



NEWSLETTER

NEW WEBSITE PROVES TO BE A SMASH HIT

This year is shaping up as an exciting one for S.A.S.A.

Our new website is proving to be a big hit, in more ways than one.

Earlier this month, the highest ever number of hits recorded on the site for a single day was an amazing 40.

And the total number of hits since our new site went "live" in March is standing at 5140 ~ very impressive and very encouraging.

Some have been recorded via direct access to the site but quite a lot are links from other sites. Likewise people are using links on ours to check other sites.

S.A.S.A.'s Chairman, Mike Wilson, commented, "This is great news all-round ~ I am sure we took the right path forward.

"I am staggered at the number of hits and new life the new site has given us."

"I am getting phone calls for help and advice now when for years there was nothing.

"I am really looking forward to the Conference in September."

Kathy Curran, who was the principal architect of our site, reports, "I've only actually spoken to a couple of folk about the site but they seemed very pleased with the information they find."

This is great news for S.A.S.A.

And it just shows that having a bright, informative site does make a difference, helping us to let many more Obstructive Sleep Apnoea sufferers know about our organisation's aims and the services and advice it has to offer.

There is no doubt this will also help boost our drive to recruit new members.

2014 CONFERENCE FEATURES TOP SLEEP PROFESSIONALS

Another big event for S.A.S.A. this year is not too far away ~ the Annual Conference/A.G.M.

The Conference takes place at The Golden Lion Hotel, in Stirling, on Saturday, September 20th, starting at 9.30 a.m. and running until approximately 4 p.m.

A top notch range of speakers and sleep professionals will be there. There will also be an opportunity for conference guests to ask them questions.

These include Dr Eric Livingstone (consultant, Glasgow Sleep Clinic), Dr Ian Morrison (consultant, Dundee Clinic), Julie Kidson (Shetland N.H.S.), Phyllis Murphie (nurse consultant, Dumfries), (Dr Primod Subbaraman (British Society of Dental Sleep Medicine), and Kath Hope (Hope2Sleep).

There will also be an Equipment Display Room, with representatives of top manufacturers there to demonstrate their latest masks and machines, and provide helpful advice to anyone having problems related to Obstructive Sleep Apnoea therapy.

This will all add up to a varied and interesting day, with a bit of fun too ~ last year's Conference featured a singing class, a cake competition and a raffle.

The price of attending this year's Conference includes coffee, bacon roll and scrambled egg (or equivalent) on arrival, with a two-course lunch in the hotel's restaurant, and tea/coffee/cake breaks during the day.

Tickets are: £15 ~ S.A.S.A. members, and £30 ~ non-S.A.S.A. members.

If you want to attend, please contact the S.A.S.A. Membership Secretary, Waterside, St Andrew's Walk, Fortrose, IV 10 8TP.

e-mail: membershipsasa@gmail.com.

'SLEEP APNOEA MADE ME FEEL AS IF I WAS DYING'

Ruth Lopardo struggled for years with extreme and unexplained fatigue. Then specialists discovered the cause: a debilitating condition known as obstructive sleep apnoea.

I have been dog tired since my teens. As I'm 41 next month, that's a long time to be knackered. Not just a bit worn out, but the kind of tiredness you experience when you have a newborn baby. So drunk with fatigue that my brain itches, it's hard to follow a simple conversation, words swim on a page and I'm clumsy and forgetful.

Tiredness is a modern epidemic. We all moan about it, fantasising about a good, long sleep. How do you know that you tiredness is different or worse than anyone else's? You don't. I have tried unsuccessfully various self-help measures, from the sensible – exercise and going to bed earlier – to straw-clutching – allergy testing and Chinese herbalism.

Numerous blood tests were always normal, so I thought that I was just useless and lazy for failing to cope with life, as everyone else seems to. The one explanation that was offered was depression. I have been diagnosed with chronic, major depression for eight years, and it has always expressed itself as extreme fatigue; an overwhelming desire to crawl in to bed, sleep for ever and not bother with anyone or anything. It has been unresponsive to many different antidepressants and talking therapies.

This spring, it worsened to the point where residential treatment was considered. I had ground to a complete halt. My life consisted of waking up as tired as when I went to bed, quickly taking the kids to school, going back to bed for several hours, then doing the bare minimum required to keep my business ticking over before flaking out, exhausted, on the sofa. At weekends, I would sleep in as late as 4pm.

I was utterly despondent and felt as if I was dying. Then, by chance, I heard a discussion on [obstructive sleep apnoea \(OSA\)](#) on the [BBC's Woman's Hour](#). The symptoms described were identical to mine. It had simply never occurred to me that the problem could be with the quality rather than the quantity of my sleep.

Sure enough, [my home sleep study](#) (done using portable recording equipment, then downloaded and analysed by specialists) showed evidence of OSA – but also another condition, upper airway resistance syndrome (UARS). While I had heard of OSA, UARS was completely new to me. Indeed, information about it is scarce, and often conflicting.

Some definitions suggest multiple hourly apnoeas, all lasting less than 10 seconds. Others describe a cycle of the already too small airway getting progressively tinier until the person awakes without reaching the point of complete obstruction (a hypopnea). Either way, UARS sufferers appear to have an increased sensitivity to changes in breathing, so are easily aroused and very fatigued, but without the other classic signs of OSA.(Obstructive Sleep Apnoea).

The typical OSA sufferer is male, middle-aged and overweight with a big neck, and suffers from extreme fatigue, a sore throat and headache on waking, and snoring, spluttering and choking during sleep. UARS is more commonly seen in young, thin women. Perhaps this explains why GPs may not often think of sleep disorders when treating them. This, combined with a general lack of information about the condition, means it tends to be misdiagnosed, usually as depression, chronic fatigue syndrome or fibromyalgia.

The cause of UARS is undersized airways that are easily compensated for during the day, but prone to obstructions when relaxed during sleep.

The signs include mouth breathing, an inability to sleep on your back, an overbite, cold hands and feet and sometimes loud snoring. It can also be accompanied by insomnia.

Treatment for both the conditions, though, is the same: continuous positive air pressure (CPAP), a small machine that pumps pressurised air via a facemask while you are asleep, keeping the airway open. Accordingly, that is exactly what the specialists recommended for me. After a month, I am still getting used to sleeping with the mask on. It will be a while before I feel like I have caught up on all the sleep I have missed, but I am noticeably sharper and very optimistic about further improvement. It is a massive relief to know that the way I felt was not just because I was being lazy. As treatment progresses, I hope to come off the antidepressants I was told to continue taking. Perhaps I never really had depression!

Tiredness can have a huge impact on your life – and, on reflection, my life revolved around tiredness. My social life died because I had no energy to go out. My business was set up not because of entrepreneurial ambition but because I was so exhausted by a stressful job and parenthood that I could not envisage coping with a normal, structured job.

I am overjoyed to finally have an answer and a treatment, but also sad about the opportunities not taken and times with friends and family that I have missed. If you are constantly tired, please talk to your GP. Do not put up with it for as long as I did.

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LINK BETWEEN SLEEP APNOEA AND TYPE 2 DIABETES

A new study has provided further evidence that **sleep apnoea** may increase the risk of **type 2 diabetes**.

In what is the largest study to date on the association between the two conditions, researchers in Canada demonstrated a link between obstructive sleep apnoea (OSA) - a common breathing disorder that affects people during sleep - and the development of **type 2 diabetes**.

The team led by Dr Tetyana Kendzerska of the University of Toronto analysed data from 8,678 adults with suspected OSA and without **diabetes** at baseline who took part in a diagnostic sleep study between 1994 and 2010.

All of the participants were tested for OSA and graded according to the severity of their **sleep apnoea**, based on the number of apnoeas (complete blockage of the upper airway) and hypopnoeas (partial blockage of airway) experienced per hour of sleep, and followed for development of diabetes.

During follow-up, 1,017 (11.7%) of the participants were **diagnosed with type 2 diabetes**. After adjusting for known **risk factors** for the disease, including age, **sex**, **BMI**, neck circumference and **smoking** at baseline, those classed as having severe OSA had a 30% greater risk of developing **type 2 diabetes** compared to those without OSA. Diabetes risk was also 23% higher for patients with mild or moderate OSA.

In addition rapid eye movement sleep, lack of oxygen in the blood, and activation of the sympathetic nervous system, as indicated by a higher average heart rate during sleep, were linked to higher diabetes risk.

"After adjusting for other potential causes, we were able to demonstrate a significant association between OSA severity and the risk of developing diabetes," Dr Kendzerska said "Our findings that prolonged oxygen desaturation, shorter sleep time and higher **heart rate** were associated with diabetes are consistent with the pathophysiological mechanisms thought to underlie the **relationship** between Obstructive Sleep Apnoea and diabetes."

The lead author added that the results "address some of the limitations of earlier studies on the connection between OSA and diabetes", as their study involved a larger sample size and a longer median follow-up.

The researchers did, however, acknowledge a few limitations to the study, including not being able to screen for family history of diabetes and ethnicity.

"The OSA-related predictors of increased **diabetes risk** that we found in our study may allow for early preventative interventions in these patients," Dr. Kendzerska concluded.



HOW DANGEROUS IS YOUR LACK OF SLEEP?

As work commitments, family life, and an addiction to technology erode our sleeping hours, Dr Phil Hammond offers medical tips on how to hit the hay.

Are you cheating on your sleep? In the last century, we've reduced the average amount of time we spend asleep by two whole hours a night. In 1910, we got nine hours, but now it's just seven. It seems our competing demands of home, work and leisure leave little time for the pillow. But does it matter? Churchill, Stalin, Napoleon and Thatcher were high achievers who claim to have survived on five hours or less. Thatcher famously declared that "sleep is for wimps". But even the toughest leaders make errors of judgment, and some of these may have been avoided if they'd spent more time horizontal. So, who can we blame? Our "24 hour party culture" wouldn't be possible without Thomas Edison. In 1913, he introduced us to the coiled tungsten filament light bulb, allowing us all to burn the midnight oil. But if you stick those who claim to only need a few hours kip in a darkened sleep lab, most go under for eight hours or more. And feel a lot better for it too.

How dangerous is our sleep-deprived society? Falling asleep at the wheel accounts for 20 per cent of all accidents – and that 20pc tends to be more severe because it's hard to brake when you're asleep. Some of the greatest catastrophes of the last century are down to "sleep-stupidity." The oil spill of the Exxon Valdez happened not because the captain was drunk, but because the third mate was left in charge and – after 12-hour shifts – he fell asleep at the wheel. The NASA personnel working on the Challenger space shuttle run that ended in disaster were doing up to 14 hour shifts for 26 consecutive days. The Chernobyl & Three-Mile Island disasters also strongly featured sleep deprivation.

So what happens on the inside of a sleep deprived body? For starters, your immune system falters, making you more prone to infections and perhaps even cancer. This effect kicks in after just one night of poor sleep, but is far more of a problem in the long-term. Also, the metabolic and hormone changes of chronic sleep loss mimic those of ageing, and increase the risk of diabetes, high blood pressure, obesity and memory loss. No wonder we look so knackered when we're sleep deprived. Cutting out coffee, nicotine and alcohol can help, as can taking regular exercise (but not immediately before sleeping unless it's sex, which is particularly good at sending men to sleep). If your sleep is all over the place, try to get into the habit of getting up at the same time every day, including weekends. Open the curtains and let the daylight in: as the blue light hits the back of your retina, it kicks off a hormone cascade that releases the hormone cortisol and gives you the energy to get out of bed. If you work shifts and have to get up at silly o'clock, waking to a blue light by the bed can also give you that cortisol surge.

Too much sleep isn't great for you either. Most adults only need 8 hours sleep – after that, you get no extra benefit. Lie in too long and you often feel less refreshed. If you do power nap or take a siesta, keep it to 20 minutes or you'll end up feeling groggy. If you can't get off to sleep, a hot bath can help, but only if you go into cool sheets afterwards. It's the drop in body temperature that sends you to sleep. And don't take your computer/iPad to bed, as it makes your brain buzz. Having said that, I'm typing this in bed with a glass of Australian Merlot. But then doctors seldom take their own advice. Goodnight.

Six myths about snoring (including "I don't snore")

Before you proudly announce to the world that you don't snore, here's a news flash: You don't really know for sure because snoring happens while you sleep, writes Stef dela Cruz, who is a doctor by education but a writer by profession.

Unless you have a superpower that allows you to stay conscious while you're in deep slumber, it might help if you read up on these six myths on snoring.

"But who am I to talk about snoring and obstructive sleep apnea like I'm an expert?" you might ask. I'm no authority on sleep medicine, but Dr. Christian Guilleminault of Stanford University is - and I had the privilege of interviewing him.

Dr. Guilleminault is one of the pioneers of sleep medicine. He was one of the first people to ever put the term "obstructive sleep apnea" in the limelight! And during the 2014 Sleep Congress held March 14 to 15, I had a wonderful chat with him over blueberry cheesecake and kung pao ribs.

(Spoiler alert: He deduced I had sleep problems just by looking at me! Read this [article on sleep](#) and find out how he did it.)

We sleep several hours each day - hopefully with no disturbances during the night - but we know very little about sleep. Even more disturbing is the fact that many still believe in these myths on snoring which I'm about to share.

It's time we put these myths to rest.

Myth #1: Snoring is a "normal sign" of deep sleep.

Regardless of what you see in Hollywood films, snoring is not a sign of deep, peaceful slumber. It may, however, be a sign of a condition that will continue to affect your health until you do something about it.

Snoring may be a manifestation of obstructive sleep apnea (although that's not always the case, as you can see in this write-up on [five things you didn't know about sleep](#)). Snoring shouldn't be considered normal as it may indicate that you aren't getting enough air into your lungs - even your brain and your heart - while you're having your beauty rest.

Myth #2: You are 100 percent sure that you don't snore.

The last time I checked, people don't really hear themselves snoring... because they're fast asleep while they do!

The only time you will ever find out is if someone takes a video of you while you snore like a steam engine. You might also find out if someone simply tells you straightaway, but my suggestion is much more fun, isn't it?

You may be snoring - and you might be suffering from obstructive sleep apnea - if you don't particularly feel rested even after seven hours of sleep. Other symptoms of obstructive sleep apnea include irritability, morning headaches, fatigability during the day, inattentiveness and dry throat.

Myth #3: Snoring only happens to fat people.

Well, that's a rude thing to say! More importantly, it's a complete and utter lie.

Snoring can happen to anyone at any age. And yes, it can happen to you whatever your waistline is. I, for one, am not overweight, but Dr. Guilleminault believes my face shape predisposes me to breathing problems during sleep.

Before you dismiss the whole "my face shape influences my sleep" idea, take a step to banish ignorance: Read this [sleep article](#) if you haven't yet.

Myth #4: A person who doesn't snore does not have obstructive sleep apnea.

Sorry, but that's another myth on snoring. Let's put it to bed, shall we?

In case you don't know it yet, obstructive sleep apnea is a sleep disorder that compromises air flow to your lungs. People sometimes get diagnosed with obstructive sleep apnea because they see their doctor for snoring. But many people sleep without making a sound even if they have the same sleep disorder.

Myth #5: Snoring is harmless.

That's a rather dangerous myth to believe in. Snoring, if associated with obstructive sleep apnea, is a harbinger of serious diseases.

People with obstructive sleep apnea have a much higher risk of heart attack and stroke, for instance. Imagine what happens to your body - your brain, heart, and all the other organs which just must have their oxygen fix - when you don't breathe in enough air during sleep.

If anything, the idea of undiagnosed and untreated obstructive sleep apnea should give you nightmares.

Myth #6: Snoring does not affect children.

"Does your child have attention deficit or hyperactivity? Does he kick when asleep? Does he bedwet or sweat profusely while sleeping? If so, an explanation must be found," Dr. Guilleminault said. "And very commonly, the number one cause is abnormal breathing during sleep."

The doctor added, "Do not always think that the surgical removal of adenoids and tonsils will cure the child." If there is an anatomic explanation for snoring (such as a long face shape), orthodontic braces may help - as long as the orthodontist knows what to do.

Warning: If your dentist suggests a series of tooth extractions for your long face, he does not exactly know what he is doing.

If you think your child has breathing problems during sleep, he may be trained by myofunctional therapists to breathe through his nose instead of his mouth. "It's going to be tough for the child because the training is not easy. But it will help solve the problem," said Dr. Guilleminault.

Snoring at night? Breathe easy.

If you snore at night and you think you have obstructive sleep apnea, consult a specialist on sleep medicine. You may be monitored in a sleep clinic while you doze off, just so they see what the problem is.

One thing is for sure: Go see a doctor before it's too late! If you have the nagging feeling that you may be suffering from obstructive sleep apnea and snoring, it isn't something you should sleep on.

About the anchor:

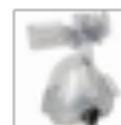
Stef dela Cruz is a doctor by education but a writer by profession. She was given a special citation by the Department of Health for [her blog](#) and was conferred the Health Recognition Award in December 2013. Get in touch with her on [Google+](#), [Instagram](#), and [Facebook](#).



Remedies for acid reflux

For those who struggle with Acid Reflux there are some good natural remedies on [Danielle Vulpis's](#) helpful FB Page.

[Home Remedies for Acid Reflux](#) www.commonssensehome.com



Add CPAP accessories to your supermarket shopping list

Some news from our friends across the pond:

In parts of the USA.... Walmart have started to stock some CPAP accessories.