

The

SOUND SLEEPER

The quarterly newsletter of the Sleep Apnea Patient Support Group of Central Contra Costa County
~ our 16th year ~

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The "Sound Sleeper" is the newsletter of the Central Contra Costa County Sleep Apnea Patient Support Group founded in 1994. The name "Sound Sleeper" comes from the euphoric sensation of awaking from a sound night's sleep once Sleep Apnea treatment has commenced. It is available via e-mail (as a .pdf) or by "snail-mail." Contact "Amy" at: contracostasleepcenter@hotmail.com To offer editorial comment contact Dick Griffiths at: r.b.griff@sbcglobal.net

THE SUPPORT GROUP

The Sleep Apnea support group provides to those diagnosed as having Sleep Apnea, a variety of services in the areas of education and patient support so that the full health benefits of their prescribed individual treatment may be achieved through "compliance" with prescribed treatment. The support group is open to all patients and their families in Central Contra Costa County.

SUPPORT GROUP MEETINGS

There is no membership fee for participation in the Support Group meetings held in the Ball Auditorium, John Muir Medical Center, 1601 Ygnacio Valley Road, Walnut Creek from 7:00 - 8:30 PM on the 3rd Thursday in January, April, July and October. These meetings are sponsored by: the John Muir Medical Center and the Contra Costa Sleep Center.

WHAT IS SLEEP APNEA?

Simply stated, Sleep Apnea is a very common physical disorder that causes some people to frequently cease breathing while sleeping. Sleep Apnea is a very serious health problem if left untreated! It has been estimated that 90% of people who have Sleep Apnea don't know they have it!

YOU COULD SAVE A LIFE!

Do you know someone who you think may have Sleep Apnea? If so, suggest they contact a Respiratory Physician or the American Sleep Apnea Association at: 1424 K Street, NW, Suite 302, Washington, DC 20005 and they will send a packet of information. You may also call them at (202) 293-3650, FAX at (202) 293-3656, or via the internet at: www.sleepapnea.org

CPAP AND A STUFFED UP NOSE

(some research by the editor)



One of the most frequent complaints of CPAP users is of nasal congestion during, or immediately after, using CPAP. An examination of this problem proved it is far more complex as to the cause and solution than first imagined.

There have been only a few studies of this specific problem but these suggest that CPAP itself is not the culprit and, in fact, CPAP results in a reduction in nasal resistance 2 to 3 hours after commencing use due to the mechanical splinting effect and/or reduction of vascular fluid in the nasal membrane.

Therefore the cause of nasal congestion must be due to something else. Chief among the causes identified are; mouth breathing, the change to a more recumbent posture (i.e. lying down), nasal dryness,

allergy, the "rebound" caused by the use of decongestants, or Rhinitis/Sinusitis.

Examining each of these potential causes of congestion may offer a clue as to what your individual problem is and what steps can be taken to achieve relief.

Mouth breathing is known to increase nasal obstruction and can be alleviated by the use of a chin strap or switching to a full-face mask.

A **recumbent posture** normally causes a slight increase in nasal resistance. If lying down with CPAP causes nasal congestion to the point making it difficult to breath through the nose this would tend to indicate a pre-existing nasal obstruction or structural physical problems with the nasal passages may be the cause. If the stuffiness goes away when you remove your mask and get up the problem is most likely postural. In any case an examination of your nasal passages by a physician is in order. Nose drops (*see the section following*) may help but rely on your physicians recommendation.

Nasal Dryness can be a cause of irritation and resulting swelling of the nasal passages. The solution can be as simple as squirting a saline solution (e.g. Ocean brand) into each nostril before putting on your CPAP mask and again several times during the day. If this doesn't work than investigate with your physician and CPAP supplier the addition of a humidifier to your CPAP machine.

Allergies can cause inflammation and can cause difficulty breathing. Over-The-Counter (OTC) allergy medications treat the symptom (i.e. inflammation) not the cause (allergy) and even then only for a little while. You need to talk with the physician who is treating your allergy and

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they need to know that you use CPAP and the breathing problem you are having.

“Rebound” caused by the use of decongestants is perhaps one of the commonest “self-inflicted” causes of nasal inflammation. Most of the OTC decongestants are designed for short-term use to decrease congestion and they will cause inflammation if used over extended periods. Beware the “OPXs” - look at the ingredients on the package and avoid those containing the following: Oxymetazoline (e.g. Afrin), Phenylephrine (e.g. Neo-Synephrine) and Xylometazoline (e.g. Sudafed or Sinex). They will all cause “rebound” nasal irritation. Your physician can prescribe one of several nose drops that can be safely used for extended periods without causing inflammation or “rebound” in the nasal passages. One of these is the antihistamine Azelastine (e.g. Astelin).

Rhinitis/Sinusitis is really a fancy name for inflammation of the nose and/or nasal passages. Anything that irritates the nose can cause rhinitis. Changes in weather, such as temperature, humidity, and sudden barometric pressure changes often aggravate an already inflamed nose. Many systemic diseases can also impact rhinitis. The most common cause is allergies, but diabetes, high blood pressure, and many medicines can be also effect rhinitis. Treatment first involves getting a diagnosis of the cause of the Rhinitis.

Treatments vary from avoidance of offending substances such as; smoking, symptomatic OTC medicines known to contain an irritating decongestant (see above section on “rebound”) and prescriptions with similar ingredients. Reducing or eliminating Rhinitis can be a difficult process to resolve alone. What may be tolerable to one not using CPAP may not be tolerable for one on CPAP. Again you need work with a physician with complete knowledge of your problem.

In conclusion, the benefits of CPAP to your overall well-being outweigh any efforts required to make its use uninterrupted and effective. A little analysis on your part, working with your physician and equipment provider can, in most cases, solve the problem of your stuffed up nose.

A stuffy nose is not caused by CPAP and abandoning CPAP will not cure a stuffy nose!

“OBSTRUCTIVE SLEEP APNEA – A REVIEW”

Harry J. MacDannald, MD spoke at the Winter Support Group Meeting and gave a comprehensive review of Obstructive Sleep Apnea; causes, concerns, and alternative treatments to a small but interested audience (the weather outside was frightful!).

His conclusion said it all, ***“Sleep Apnea is an important medical disorder that warrants active investigation by means of clinical evaluation and sleep studies. Treatment is essential, not only to improve the symptoms that include daytime sleepiness, but also to prevent the development of serious cardiovascular complications. Effective treatments exist that include behavioral, medical and surgical means. Dramatic improvement in patient wellbeing can result.”***

A wide-ranging Question and Answer session with the doctor followed.



THE PHYSICIAN'S CORNER

by Harry J MacDannald MD

Dental Health and Teeth Grinding (Bruxism)

(from Web-MD)

Most people probably grind and clench their teeth from time to time. Occasional teeth grinding, medically called bruxism, does not usually cause harm, but when teeth grinding occurs on a regular basis the teeth can be damaged and other oral health complications can arise.

Why Do People Grind Their Teeth?

Although teeth grinding can be caused by stress and anxiety, it often occurs during sleep and is more likely caused by an abnormal bite or missing or crooked teeth.

How Do I Find Out if I Grind My Teeth?

Because grinding often occurs during sleep, most people are unaware that they grind their teeth. However, a dull, constant headache or sore jaw is a telltale symptom of bruxism. Many times people learn that they grind their teeth by their loved one who hears the grinding at night.

If you suspect you may be grinding your teeth, talk to your dentist. He or she can examine your mouth and jaw for signs of bruxism, such as jaw tenderness and abnormalities in your teeth.

Why Is Teeth Grinding Harmful?

In some cases, chronic teeth grinding can result in a fracturing, loosening, or loss of teeth. The chronic grinding may wear their teeth down to stumps. When these events happen, bridges, crowns, root canals, implants, partial dentures, and even complete dentures may be needed.

Not only can severe grinding damage teeth and result in tooth loss, it can also affect your jaws, result in hearing loss, cause or worsen TMD/TMJ (temporal mandibular dysfunction), and even change the appearance of your face.

What Can I Do to Stop Grinding My Teeth?

Your dentist can fit you with a mouth guard to

protect your teeth from grinding during sleep.

If stress is causing you to grind your teeth, ask your doctor or dentist about options to reduce your stress. Attending stress counseling, starting an exercise program, seeing a physical therapist, or obtaining a prescription for muscle relaxants are among some of the options that may be offered.

Other tips to help you stop teeth grinding include:

- Avoid or cut back on foods and drinks that contain caffeine, such as colas, chocolate, and coffee.
- Avoid alcohol. Grinding tends to intensify after alcohol consumption.
- Do not chew on pencils or pens or anything that is not food. Avoid chewing gum as it allows your jaw muscles to get more used to clenching and makes you more likely to grind your teeth.
- Train yourself not to clench or grind your teeth. If you notice that you clench or grind during the day, position the tip of your tongue between your teeth. This practice trains your jaw muscles to relax.
- Relax your jaw muscles at night by holding a warm washcloth against your cheek in front of your earlobe.

Do Children Grind Their Teeth?

The problem of teeth grinding is not limited to adults. Approximately 15% to 33% of children grind their teeth. Children who grind their teeth tend to do so at two peak times – when their baby teeth emerge and when their permanent teeth come in. Most children lose the teeth grinding habit after these two sets of teeth have come in more fully.

Most commonly, children grind their teeth during sleep rather than during waking hours. No one knows exactly why children grind their teeth but considerations include improperly aligned teeth or irregular contact between upper and lower teeth, illnesses and other medical conditions (such as nutritional deficiencies, pinworm, allergies, endocrine disorders), and psychological factors including anxiety and stress.

Grinding of the baby teeth rarely results in problems. However, teeth grinding can cause jaw pain, headaches, wear on the teeth, and TMD. Consult your dentist if your child's teeth look worn or if your child complains of tooth sensitivity or pain.

Specific tips to help a child stop grinding his or her teeth include:

- Decrease your child's stress, especially just before bed.
- Try massage and stretching exercises to relax the muscles.
- Make sure your child's diet includes plenty of water. Dehydration may be linked to teeth grinding.
- Ask your dentist to monitor your child's teeth if he or she is a grinder.

No intervention is usually required with preschool-age children. However, older children may need temporary crowns or other methods, such as a night guard, to prevent the grinding.

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