



WAKE-UP CALL

FROM THE AMERICAN SLEEP APNEA ASSOCIATION

CELEBRATING OUR 21ST YEAR

WINTER 2011

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

Thirty people showed up for the most recent meeting of the **Chittenden County (VT)**

A.W.A.K.E. Group. That's not bad, when you consider that Chittenden County and Burlington, its seat, constitute one of the nation's smaller metropolitan areas. Most of the group's members come from the sleep center at Fletcher Allen Hospital in Burlington, but some are from as far away as Montpelier, 35 miles down the interstate.

The group's success may lie in its unremitting focus on patients and their needs. "This is a member-support group," said Harlan Lachman, Colchester, VT, who organized the group in 2003. "I coordinate. I'm not in charge." Lachman, now 60, said he was "cajoled" into starting the group by a sleep doctor at Fletcher Allen, but the sleep center no longer has any direct connection with it.

Lachman, diagnosed with severe obstructive sleep apnea earlier that year, recalled that he resisted dealing with his problem for a long time despite his wife's alarm over his tendency to stop breathing during the night. "I didn't want to go on a machine," he said. Finally he was driven into action by finding he could no longer sleep uninterrupted all night. "I thought that was one of the few things I did really well," he said with mock ruefulness.

Chittenden County A.W.A.K.E. members spend a lot of time comparing notes on positive airway pressure machines and face masks. Every manufacturer is required to provide three samples of every mask it shows, which members then test and review. The group asks manufacturers to lend for similar testing innovative new machines.

The durable medical equipment suppliers by and large are eager to fulfill these requests for samples, Lachman said. They have learned that glowing reviews have often led group members to buy the item tested, sometimes at their own expense. ■

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

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Sleep becomes the Y's 5th Pillar Judith Owens finally sees sleep health on the map



Dr. Judith Owens

For Dr. Judith Owens, a pediatric sleep physician (and member of the American Sleep Apnea Association board of directors), it's a small triumph that the YMCA has designated "Sleep Well" as one of the five pillars of a healthy family home.

There's more. As the reader dives deeper into the Y's new web pages on healthy families (www.ymca.net/healthy-family-home), the Y advises that restful sleep offers "important short- and long-term health benefits for children and adults." And it goes on: "Sleep plays a vital

role in maintaining a healthy immune function, an active metabolism, memory, learning and other vital functions."

Finally, for Owens, comes the clincher. In the site's downloadable check list for improving sleep habits, is the following: "When children do not get enough sleep it can cause moodiness and impact their ability to learn in school. Additionally, recent studies have found links between sleep and obesity in children. It may seem strange, but the more hours that kids sleep the less likely they are to become obese."

In other words, kids may get fat as much because of TVs in their bedrooms as because of French fries and Cokes in their diet.

Owens, who in December 2010 became director of sleep medicine at the Children's National Medical Center in Washington, DC, has been struggling for a decade to get out the word of the direct link between the quality and duration of children's sleep and the rapid increase in childhood obesity. There are now more than 60 studies that show a link between short sleep duration and obesity in children and adolescents, she said in an interview. Nonetheless, experts on childhood health have been slow to take note of the findings. As recently as last year, First Lady Michelle Obama's call to the nation to reduce obesity in children said close to nothing about disordered sleep being a factor in kids' getting fat. (Ironically, one of the few references to the factor was a footnote citing an article by Owens.)

Why is this? Owens speculated a major factor has been that most research findings about children's sleep have been published in sleep journals rather than pediatric journals. Be that as it may, the evidence now seems close to overwhelming. And the likelihood that disordered sleep will be followed by obesity is "more robust, the younger you are," Owens said. She cited one study that showed children who slept poorly as infants six to 12 months old were highly likely to be obese by the time they were 3.

It's not clear why sleep deficiency leads to obesity, Owens said. It may stimulate metabolic changes that lead to an increase in the production of ghrelin, a hormone that stimulates appetite, and diminish the production of leptin, another hormone that reduces appetite.

"I think there may be a behavioral element as well," she added. "When children are cranky and irritable, parents often use food to pacify them."

A letter from Executive Director Edward Grandi



There's an important subtext in two articles appearing in this issue of Wake-up Call that I want to draw your attention to. The subtext, the message, is that the key role played by sleep in the achievement of overall

good health is finally getting on the public's radar. Equally significant, sleep's importance has finally captured the attention of health care providers outside the sleep medicine community.

The decision by the YMCA to name healthy sleep as one of the five pillars of good family health not only signals this breakthrough, it furthers it.

A similar message can be read in the addition of four objectives specifically related to sleep health to the ten-year health goals put forward by the U.S. Department of Health and Human Services in "Healthy People 2020."

The American Sleep Apnea Association and others in the sleep community have been working a long time to achieve this recognition and these signs of progress are deeply gratifying.

But—and there always is a "but," isn't there?—but there's still more work to be done. I call on you supporters of the ASAA to rise to the challenge I'm about to throw out as you have to my previous calls for help.

This is the perfect time for those whose lives have been changed for the better by diagnosis and the correct treatment of their sleep apnea to tell their stories. One of the features of the redesigned web site of the ASAA to be introduced in March will be the faces and stories of some of those people. You who are reading these words at this moment may be one of those people.

Here's how to participate in the story telling. Set down in 250 to not more than 300 words (or fewer) how your sleep apnea was recognized and what's happened since you began treatment. E-mail it to me (egrandi@sleepapnea.org) or to Bill MacKaye, our newsletter editor (wmackaye@sleepapnea.org). If you have a good head-and-shoulders photo of yourself, e-mail that as well. If you're not an e-mail person, you can send the material by U.S. mail to either of us at ASAA, 6856 Eastern Ave. NW, Suite 230, Washington, DC 20012.

The more voices we recruit for what we hope will be a great chorus, the better we can communicate the understanding that for many people better sleep is followed by better, richer living.

—Edward Grandi

5th Pillar, continued from p. 1

With those experiences in their past, when children grow older and find themselves fatigued they have already learned how to pacify and comfort themselves—food.

Until now, most of Judith Owens's professional experience has been in Rhode Island, where she graduated from Brown University Medical School in 1980. She has been an assistant and an associate professor of pediatrics at Brown and was director of the pediatric sleep disorders clinic at Hasbro Children's Hospital in Providence at the time of her appointment to her post at the National Children's Medical Center.

Her charge at the Washington facility is to revitalize and expand the sleep disorders program, overseeing a broadening of services and going out into the community to promote the importance of children's healthy sleep. Inevitably, however, her location in the nation's capital will greatly increase her visibility on the national and international medical scene, where she is

eager to promote pediatric sleep medicine as a unique discipline related to but distinct from adult sleep medicine.

The diagnosis and treatment of obstructive sleep apnea in children is a case in point. To another interviewer, Owens lamented recently about the lack of a widely held standard establishing the apnea-hypopnea index figure that demarcates pathological pediatric OSA. And surgery, particularly removal of

the tonsils and adenoids, is more frequently employed as a treatment for OSA among children than among adults. Significantly, the growing interest in pediatric sleep medicine led to a study conducted at the University of Michigan that showed a significant reduction in attention deficit hyperactivity disorder among children who had adenotonsillectomies.

"I thought that was a compelling clinical example of how treating a sleep problem can result in dramatic improvements in attention and behavior," Owens observed. ■

Owens's location in the nation's capital will greatly increase her visibility on the national medical scene.



Fore medics: From left, Drs. Arturo E. Marchand, Hector Calixto, Thomas R. Gonzales, and Miles Fine, players at the annual sleep apnea golf tournament in Las Vegas, NV. Marchand and Calixto are physicians, Gonzales a dentist, and Fine an optometrist. The event, organized by Sam Remine, attracted 80 players in October and raised about \$3,600 for the ASAA.

Washington wakes up about healthy sleep

In its latest version, “Healthy People 2020,” the government’s once-a-decade Healthy People initiative has awakened to the importance of healthy sleep.

The initiative, sponsored by the U.S. Department of Health and Human Services, is an ongoing challenge to the nation to improve the overall health of the American public. Its method is to set specific national objectives and then through the coming decade monitor progress toward achievement of the objectives.

NEWS FROM



WASHINGTON

New in the Healthy People 2020 plan are four objectives related to “sleep health”:

- *“Increase the proportion of people with symptoms of obstructive sleep apnea who seek medical evaluation.*
- *“Reduce the rate of vehicular crashes per 100 million miles traveled that are due to drowsy driving.*
- *“Increase the proportion of students in grades 9 through 12 who get sufficient sleep.*

- *“Increase the proportion of adults who get sufficient sleep.”*

The first objective calls for a significant increase, 9.8 percent, in the proportion of people with OSA symptoms who seek a medical assessment of their disorder. That proportion was estimated to be 25.5 percent in the years 2005 through 2008 by the Centers for Disease Control and Prevention. The 2020 goal is 28 percent.

The second objective aims at an even more dramatic improvement, a reduction of 22.2 percent in the number of highway crashes in which drowsy driving is a factor. That number stood at 2.7 crashes per 100 million miles traveled in 2008, according to Department of Transportation estimates. Healthy People 2020 wants it driven down to 2.1 crashes per 100 million miles traveled.

The third objective recognizes as a significant health issue insufficient sleep, less than eight hours a night, among high school students. It sets a goal of raising the percentage who get enough sleep from the 30.9 percent estimated by the CDC in 2009 to 33.2 percent by the decade’s end, a 7.4 percent improvement.

Finally, the initiative calls for a modest improvement in the sleep patterns of adults, increasing by 1.9 percent the percentage—69.6 percent in 2008, according to the CDC—who get enough sleep. The criteria of adequate adult sleep are eight or more hours during every 24-hour period for those between 18 and 21 years of age, seven or more hours for those 22 and older.

In their announcement of the new objectives, the authors of Healthy People 2020 acknowledged the low level of awareness of poor sleep health not only among the general public but also among health care professionals and policymakers. This lack of awareness complicates the development of an effective strategy to promote effective public health action.

“Sleep, like nutrition and physical activity, is a critical determinant of health and well-being,” they wrote. “Sleep is a basic requirement for infant, child, and adolescent health and development. Sleep loss and untreated sleep disorders influence basic patterns of behavior that negatively affect family health and interpersonal relationships.”

The overview goes on to spell out the possible adverse health consequences of long-term inadequate sleep and untreated sleep-disordered breathing, including sleep apnea: heart disease, high blood pressure, obesity, diabetes, and an increased death rate from all causes. This is familiar ground to OSA patients and health care professionals who are sleep specialists, but by adding sleep health to its objectives the Healthy People 2020 initiative opens important new vistas to the health care community. This recognition of sleep disorders as a significant public health issue will in itself serve to correct unawareness. ■

ASAA IN BRIEF

The once-a-year face-to-face meeting of the board of directors of the American Sleep Apnea Association held in Washington in November saw a major shift in the leadership of the ASAA that is reflected in the masthead on the back page of this issue of *Wake-up Call*.

Michael Coppola, M.D., a Springfield, MA, internist, sleep specialist, was elected president and chief medical officer of the ASAA. He succeeds Rochelle Goldberg, M.D., who practices pulmonology and sleep medicine in Phoenix, AZ.

Goldberg remains on the ASAA board of directors, as does Kathe Henke, Ph.D., who stepped down as secretary of the association after a number of years in that post. Elected as secretary was Nancy Rothstein, Ph.D., Chicago, IL, a sleep health activist and author of the children’s book *My Daddy Snores*.

In another transition, Kingman Strohl, M.D., one of the founders of the ASAA in 1990, retired from active participation on the board and accepted the position of director emeritus. Strohl, of Cleveland, OH, is director of the Center for Sleep Education and Research at Case Western Reserve University.

Goldberg, Henke, and Strohl have all served the ASAA long and well.

In addition to the shift in officers, the board also elected two new members. They are Michael Simmons, D.M.D., Tarzana, CA, a dentist who specializes in sleep issues, and Tracy Nasca, Chaska, MN, a patient member who is the founder of Talk About Sleep (www.talkaboutsleepp.com).

Sarah Gorman, Stamford, CT, who had been appointed to a partial term on the board, was elected to a full term as a patient member. Gorman is a retired employment practices lawyer who formerly worked for General Electric.

In other action, the board voted to create the Dave Hargett Memorial Volunteer Recognition Award. The award is named for the association’s long-time board member and former board chair, an exceptionally effective sleep apnea patient activist, who died last year. The award will be made to an A.W.A.K.E. group participant who in the past year has been especially noteworthy in promotion of sleep apnea education or provision of sleep apnea patient support in the manner Dave Hargett typified.

Details on how to nominate potential awardees will be announced later this year. ■

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Washington, DC 20012

Address Service Requested

ASK THE DOCTOR

My eight-year-old son is a bundle of nonstop energy and finds it almost impossible to stay seated doing his classwork at school. His teacher suggests he be tested for ADHD. I have heard this kind of behavior may be the result of a sleep disorder. How should I proceed?

There is definitely overlap between many of the most common behavioral consequences

of inadequate or disrupted sleep in children and the symptoms of attention deficit hyperactivity disorder. These include problems with attention, hyperactivity, irritability, and disturbed mood, increased aggression, and poor impulse control. In fact, a number of studies have now suggested that a percentage of children labeled as "ADHD" actually have a primary sleep disorder such as obstructive sleep apnea that accounts for their symptoms. Although the

number of children misdiagnosed in this way is not known, one study reported that up to 25 percent of children with ADHD had symptoms of OSA.

Judith Owens, M.D., M.P.H..

Judith Owens, M.D., M.P.H., is director of sleep medicine at the Children's National Medical Center in Washington, DC, and a member of the board of directors 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 _____.
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