Sleep Medicine Centers of WNY News and Events is a quarterly sleep disorders publication for patients, professionals, and the general public.

Editor: Mary Ouimette-Kinney.

Unless otherwise specified, all articles and images were written or created by the editor exclusively for Sleep Medicine Centers. No part of this publication may be reproduced without express permission from the author.

See page seven for subscription information.

Can’t Sleep?

SMC in This Issue

Special! Why Can’t I Sleep?

Feature... Sound Sleep Guide

Investigating... Restless Legs Syndrome (RLS)

A Look Inside... Learned Insomnias

Contribute to Research!

Patients interested in participating in research through Sleep Medicine Centers of WNY are invited to contact SMC at (716) 92-DREAM for more about upcoming studies. Current studies, as well as professional opportunities, are listed on page six.

SMC on TV. Staff physicians continue to make periodic appearances on Western New York television news programs, including AM Buffalo and PM Buffalo, which can be seen weekdays on WKBW, channel seven.

Ask the Doc... Alcohol, Drugs and Their Impact on Sleep

A Look Inside... Learned Insomnias

SMC News... Sleep Medicine Centers of WNY News

Special! Why Can’t I Sleep?

Feature... Sound Sleep Guide

Feature... Insomnia: Transient vs. Chronic

Investigating... Restless Legs Syndrome (RLS)

Ask the Doc... Alcohol, Drugs and Their Impact on Sleep

A Look Inside... Learned Insomnias

SMC on TV. Staff physicians continue to make periodic appearances on Western New York television news programs, including AM Buffalo and PM Buffalo, which can be seen weekdays on WKBW, channel seven.

Website. For information about services, staff, research, professional education, or for public educational materials, visit: www.sleepmedicinecenters.com

Sleep Center Programs. From Pediatrics to Geriatrics, SMC offers sleep-related services to patients of all ages, with all types of sleep problems. Visit the SMC website, or call any facility for more information.

Contribute to Research!

SMC News... Sleep Medicine Centers of WNY News
Special! Why Can’t I Sleep?
Feature... Sound Sleep Guide
Feature... Insomnia: Transient vs. Chronic
Investigating... Restless Legs Syndrome (RLS)
Ask the Doc... Alcohol, Drugs and Their Impact on Sleep
A Look Inside... Learned Insomnias
Contribute to Research!

Patients interested in participating in research through Sleep Medicine Centers of WNY are invited to contact SMC at (716) 92-DREAM for more about upcoming studies. Current studies, as well as professional opportunities, are listed on page six.

SMC on TV. Staff physicians continue to make periodic appearances on Western New York television news programs, including AM Buffalo and PM Buffalo, which can be seen weekdays on WKBW, channel seven.

Sleep Center Programs. From Pediatrics to Geriatrics, SMC offers sleep-related services to patients of all ages, with all types of sleep problems. Visit the SMC website, or call any facility for more information.

Website. For information about services, staff, research, professional education, or for public educational materials, visit: www.sleepmedicinecenters.com.

SMC News... Sleep Medicine Centers of WNY News
Special! Why Can’t I Sleep?
Feature... Sound Sleep Guide
Feature... Insomnia: Transient vs. Chronic
Investigating... Restless Legs Syndrome (RLS)
Ask the Doc... Alcohol, Drugs and Their Impact on Sleep
A Look Inside... Learned Insomnias

Contribute to Research!

Patients interested in participating in research through Sleep Medicine Centers of WNY are invited to contact SMC at (716) 92-DREAM for more about upcoming studies. Current studies, as well as professional opportunities, are listed on page six.

SMC on TV. Staff physicians continue to make periodic appearances on Western New York television news programs, including AM Buffalo and PM Buffalo, which can be seen weekdays on WKBW, channel seven.

Sleep Center Programs. From Pediatrics to Geriatrics, SMC offers sleep-related services to patients of all ages, with all types of sleep problems. Visit the SMC website, or call any facility for more information.

Website. For information about services, staff, research, professional education, or for public educational materials, visit: www.sleepmedicinecenters.com.
Chances are, you have experienced trouble falling or staying asleep, at some point in your life. This common problem, called insomnia by doctors, develops because of a change in lifestyle, environment, or physical condition.

**Lifestyle.** Our behavior can make or break a good night’s sleep, though we often do not realize the error of our ways. Identifying behaviors that wreak havoc on an otherwise healthy sleep-wake cycle is the first step in reversing them:

- Turning bedtime into a mental consortium for resolving daytime stress-including anxiety about having insomnia!
- Ingesting caffeine after noon, or alcohol within three hours of bedtime
- Eating or drinking too much, especially within a few hours of bedtime
- Napping during the day for more than 30 minutes, or at all in the presence of insomnia
- Overstimulating! Too much light (including the computer or television screen), physical activity, or even noise such as loud music before bedtime
- Using your bedroom (and bedtime) for activities other than sleep or sex

**Environment.** Perhaps you are making all of the right choices but your surroundings are keeping you awake. Do streetlights shine through your bedroom window? Is your house or neighborhood noisy? Are there frequent disturbances from pets or other visitors? Lastly, does the bedroom feel too warm or too cold?

**Physical or Mental Condition.** Pain, discomfort, or other symptoms of physical illness may interfere with sleep. As well, certain drugs or combinations of drugs cause drowsiness or sleep disruption, including prescription medications, over-the-counter (OTC) drugs, herbal supplements, and alcohol.

Your lifestyle has the power to improve or impede sleep. Healthy sleep entails behaviors that do not interfere with getting enough sleep, over time.

**Investigate**

**Educate.** First things first, learn which behaviors promote healthy sleep, and which to avoid.

**Evaluate.** Take a good look at your sleep habits. Are your sleep patterns consistent? Do you awaken well-rested?

**Incorporate**

**Synchronize.** Align your sleep schedule with your biological clock.

**Balance.** Avoid daytime naps if you are having trouble sleeping at night. Otherwise, limit daytime naps to 30 minutes or less. Also limit evening meals to a light snack, such as crackers and milk.

**Refrain.** Avoid caffeine, alcohol, and nicotine in the afternoon and evening.

**Wind Down.** Incorporate a relaxing bedtime routine such as reading or listening to soothing music.

**Remove.** Eliminate loud noise, bright light, and other distractions while sleeping.

**Control.** Maintain a comfortable bed, pillow, and room temperature.

**Maintain**

**Participate.** Engage in stimulating activity and exercise every day, but do not exercise within four hours of bedtime.

**Manage.** Take care of your health. Managing pain and other symptoms of disease can lead to a better night’s rest and more productive days. Be sure to discuss all medications and supplements with your health provider. The right drug or combination, at the right time may promote sleep at night and alertness during the day. It also prevents deadly errors!

**Maintain.** Exercise, good nutrition, and regular mental and physical activity all contribute to a good night’s rest.

Healthy sleep contributes to a healthy body, and healthy bodies are more likely to sleep well.
It's one of those nights. You were tired all day from being awake last night and yet you cannot fall, or stay asleep. How long will it last? When do you move from transient insomnia that will resolve on its own to needing help for a sleep problem?

Even a single night of insomnia can diminish our quality of life. Despite being unable to sleep, we feel anything but well-rested. Difficulty concentrating, irritability, and a general feeling of tiredness occur commonly with sleep loss.

More than half of American adults regularly experience symptoms of insomnia, yet less than half recognize their inability to sleep as a sleep problem. How do you know if difficulty falling or staying sleeping poses enough of a problem to discuss with your doctor? When insomnia continues for more than a few consecutive weeks, it is time to seek help.

Perhaps your insomnia was not so dramatic as to appear every night for the better part of a month. Maybe you only experience sleepless nights when your job gets stressful or finances become a problem. Frequent episodes of insomnia can add up to a chronic problem that perpetuates itself over time, even if it only lasts a few nights at a time. If sleep disturbance occurs often enough to disrupt your life, then it is worthy of a consultation with your doctor, or a sleep specialist.

The long-term consequences of chronic insomnia include depression, anxiety, performance issues at school or work, and an increased likelihood of fatality from traffic or other accidents. With more than 100,000 crashes per year due to driver fatigue, sleep deprivation related to chronic insomnia poses a concern for many.

If you have insomnia that persists for more than a few weeks, or that recurs frequently, visit your doctor or contact Sleep Medicine Centers for an evaluation.

Evolution has endowed us with the ability to identify stress, even when we might otherwise be sleeping. Independent of the source of stress (physical pain, grief, or a disturbance in our environment) our body responds the same way-by releasing adrenalin. Adrenalin stimulates the waking part of our nervous system so we can tend to stress. Without this ability, sleepiness could prevent us from protecting ourselves against threatening circumstances. Adrenalin levels automatically decrease when disruptive stress either subsides or is no longer perceived as a threat.

Even transient, self-limiting insomnia can last for a number of days to a few weeks. Fortunately, we possess the marvelous ability to heal, adapt, or cope with significant change so that insomnia eventually subsides on its own.

When difficulty sleeping persists for longer than the underlying stress is present, or for longer than an expected amount of time to adjust to a permanent life change, consider seeking the advice of a medical professional.

What Is Insomnia?
- Difficulty falling asleep
- Difficulty staying asleep
- Waking too early in the morning
It is hard to describe those creepy, pulling, achy, or tingling feelings in the legs that only seem to plague you during periods of inactivity, including sleep and wakefulness.

**Symptoms**

Restless Legs Syndrome (RLS), which is characterized primarily by an overwhelming urge to move the legs because of such uncomfortable feelings, is a neurologic sensorimotor disorder (one that involves the nervous system and skeletal muscles). RLS sensations may also be experienced in the arms, torso, face, or genital regions. Movement provides only temporarily relief of RLS discomfort, making it difficult to sleep. As a result, people with RLS suffer from chronic sleep loss.

**Cause**

Although the exact cause is not known, RLS has a primary form (not related to other conditions) and a secondary form (related to an underlying condition such as kidney failure, pregnancy, certain medications, or iron deficiency anemia). More than half of all people with RLS have the primary form. Recently, research teams at Johns Hopkins and Pennsylvania State Colleges have discovered a relationship between RLS and the way the body regulates iron. These findings could lead to the development of drugs that treat the underlying problem.

**Corresponding Conditions**

The majority of people with RLS also suffer from a condition known as Periodic Limb Movement Disorder (PLMD). Symptoms of PLMD include involuntary leg twitching or jerking movements which occur during sleep, sometimes repeatedly throughout the night. For those with both RLS and PLMD, a good night’s rest is almost impossible.

**Diagnosis**

There is no specific diagnostic test for RLS, however a doctor can rule out underlying conditions responsible for secondary RLS with a blood test. If necessary, a sleep evaluation including sleep studies at an accredited sleep center can confirm the diagnosis, identify PLMD, or reveal additional sleep problems.

**Treatment**

In the last few years, medications have been approved by the FDA to treat RLS symptoms:

- **Mirapex** (Pramipexole): treats moderate-to-severe primary RLS; also commonly used to treat Parkinson Disease.

**Support**

Family and friends may be able to help those with RLS make additional lifestyle changes. A number of support groups are available throughout the country and on the internet.

**At the Sleep Issues podium:**

**Anand Gersappe, M.D.**

Neurologist and Attending Physician in Sleep Medicine at Sleep Medicine Centers, Dr. Anand Gersappe discusses the effect of drugs and alcohol on sleep.

Q. How do I know if prescription medication is interfering with sleep?

A. Some medications are known to impact sleep, such as antidepressants (prescribed for depression), anti-hypertensives (for high blood pressure), narcotics or other pain medication, antihistamines (for allergies), as well as many other drugs. Some people are more affected than others, depending on the type of medication and dosage.

Q. Since OTC drugs are considered safe without a prescription, can I assume they will not adversely impact sleep?

A. No. Even over-the-counter sleep aids may cause significant residual drowsiness. If used for longer than suggested, they may lead to dependence, which increases the likelihood of chronic insomnia. Antihistamines, cold preparations, and pain relievers may also be related to daytime drowsiness. Conversely, insomnia may be precipitated by OTC products used to promote wakefulness, or that otherwise cause stimulation (such as certain asthma medications and cold products), especially if they are taken too close to bedtime.

Q. Alcohol helps me fall asleep at night, and caffeine awakens me in the morning. Why is that a problem?

A. Alcohol may induce sleep in the first half of the night. However, it increases the number of times you awaken in the second half of the night. Caffeine also interferes with sleep for up to 12 hours after it is ingested.

It is important to remember that OTC medications, alcohol and recreational drugs may also adversely impact sleep (and health) when combined with one another or with prescription drugs.
For those people who sleep poorly during times of stress, insomnia may be perpetuated by their own behavior. Psychophysiological (Learned) Insomnia is characterized by somatized tension, or stress that is expressed through bodily dysfunction. Emotional stress physically awakens the body. This chronic insomnia usually begins the way transient insomnia does—with a few nights of lost sleep due to life stress (a new job, the death of a loved one, divorce, etc.). Instead of adjusting, some people become increasingly anxious. Not only do people with Learned Insomnia worry about their life stress, they worry about having insomnia. Sleep becomes an important goal, and rightfully so. However, thinking about sleep requires alertness, which leads to disappointment that one is thinking and not sleeping. Eventually, the insomniac associates his or her sleep environment with being awake.

Learned Insomnia Behaviors
• Excessive worrying about life stress
• Excessive worrying about sleep and the effects of insomnia
• Increasing agitation and tension as bedtime approaches
• Engagement in behaviors to enforce sleep, such as taking alcohol or sleeping pills

Do I Have Insomnia?
Whether chronic or transient, primary or secondary to illness, insomnia tends to bear a consistent set of symptoms:
• Difficulty falling asleep
• Frequent awakenings from sleep
• Difficulty returning to sleep
• Waking too early in the morning
• Feeling tired during the day, despite not being able to sleep
• Difficulty concentrating
• Diminished performance at school or work
• Feeling anxious, depressed, or irritable, particularly at bedtime
• If you have experienced symptoms of insomnia for more than a few weeks, then a sleep disorders evaluation may be necessary. Contact your physician or Sleep Medicine Centers.

Unlearning Insomnia
A combination of Good Sleep Hygiene (see ‘Sound Sleep Guide’, page 3) and Cognitive Behavioral Therapy for Insomnia (CBT-I) offer the best chance of overcoming chronic, learned insomnia. A temporary course of prescription sleep medication is generally reserved for acute insomnia, but may complement the treatment of Learned Insomnia, on occasion.

CBT-I usually involves several components:

Cognitive Component: dispells inaccurate beliefs about insomnia, explaining how and why it really develops.

Stimulus Control: creates an association between the bed and sleep by reducing light, noise, and other disturbance in the bedroom. Access to the bed is only allowed when ready for sleep or sex; if unable to sleep, you must leave the bedroom.

Daytime naps must also be avoided.

Sleep Restriction: is particularly helpful for those who cannot stay asleep for very long. Reducing the amount of time spent asleep by going to bed at incrementally later times eventually corrects the cycle of sleep and wakefulness. Because this technique requires careful planning and more sleep deprivation initially, it is best approached under the guidance of a sleep specialist.

Relaxation Techniques: involves learning to relax both the mind and body. Alternately tensing and relaxing the skeletal muscles progressively relaxes them. By creating a Worry List of pressing concerns, along with potential solutions, reasons for mental tension can be addressed and then set aside.

Relapse Prevention: teaches how to combine the cognitive, behavioral, and good sleep hygiene tips learned in CBT-I to prevent a relapse during those times when transitional stress and related insomnia may once again present themselves.

CBT-I requires time and patience but offers a permanent, effective solution to chronic, learned insomnia.

Symptoms & Signs
• Waking too early in the morning
• Feeling tired during the day, despite not being able to sleep
• Difficulty concentrating
• Diminished performance at school or work
• Feeling anxious, depressed, or irritable, particularly at bedtime
• If you have experienced symptoms of insomnia for more than a few weeks, then a sleep disorders evaluation may be necessary. Contact your physician or Sleep Medicine Centers.
Efficacy and safety of Eplivanserin 5 mg per day on Sleep Maintenance Insomnia: a 12 week, multicenter, randomized, double-blind, placebo-controlled study followed by an open treatment phase extension with eplivanserin for a 40 week period. 18 years or older.

Support Groups. Already diagnosed with a sleep disorder? Let us know of your interest in peer-to-peer support services through our professionally sponsored support groups. Meeting times and new groups will also be posted to this newsletter.

Special Events. Sleep Medicine Centers physician-researchers periodically offer information sessions about various sleep issues. Events will be posted to the website and newsletter.

Contact Us. Contact Sleep Medicine Centers of WNY by telephone, fax, email, or postal service:

Phone: (716)92-DREAM
(716)923-7326
Fax: (716)887-5337
Email: info@sleepmedicinecenters.com

For Professionals

Patients Lay Persons Allied Health Professionals The Media Professionals

SMC Website. Refer to the Sleep Medicine Centers of WNY website for a description of our services, current research, and event postings. The SMC Online Education Program provides information about sleep disorders, sleep physiology, healthy sleep habits, shift-work, children’s sleep disorders, and sleep issues relating to aging and disease.
http://www.sleepmedicinecenters.com

Online Resources. Find links from our website to recommended medical and government resources for information about insurance, prescription coverage, or employment/disability issues.

Contact Us. Contact Sleep Medicine Centers of WNY by telephone, fax, email, or postal service:

Phone: (716)92-DREAM
(716)923-7326
Fax: (716)887-5337
Email: info@sleepmedicinecenters.com

Amherst Sleep Medicine 1120 Youngs Rd. Amherst, NY 14221
Buffalo Sleep Medicine 9th floor, Millard Fillmore Hospital 3 Gates Circle, Buffalo, NY 14209
Lockport Sleep Medicine 770 Davison Rd., Lockport, NY 14094
Pediatric Sleep Medicine Children’s Hospital 219 Bryant St., Buffalo, NY 14222
Southtowns Sleep Medicine 4090 Seneca St. West Seneca, NY 14224
Chautauqua Sleep Medicine 3965 Vineyard Dr. Dunkirk, NY 14048

Call any facility at: (716)92-DREAM
or visit us online at:
www.sleepmedicinecenters.com

Studies
Efficacy and safety of Eplivanserin 5 mg per day on Sleep Maintenance Insomnia: a 12 week, multicenter, randomized, double-blind, placebo-controlled study followed by an open treatment phase extension with eplivanserin for a 40 week period. 18 years or older.

CMEs
The physician-researchers associated with Sleep Medicine Centers of WNY and the Jacobs Neurological Institute periodically offer continuing medical education for credit through the Accreditation Council for Continuing Medical Education (ACCME).

Students&Allied
Complementary Educational Activities such as CMEs and talks are open to medical students and allied health care professionals.

Refer to the SMC website for research abstracts or education event postings:
http://www.sleepmedicinecenters.com/research.html

Page 6
Affiliations

State University of New York at Buffalo
School of Medicine and Biomedical Sciences
http://www.buffalo.edu
http://www.smbs.buffalo.edu

The Jacobs Neurological Institute
A Research and Teaching Institute of the State University of New York at Buffalo
http://www.thejni.org

Subscriptions

To subscribe to Sleep Medicine Centers of WNY News & Events send a written request to:
Sleep Medicine Centers of WNY Newsletter Subscriptions
Attn: Mary Ouimette-Kinney
67 Highgate Ave.
Buffalo, NY 14214
OR call: (716) 833-6260
OR visit us online at: http://www.sleepmedicinecenters.com
Our newsletter is free of charge and available to patients, medical offices, the media, educational facilities, and the general public.

Events

Mark Your Calendar

» Sleep Medicine Centers physicians make regular appearances on AM Buffalo (10:00 a.m., Monday through Friday on WKBW channel seven). Check TV listings for additional appearances.

» Need to schedule an appointment? Clinic services are available Monday-Friday, 9:00 a.m. to 4:00 p.m. Sleep studies may be scheduled any night of the week, except some holidays.

Sleep Facts

• According to the National Institutes of Health (NIH), chronic and/or severe insomnia affects approximately 10-15% of adults.

• More than half of adults surveyed in the 2002 Sleep In America poll reported experiencing symptoms of insomnia at least a few nights per week.

• The National Sleep Foundation reports that up to 40% of adults surveyed report difficulty sleep at least occasionally.

• The NIH reports that $14 billion dollars is spent annually on the direct costs of insomnia, which includes insomnia treatment and related healthcare.

• Another $28 billion is spent on the indirect costs, which includes work loss and property damage from accidents.

• Persistent trouble falling or staying asleep at night is neither normal nor healthy!
Special!... Why Am I So Tired?

Illness & Sleep... What’s Normal and When To Get Help

Investigating... Hypersomnias

A Look Inside... Narcolepsy