Sleep Medicine Centers of Western New York

Things That Go Bump

In This Issue

Feature! **Two New Facilities in Western New York**

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SMC News

SMC Expands to Five Facilities! Sleep Medicine Centers of Western New York recently opened two new facilities. *See feature story on page two.*

Sleep Medicine Statute. Under the direction of the New York State Sleep Medicine Society (NYSSSM) president Dr. Daniel Rifkin, sleep medicine professionals in New York State successfully lobbied to prevent interpretation of a ruling aimed at replacing all polysomnographers (sleep technicians) with respiratory therapists. For further information, visit www.nysssm.org

SMC on TV. Staff physicians continue to make periodic appearances on local television news programs, including AM/PM Buffalo.

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 eduation materials, visit:
www.sleepmedicinecenters.com

About

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.

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See page seven for subscription information.

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Expanded Facilities

Sleep Medicine Centers of Western New York continues to expand, this time opening sleep labs in Lockport, New York and at Children's Hospital, in Buffalo, New York. *Lockport Sleep Medicine*, which opened in July, offers four comfortable bedrooms. Located at 770 Davison Road in the city of Lockport, the Lockport facility schedules sleep studies seven days per week, except certain holidays.

Lockport Sleep Medicine Center, Lockport, New York

For the first time, Sleep Medicine Centers will open a sleep lab just for children. *Pediatric Sleep Medicine Center,* which opened in October of 2006, is conveniently located at Women and Children's Hospital, 219 Bryant Street, in Buffalo. The pediatric center will provide diagnostic sleep services for infants and children from birth through adolesence.

The pediatric facility will accomodate the special needs of children undergoing sleep studies. Notes the Medical Director of Pediatric Sleep Medicine Center, Dr. Sandra Block, "Our goal is to make children and their parents comfortable so we can effectively diagnose sleep problems."

Pediatric Sleep Medicine Center, Children's Hospital, Buffalo, New York

In addition, a hospital-based pediatric lab will better accomodate children with additional health issues.

To schedule appointments at any Sleep Medicine Centers of WNY location, call (716) 92-DREAM.

Guide To Parasomnias

Parasomnias are sleep disorders that intrude into the sleep process. They are unlike dyssomnias such as insomnia and narcolepsy, which produce either too little or too much sleep. A person experiencing a parasomnia is either partially or fully asleep. There are four main types of parasomnias:

NREM Arousal Disorders: any of three parasomnias characterized by a partial arousal from the deeper stages of sleep, resulting in a state of mixed sleep and wakefulness. NREM arousals occur mostly in children. *See page five for more about NREM arousal disorders.*

Confusional Arousals: confusion, crying, or movement

Somnabulism: sleepwalking or engagement in other activities

Sleep Terrors: sudden, dramatic episodes of extreme agitation and fear

Sleep-Wake Transition Disorders: a type of parasomnia that occurs when falling asleep or during transitions from sleep to wakefulness.

Rhythmic Movement Disorder: repetitive muscular movements, usually of the head and neck that occur while falling asleep

Sleep Starts: sudden, brief contractions of the legs and possibly the arms or head, just prior to sleep

Sleep Talking: speech or sounds during sleep

Nocturnal Leg Cramps: painful sensations of muscular tightness or tension in the calf or foot

REM Sleep Parasomnias: parasomnias that occur during rapid eye movement (REM) sleep, when vivid dreaming takes place.

Nightmares: frequent, terrifying dreams

Sleep Paralysis: sleep atonia or the inability to move at sleep onset or upon awakening

REM Sleep Behavior Disorder (RBD): acting out dramatic or violent dreams. *See page four for more about RBD.*

Other Parasomnias: Additional parasomnias include:

Sleep Bruxism: teeth grinding

Sleep Enuresis: bed wetting

Sudden Infant Death Syndrome: SIDS or crib death

Primary Snoring: snoring without sleep apnea

Infant Sleep Apnea: pauses in breathing during sleep in infants

Several additional parasomnias exist. Consult your physician if you or family members exhibit unusual behaviors during sleep.

Sleep&Eating

Eating at night? During Sleep? Though not as common as sleep apnea or insomnia, a surprising number of people have eating problems either at night or while sleep. Two sleep disorders may be responsible: *Nocturnal Eating Syndrome* and *Sleep Related Eating.*

Nocturnal Sleep-Related Eating Disorder

If you wake up with crumbs on your mouth, if you are gaining weight, and if you sleepwalk, you might have a type of parasomnia called *Sleep Related Eating Disorder (NS-RED).* People with NS-RED eat large amounts of food or non-food items while caught in a state somewhere between wakefulness and sleep. However, they are asleep enough to have no recollection of their activity. Unfortunately, odd combinations of high fat, high carbohydrate food often precipitates significant weight gain.

NS-RED is without a thought to be related to somnabulism or sleepwalking; eating while asleep compares to the types of behavior associated with sleepwalking. As well, some people with NS-RED have a history of sleepwalking or other sleep disorders. They may also have histories of eating disorders or addiction. Certain medications may also contribute to NS-RED.

Throughout life, most of us will experience varying patterns of sleep and nutrition, which involves making conscious decisions. NS-RED always occurs while unconscious or sleeping, even in the presence of other sleep or eating problems. However, managing NS-RED might necessitate managing co-existing sleep or eating problems. A sleep evaluation can positively identify NS-RED and possibly other conditions responsible for sleep-eating.

Behavioral modifications such as regulating sleep patterns, balancing food intake throughout the day, managing stress, and keeping food out of reach at night might be enough to eliminate NS-RED behavior. In some instances, a temporary course of medication may be prescribed.

Night Eating Syndrome

In contrast to Nocturnal Sleep-Related Eating Disorder, those with *Nocturnal Eating Syndrome (NES)* eat while awake, but they awaken from nighttime sleep craving food and cannot return to sleep without a bite to eat. Sometimes they awaken for several bites in a single night. As with NS-RED (above), weight gain follows. Unlike NS-RED, food choices tend to be closer to the night-eater's normal diet, although high carbohydrate, high fat foods also characterizes NES eating.

Night Eating Syndrome is not a parasomnia because it does not involve eating while asleep. NES interferes with getting enough sleep, making it a *dyssomnia* (a sleep disorder that causes too much or too little sleep). Because NES involves abnormal eating patterns that can precipitate excessive weight gain, it is also considered an eating disorder.

Young children who have not fully weaned from the nighttime feedings of early infancy sometimes develop NES. The eating behavior becomes habitual, long after the child outgrows the need for nighttime nutrition. By six months of age, infants should be able to sleep through the night

Adults who develop NES sometimes have psychiatric disorders such as depression, anxiety, or eating disorders. Awakenings may be frequent--and prolonged--if the need for food is not satisfied. However, falling back to sleep after eating happens rather quickly.

Symptoms of NES include: eating 50 percent or more of your daily food intake after dinner, having no appetite for breakfast, having trouble falling or staying asleep, and eating frequently during awakenings.

With much still unknown about NES, treatment depends on individual context and therefore varies from person to person. Overcoming NES generally involves some combination of: treating underlying psychiatric disorders, relieving stress, and modifying meal times or related behaviors that contribute to nighttime eating.

If you experience uncontrolled eating at night, contact your physician for a medical evaluation. If a sleep evaluation is necessary, contact any Sleep Medicine Centers of WNY facility.

Investigating. . . *REM Behavior Disorder*

By the time *REM Behavior Disorder* (RBD) is diagnosed, family members will likely have witnessed the darkest side of dreaming. Their loved one may destroy furniture, hurt himself, or assault them while acting out dramatic or violent dreams, sometimes on a nightly basis. Fortunately, this parasomnia can be positively identified and successfully treated.

Normally the body is paralyzed while dreaming because neurotransmitters block communication between the brain and voluntary muscles. This completely normal process, called *muscle atonia*, prevents most of us from acting our dreams. Those with REM Behavior Disorder experience particularly vivid dreams but no muscle atonia. By comparison, people with narcolepsy or sleep paralysis (*see page two)* experience muscle atonia while *not* dreaming.

The ability to enact emotionally intense dreams makes RBD a dangerous disorder. Dreams that involve violent activity such as fighting, chasing, and attacking will more likely trigger RBD episodes, and sleepers with RBD frequently experience violent dreams. Despite the intensity of episodes, those with RBD typically remember little or nothing of their physical activity, however, they can vividly recall the dream. RBD activity is usually confined to the bed and surrounding area, although some sleepers may wander into other rooms or outside.

Diagnosis. In addition to a polysomnography, which records activity levels during REM sleep, the diagnosis of RBD is based on video recordings of sleep, sleep history, and the testimony of observers. Most cases of RBD are not associated with other disorders. However, a sleep study can identify other reasons for the disruptive sleep activity, such as seizures, degenerative brain disorders, or rarely, brain lesions. Results of the sleep study, particularly video recordings, often present RBD patients with a surprising revelation of their disorder, which only manifests during sleep.

Treatment. Patients with RBD usually respond to medications like Clonazepam, an antidepressant/anticonvulsant drug, which blocks the neurotransmitters responsible for RBD activity. Medication produces muscle atonia, which prevents RBD episodes. People with kidney disease, pregnant women, or those taking certain medications may not be able to take RBD medications.

In addition, measures such as removing sharp objects from the bedrom, padding the bed and nearby furniture, and maintaining consistent sleep habits might minimize episodes and prevent injury.

Because the potential for destrucion and injury is so high, treatment is highly recommended for those with REM Behavior Disorder. Sleep Medicine Centers of WNY offers diagnostic services for RBD as well as other sleep disorders.

Ask The Doc

At the *News and Events* podium:

Daniel I. Rifkin, M.D.

Medical Director of SMC, neurologist Dr. Daniel Rifkin discusses nightmares.

Q. What is a nightmare?

A. A nightmare is a very disturbing dream which sometimes forces you awake. They occur during REM sleep, when vivid dreaming takes place.

Q. Who has nightmares?

A. Everyone does at one time or another. Nightmares do not pose any health risks unless they occur frequently enough to interfere with sleep.

Q. What causes nightmares?

A. Life! Sressful or traumatic events such as the loss of a loved one, an assault, a change in jobs, illness and fever, or the use of certain medications all may precipitate nightmares.

Q. What is the difference between nightmares and night terrors?

A. Night terrors differ completely. They arise from NREM sleep, have nothing to do with dreaming, usually involve screaming and thrashing about, and are not vividly recalled. Night terrors develop mostly in children as part of a parasomnia called NREM Arousals. *See page five for more about children and NREM arousals..*

Q. What can be done about frequent nightmmares?

A. It depends on the source of the nightmare. Your doctor can help rule out drugs, medications, or illness as a cause. Recurrent nightmares sometimes develop after traumatic events but should diminish in frequency and intensity as weeks and months pass. A visit to a therapist can aid with recovery from known emotional trauma, or uncover unrecognized problems. Sometimes relaxation techniques or the passage of time will sufficiently resolve problem nightmares.

A Look Inside. . . *Children & NREM Arousals*

Most parents at some time or another will awaken to the sound of a child stirring in the night. Crying, confusion, sleepwalking, and even violent degrees of agitation might not mean anything, if it rarely happens. Arousals or unusual behaviors that appear frequently, in the first third of the night, might indicate a common type of sleep disorder called *NREM Arousal Disorders*.

NREM arousal disorders arise from NREM sleep (the deeper stages of sleep, which are *not* associated with vivid dreaming). Therefore, they do not involve dream enactment but do share a common characteristic: a mixed state of sleep and wakefulness. This means the child is awake enough to act out certain behaviors but otherwise asleep, and completely unconscious. Adults sometimes develop NREM arousals as well.

There are three NREM arousal disorders:

Confusional Arousals: episodes of confusion during or following an arousal from deep sleep. Episodes may begin with moaning and progress to crying and thrashing in bed. The child's eyes may be open or closed. Attempts to console her usually prolong the situation.

Somnabulism: sleepwalking or other activities such as playing with toys or objects, dressing or undressing, or even urinating in an inappropriate place. The child's eyes are usually wide open, in a stare. Somnabulism develops during slow wave (deep) sleep.

Sleep Terrors: episodes of extreme agitation, beginning abruptly with a loud shriek followed by screaming, sweating, rapid heart rate, extreme fear, and possible attempts to escape or defend oneself. The sleepers eyes may be wide open or remain closed. Sleep terrors are dramatic for both the child and parents, although the child will not remember anything of the episode.

NREM arousals usually last anywhere from a few to thirty minutes, although longer or shorter episodes are possible.

Diagnosis. Children often outgrow NREM arousals without the need for intervention. Seek medical advice if episodes persist, disrupt the sleep of household members, or result in dangerous behavior. If necessary, a sleep evaluation, which might include an overnight polysomnography (sleep study), medical history, and a two week sleep diary will identify NREM arousals, another sleep disorder, or a medical problem such as a seizure disorder.

Treatment. Medication is rarely prescribed for NREM arousal disorders. In severe cases, tricyclic antidepressants such as imipramine might be prescribed temporarily. Pediatric Sleep Medicine Center of WNY offers diagnostic and treatment services for NREM Arousal Disorders in children.

Nightmares or Night Terrors?

- Dreams can be remembered.
- NREM arousals cannot be remembered.
- Toddlers and older children will have a fairly clear idea of what scared them in a dream, even if they cannot articulate it. They may also fear going back to sleep.
- Children and adults usually remember bad dreams the following morning.

Tips for Handling NREM Arousals

- **Maintain consistent bedtime routines and sleep times.**
- **Eliminate all sources of sleep disturbance.**
- **Make the child's room safe from injury during episodes.**
- **Do not awaken a child during an arousal.**
- **Be sure the child cannot wander into unsafe areas or outside of the house.**

Symptoms & Signs

Do I Have A Parasomnia?

The following behaviors are associated with parasomnias, especially when they occur consistently or together:

- Do you (or your child) get up in the night with a loud cry or scream of intense fear?
- Do you perform actions that could put you or another person in danger?
- Is it difficult for someone else to awaken you?
- Are you confused when you do awaken?
- Are you unable to remember what happened during sleep episodes?
- Is there evidence that you've eaten while asleep (open food containers or wrappers, food on your night clothes, feeling of fullness)?
- Is there evidence that you've engaged in other unexplained activity while asleep?

If you think you have a parasomnia, then a sleep disorders evaluation may be necessary. Contact your physician or Sleep Medicine Centers of WNY.

SMC Resources

Sleep Medicine Centers of WNY offers educational resources and news for:

Patients Lay Persons Allied Heall 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.

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

Five Locations

Amherst Sleep Medicine Center
1120 Youngs Road
Amherst, NY 14221

Buffalo Sleep Medicine Center
(9th floor, Millard Fillmore Hospital)
3 Gates Circle,
Buffalo, NY 14209

Lockport Sleep Medicine Center
770 Davison Road
Lockport, NY 14094

Pediatric Sleep Medicine Center
(Children's Hospital)
219 Bryant Street
Buffalo, NY 14222
Opening Soon!

Southtowns Sleep Medicine Center
4090 Seneca Street
West Seneca,
NY 14224

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

For Professionals

Studies

MAD 103894: A 28 day, Polysomnographic and Subjective Assessment of GW679769, 10 and 30 mg., for the Treatment of Primary Insomnia: A Randomized, Double-Blind, Parallel-Group, Placebo-Conrolled Trial. **Sandra Block, M.D. hasbeen trained in the above-referenced protocol.**

A Double-Blind, Pacebo-Controlled, Multicenter, 30-night Polysomnographic Study of MK-0928 in Elderly Patients with Primary Insomnia (Protocol 002). **Christopher Camp, PSGT, has been trained in obtaining a targeted neurological assessment, vital signs, and ECG.**

Somaxon Protocol SP-0501: "A Phase III, Randomized, Double-Blind, Placebo-Controlled, Parallel-group, Multicenter Study to Assess the Efficacy and Safety of Doxepin in Primary Insomnia Patients with Sleep Maintenance Difficulties.

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

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
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http://www.thejni.org

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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 availableMonday-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 Sleep Foundation (NSF), the prevalence of sleepwalking (somnabulism) in the general population is estimated between 1% and 15%.
- According to the American Academy of Sleep Medicine, nightmares are common. About 50% to 80% of adults report having a nightmare at least every now and then.
- The NSF reports that REM Sleep Behavior Disorder (RBD) occurs at a significantly higher rate in men and people with certain neurological conditions, including Parkinson's Disease (33%) and Multiple System Atrophy (90%).
- The American Academy of Sleep Medicine reports that as many as 6.5% of children experience Sleep Terrors.
- Night eating syndrome (NES) and Nocturnal Sleep-Related Eating Disorder (NS-RED) are more likely to develop in those with eating disorders.

SLEEP MEDICINE CENTERS
of Western New York

Next Issue

Sleep & Aging

Senior Sleep Guide... Healthy sleep in your golden years

Aging and Sleep... What to expect and when to get help

Investigating... Age-related diseases and sleep

A Look Inside... Menopause and Sleep