

## How to Recognize and Treat a Sleep Disorder

By Mary Hart

(Originally published by Eagle-Tribune in 2007)

Almost everyone will have trouble falling asleep or staying asleep all night at one time or another in their lives. What do you do however when that starts to become the norm rather than an occasional problem? What kind of issues fall under the category of “sleep disorder”, and how can you tell if you or your partner has a sleep disorder and how can you treat such an issue?

An average adult needs about 7 to 9 hours of sleep per night (parents of newborns withstanding). If your sleep is interrupted or you don't get as much sleep as you need, you could find yourself constantly irritable; anxiety-ridden; sleepy; and have impaired concentration and motor function. Clearly, sleep is a necessity. “There are five main sleep problems,” says Jeff Scionti, Vice President of Ancillary Services at Parkland Medical Center in Derry, NH, which has a sleep lab, the Center for Sleep Diagnostics:

Insomnia -- You have difficulty falling asleep; or wake up many times and have difficulty staying asleep

Sleep Apnea -- Usually accompanied by loud snoring, this disorder involves of times during the night when breathing stops, due to not getting enough oxygen during sleep. You will find yourself waking up and gasping for air, but will most likely not remember it (although your bed partner certainly will).

Narcolepsy -- With this disorder, you can fall asleep at any time, no matter what you are doing -- from walking or talking to driving a car, and sleep from anywhere from 30 seconds to over 30 minutes.

Sleepwalking -- Exactly what it sounds like. People with this disorder walk, talk and even sometimes eat in their sleep without their own knowledge.

Night Terrors -- Found greatly in children, night terrors involve waking up from sleep with a scream and the feeling of deep fear.

If you suspect that you might have a sleep disorder, the first thing you should do is “check with your bed partner,” says Scionti. “They are the ones who will know if you're snoring a lot during the night, or if you're waking up gasping for air, or having conversations with them in the night that you don't remember the next morning.”

Once you've found out what you're up to while you're sleeping, "meet with your Primary Care Physician and talk about your sleeping habits," says Scionti. "Your doctor will help by asking pertinent questions about your sleep and how you feel during the day." It would also be helpful to fill out the Epworth Sleepiness Scale (see sidebar) to determine how -- if at all -- your sleep disorder is affecting your daily life.

If your doctor feels that your sleep is an area for concern, he/she could refer you to a sleep lab like The Center for Sleep Diagnostics at Parkland Medical Center. "Our sleep lab, which has been open since 2003, has four beds and we offer services up to seven nights a week," says Scionti. "We identify and treat sleep problems by doing an assessment on the patient in conjunction with a neurologist and a pulmonologist, who is certified in sleep disorders. Our patients fill out a 60-second sleep disorder questionnaire, which will help to further assess their disorder." In the questionnaire, patients are asked to check off symptoms they've had in the past year. These symptoms include: "I wake up during the night and can't go back to sleep;" "I sweat during the night;" "I suddenly wake up gasping for breath during the night;" and "I have fallen asleep during physical effort" among others.

If you have snoring disorders or sleep apnea, the sleep lab can help you by utilizing Continuous Positive Airway Pressure (CPAP). This system delivers air into your airway through a specially designed pillow or nasal mask. It doesn't breathe for you -- instead, the air flow creates enough pressure to keep your airway open so you can breathe. Patients who find that CPAP works positively for them at the sleep lab can have in-home CPAP to help them breathe and sleep through the night.

Once you've talked to your doctor and diagnosed/treated your sleep disorder, you will no longer have to worry about how to get your zzzzz's as a good night's sleep will be the norm.

## SIDEBAR

### The Epworth Sleepiness Scale

Use the following scale to choose the most appropriate number for each situation below:

0 = would never doze

1 = slight chance of dozing

2 = moderate chance of dozing

3 = high chance of dozing

Situations:

Sitting and reading

Watching TV

Sitting, inactive in a public place (e.g. a theatre or meeting)

As a passenger in a car for an hour without a break

Lying down to rest in the afternoon when circumstances permit

Sitting and talking to someone

In a car, while stopped for a few minutes in the traffic

Total:

A score of 10 or more total indicates a problem that should be evaluated by a sleep specialist.