on a quality, professional operation both for her firms and the A.W.A.K.E. groups. Meetings are all scheduled to run from 5:30 to 7 and a simple, healthy supper is served at the expense of Active Healthcare.

Notices of each meeting go out by e-mail, as does Active Healthcare’s newsletter *Sleep EZzzz*. Feierstein blogs regularly on the firm’s website www.activehealthcare.com.

“Our No. 1 goal is to educate and inform,” Feierstein said. “People have told us they learned more in the A.W.A.K.E. group in one hour than they’d learned in five years of using a CPAP machine. We want to show folks they have choices.” ■

A.W.A.K.E. — ALERT, WELL, AND KEEPING ENERGETIC

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Thinking yourself out of panicking LA therapist psyched his way to CPAP success



John Geirland

John Geirland didn’t get far enough through his first sleep study to determine what levels of positive airway pressure would best help him manage his severe obstructive sleep apnea. He panicked when the technologist covered his nose with the breathing mask.

“The sensation was one of not being able to breathe,” he confessed in a recent telephone interview. “I felt like I was drowning. I immediately ripped the mask off my face.”

That was three years ago, but the scene is still vivid in Geirland’s memory. He had completed the

first four hours of the sleep study, which provided the evidence of the severe OSA. Now, according to the schedule of the split-night system that was being followed, it was time to determine how he responded to PAP therapy. For the time being at least, that determination was not to be.

For many months thereafter Geirland sought to deal with his OSA by changing his sleeping position. Although he habitually had slept on his back, he trained himself to sleep on his side, a position in which he was told the frequency of his apneas and hypopneas dropped into the moderate range. “I continued to be sleepy in the daytime,” he recalled of that effort, “and continued to wake not breathing during the night.” He explored the possibility of dealing with his disease surgically, but the reports he’d seen suggested to him that the outcomes of surgery were “still sketchy.”

Then Geirland read a study that said sleep apnea might engender loss of memory. Geirland is a Los Angeles therapist in training, and his work depends on acuteness of memory. “That began to scare me,” he said. “I decided on another sleep study.”

At the time, and currently, Geirland, who is 57, was working as a therapist under supervision, preparatory to acquiring a California psychologist’s license. (He received a Ph.D. in psychology some years ago, but until recently worked mainly as a behavioral scientist focused on organizational development.) It occurred to him that he might prepare for his reintroduction to the PAP mask by applying to himself some of the principles of cognitive-behavioral therapy. The nutshell explanation of this therapeutic method, courtesy of the National Association of Cognitive-Behavioral Therapists, is this:

“Cognitive-behavioral therapy is based on the idea that our thoughts cause our feelings and behaviors, not external things, like people, situations, and events. The benefit of this fact is that we can change the way we think to feel/act better even if the situation does not change.” In other words, undesired emotional responses— anxiety, panic, depression— arise from distorted, inaccurate thinking. Correct the thinking and the responses will often change.

So Geirland began to reflect on what he was thinking when he panicked. He thought he was drowning. Rethinking, he concluded that “obviously this was not the fact.”

He thought “there is something wrong with me if I need to sleep with a machine.” Rethinking, he reminded himself that sleeping with a machine

Geirland, continued on p. 2

A letter from Executive Director Edward Grandi



It's my custom to use my spring letter to discuss the association's finances during the previous year. Those of you with long memories may recall my comment a year ago, "The most cheerful thing I can say about the year past is that 2009 is over and we're still here."

Blessedly, this year I can shout from the rooftop of 6856 Eastern Ave. NW, "Hip, hip, hooray!"

Just look at the numbers for the fiscal years ending June 30, 2009, which I discussed last spring, and June 30, 2010, whose audited report is in my hand now: 2009 total income, \$176,681; 2010 total income, \$518,406!

Or total contributions: 2009, \$136,382; 2010, a whopping \$471,076.

Expenses, appropriately, also went up between the years. We spent \$233,855 in 2009, \$394,207 in 2010, as we caught up with projects that we had postponed and initiated some needed new work.

Nonetheless, bountiful 2010 wiped out the previous year's \$57,174 deficit and added a most comfortable cushion of \$80,363 to our reserves.

What accounted for the shift in the ASAA's fortunes? The uptick in the national economy was part of it. Times are still tough, but they're better than they were.

But more important is that the public and the health care community at large have finally caught on that undiagnosed and untreated sleep apnea is a serious health challenge. The sleep community has been sounding the alarm for years. Finally we're being heard.

One key indicator of the shift in public awareness was the extraordinary success of last year's Sleep Apnea and Trucking Conference. "When will we meet again?," participants asked as they departed.

The answer, I'm happy to announce, is, "It will be at the bigger, better Sleep Apnea and Intermodal Transportation Conference 2011. SAITC2011 will gather Nov. 8 and 9 at the Sheraton Baltimore City Center in Baltimore, MD." Last year's meeting focused on sleep apnea as it impinges on trucking. This year we'll be looking at the safety challenges sleep apnea poses for a variety of transportation modes—road, rail, maritime, and air.

More details are on the way.

—Edward Grandi

Geirland, continued from p. 1

differed little from taking medicine to deal with excess cholesterol. And he asked himself, What does being impaired mean to me?

Geirland combined this exercise in rethinking with relaxation and visualization techniques. For relaxing, he breathed in to a count of five, held the breath for a count of five, then breathed out to a count of five. At each relaxation session he set for himself, he repeated the actions 10 times.

For visualization, which he often combined with relaxation, he imagined himself in some delightful surrounding. Typically, he might see himself comfortably slouched in a lawn chair in a shaded garden on a warm summer day. Looking around, he would slowly absorb the variety of beautiful colors.

Looking around, he would slowly absorb the variety of beautiful colors.

"Distraction is an important element," Geirland said, as he detailed the process he had taken himself through to alter his reaction to the PAP machine. Somehow he had attached the machine to a panic attack much as a one-time girlfriend of his had flown into a panic every time she encountered a butterfly. Ideally, he would have added to his tactics

exposing himself gradually to the PAP machine and its parts, running his hands over the machine, handling the mask, holding it up to his face, and so on over a period of time, but he did not have access to the machine until he returned for the second sleep study.

What he did have, however, was a comment from the respiratory technologist handling the first sleep study that had stuck in his mind. Some people find the air flow from the PAP machine soothing, the technologist had told him. "That was a very powerful remark to me," Geirland said. He held the thought firmly in mind at the second sleep study as the technologist slipped the mask on him, turned on the machine, and Geirland composed himself for sleep.

Sleep he did, and he awakened in the morning refreshed and feeling much better than he had in a long, long time.

Today, Geirland reports, he continues fully compliant with his PAP therapy, and ready to recommend his self-help method as a possible course of action to those who find PAP machines repellent and treatment compliance difficult. ■

4.7% confess they fell asleep at the wheel

A government survey published in March reported that 4.7 percent of its respondents disclosed that they had fallen asleep or nodded off while driving at least once in the preceding 30 days. The disturbing phenomenon was most prevalent among those aged 25 to 34, with 7.2 percent acknowledging the experience, and among those reporting they slept an average of seven hours or less a night. Among the last group, 7.3 percent nodded at the wheel or worse.

NEWS FROM



WASHINGTON

Falling asleep unexpectedly during the day at least once during the preceding 30 days was acknowledged by a startling 37.9 percent of the respondents, and 48.0 percent said they snored. Snoring is often a sign of obstructive sleep apnea.

The report, which appeared in the Centers for Disease Control and Prevention's weekly *Morbidity and Mortality Report*, set out the findings of a telephone survey of 74,571 randomly selected adults in 12 states including California, Texas, and New York, the three most populous states. The report contained the first findings to emerge from the tracking of unhealthy sleep-related behaviors, a topic added to the Behavioral Risk Factor Surveillance System in 2009. The BRFSS bills itself as the world's largest telephone survey.

The questionnaire used in the survey was developed by the CDC and the

4.7% confess, continued on p. 3

National Sleep Awareness Roundtable, on which the American Sleep Apnea Association is one of 14 voting members. Addition of the sleep module was a response to a recommendation from the Institute of Medicine that monitoring of sleep loss and sleep disorders be expanded.

The demands of contemporary life in the United States, and particularly the demands of the workplace, appear to be leading to a steady erosion of the amount of sleep adults can manage each day, and the resultant sleep deficit in turn leads troublesome consequences, including falling asleep at the wheel of an automobile.

An earlier survey by the CDC had reported that the percentage of adults between 25 and 64 who got six hours sleep a day or less rose from between 20 and 25 percent in 1985 to 30 percent or more in 2004. In the current report, the CDC attributes this in part to societal changes, including greater reliance on technology and shift work. The authors suggested that addressing the type, scheduling, and duration of work was one key strategy in reducing the prevalence and impact of sleep disorders. Other approaches listed were promoting better sleep environments; discouraging smoking, physical inactivity, and heavy drinking; dealing with such chronic conditions as obesity, depression, and other mental disorders; reducing stress and raising socioeconomic status; and wider use of new and existing therapeutic technologies.

While the new survey appeared to have surfaced new and important information, the authors conceded several limitations. No households relying on cellular telephones alone were included in the sleep module although such households are rapidly increasing in number. No information was collected from persons in institutions or no-telephone households. Both these factors could lead to possible bias. Because of the limited number of states surveyed, the information is not necessarily generalizable. And finally the data were self-reported, raising the possibility of respondent inaccuracy. ■

The challenge: Make transportation safer

The Sleep Apnea and Intermodal Transportation Conference 2011 will convene Nov. 8 and 9 at the Sheraton Baltimore City Center in downtown Baltimore, MD. The ASAA-sponsored event is expected to gather experts from the sleep community, government regulators, and representatives of the transportation world—road, rail, maritime, and air—who are concerned with the hazards of untreated sleep apnea among transportation workers.

Sleepiness and reduced alertness caused by untreated OSA potentially lead to errors, omissions, and accidents committed by operators or key staff of transportation vehicles.

Informative presentations and panel discussions will offer opportunities to identify present practices and draw input from all viewpoints as to how they might be improved. An optional half-day continuing medical education session on the fundamentals of OSA diagnosis, treatment, and adherence will provide accredited training to any health and safety professionals.

More information about the conference can be found at www.saitc2011.org



ASAA IN BRIEF

The American Sleep Apnea Association will formally launch its CPAP Assistance Program June 11 at a sleep fair it is conducting in Minneapolis, MN, in collaboration with Park Nicollet Health Care Services, a Minneapolis health care provider. The event includes a fund-raiser to raise \$20,000 for the program.

CAP's mission is to supply new or reconditioned PAP machines to sleep apnea patients who lack health insurance that pays for such equipment and who cannot afford to pay for it themselves.

The machines CAP provides are new ones donated by manufacturers or "gently used" reconditioned machines donated by patients who have moved on to newer equipment.

CAP is operated for the ASAA by Mark Seager, 163 3rd St., Tracy, MN 56175. He can be reached by mail at that address or by e-mail at mseager@donatedcpap.org. Seager will be happy to hear from prospective donors of PAP machines.

A patient seeking a CAP machine through the program must provide the

ASAA with a physician's prescription for it and a letter from the physician attesting to the patient's financial need.

Organizers of the sleep fair will raise money to bankroll the program through a silent auction and raffles conducted through the course of the fair. Cash contributions earmarked for CAP will also be gratefully received by the ASAA at the Tracy, MN, address and at ASAA headquarters, 6856 Eastern Ave. NW, Suite 203, Washington, DC 20012.

Keynote speakers at the kickoff sleep fair will be Sherry and Ashley Johnston, mother and daughter PAP users who appeared last year on NBC's *The Biggest Loser*, a television reality show on which contestants compete to lose weight. As of October 2010, mother Sherry Johnston had trimmed her weight from 218 to 118 pounds while daughter Ashley Johnston had dropped from 374 to 190 pounds, according to KnoxNews.com. Since their TV appearance the mother-daughter duo have become popular inspirational lecturers. Both women live in Knoxville, TN.

The sleep fair will take place from 1 to 4 p.m. June 11 at the Marriott Minneapolis West in St. Louis Park, MN, a suburb just west of Minneapolis. ■



Sherry Johnston, left, and Ashley Johnston

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Address Service Requested

ASK THE DOCTOR

I am a great-grandmother, age 80, who has been using a full-face mask and PAP machine for three years for mild sleep apnea. I did not snore, and am only slightly overweight. Soon after I began PAP therapy, I began experiencing strong heart palpitations that increased my pulse rate and blood pressure, awakening me. After numerous tests, my cardiologist pronounced my heart okay,

but the palpitations continued. Have you encountered this before? Can anything be done about it?

It is indeed unusual to see palpitations from CPAP therapy. It is quite possible that something else is waking you up as a direct result of the CPAP therapy. It is not unusual to see a rapid heart rate and the sensation of pounding in your chest when suddenly one is awoken from sleep for any reason. I suggest you revisit this with your sleep

physician. One would ask her or him if CPAP therapy still makes sense for your mild sleep apnea. You both may consider a repeat CPAP titration study to determine if you are on the optimal CPAP settings and to identify any cardiac rhythm abnormalities.

Michael P. Coppola, M.D.

Michael P. Coppola, M.D., is a sleep physician in practice in Springfield, MA. He is president and chief medical officer of the American Sleep Apnea Association.

IS YOUR MEMBERSHIP UP TO DATE?

- I'd like to be enrolled as a member of the ASAA, and receive a subscription to Wake-up Call. Enclosed is a check for \$25 (one-year membership).

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Please accept \$ _____ as a contribution in memory/honor of _____.
Send an acknowledgement to the name below.

- I'd like to enroll my friend/family member in the ASAA and subscribe him/her to Wake-up Call. Enclosed is a check for \$25 (one-year membership). Please send a medical-alert as well.
- Bracelet Necklace

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