

RECLAIM YOUR Rest

Sale!



• A recent poll by the National Sleep Foundation bears out what you have probably long suspected: The highest incidence of sleep disorders is found in postmenopausal women. Shelby Harris, PsyD, a cognitive behavior therapist at the Sleep-Wake Disorders Center at Montefiore Medical Center, in New York, finds similar results in her practice. The patients with insomnia and other sleep disorders are about 50 percent midlife women for whom perimenopause and menopause, and their related hormonal changes, have triggered sleep trouble. “We do see at the clinic an increasing number of women approaching or entering menopause who have insomnia and other disorders,” says

If only we could stock up and open a can when we needed it.

Michael J. Thorpy, MD, director of the Montefiore center.

As women get older, hormonal shifts lead to an increase in sleep problems, says Carol Ash, medical director of Sleep for Life at the Somerset Medical Center in Hillsborough, New Jersey. According to Ash, the hormone progesterone helps protect younger women from breathing disorders such as sleep apnea and snoring, which often occur in men. As female hormones decrease through perimenopause and menopause, women become more susceptible to these typically male sleep disorders, says Joyce Walsleben, PhD, a sleep expert at the New York University Medical Center.

Inadequate sleep *does* age us, by depriving our bodies of oxygen, elevating our blood pressure and increasing our levels of stress hormones. And getting unsatisfying sleep is unhealthy in many other ways too. It weakens the immune system and increases the risk of high blood pressure and heart disease.

So given all this—and the fact that for most people, peak performance depends on eight hours of sleep—there should be plenty of support for correcting the problem, right? Well, unfortunately there isn't. "It's foolish, but we view people sleeping as being unmotivated or lazy," Walsleben says.

Ash compares the image of sleep deprivation with that of smoking years ago. "Back then, it was cool to smoke," she says. "Now we recognize that it's not at all cool; it's risky. We're beginning to understand that about insufficient sleep."

Any way you look at it, lack of sleep is a problem that must be addressed. Easier said than done though. Because the problem is complex, it can be hard to pin down its causes and, therefore, a cure. A few suggestions follow. We also take you inside the Sleep-Wake Disorders Center to find out more about what's keeping us up.

IN THE WEE SMALL HOURS OF THE

morning

In search of answers and a good night's sleep, **Barbara O'Dair** investigates her own insomnia at the sleep clinic.



I've had trouble sleeping all my life, but it was only a few years ago that I developed a very strange habit. As I lay in bed asleep, my legs would sporadically churn vigorously, as though

I were training for the 100-yard dash. The insomnia I could handle, I told myself. But this, the flailing legs, got my attention. Before I went any further beyond "normal," I decided to seek professional help. I tried practitioners of all stripes; they recommended everything from Lunesta to warm milk to yogic breathing to Chinese herbs. I joined 27 million other people when my doctor gave me a prescription for Ambien. While it did bring on sleep, it also brought on many nights of leaping up at three AM in an active half-sleep and roaming the house straightening things or writing inscrutable lists. My last night on Ambien, I ordered airline tickets to Montana and remembered nothing until my reservations arrived by e-mail the next day. I also ate quite a lot of ice cream.

I was feeling desperate—and exhausted. So, armed with my three main problems—insomnia; restless legs syndrome, or RLS, as I learned my leg-churning is called; and snoring (more on that later)—I went to see the sleep doctor.

/ Friday, 4:00 PM /

Michael J. Thorpy, MD, director of the Sleep-Wake Disorders Center at Montefiore Medical Center is one of the foremost authorities on sleep disorders, such as insomnia and narcolepsy. His office is on the periphery of the hospital grounds. There, leafing through pamphlets on a table, I wait for my appointment with him. I learn that the lab was founded in 1975, that Thorpy took over as director in 1982 and that beginning in the 1990s the increase in reports of sleep apnea galvanized the new field of sleep studies. On the wall behind me, a sign reads, "What's keeping you up at night? Are your legs to blame?" I look down at my legs, and they squirm with guilt.

We talk about my history, and he pages through the forms that I filled out earlier describing my sleep problems. I was too embarrassed to write it on the form, but within five minutes

I am telling him that my significant other, Frank, has compared my snoring with a jet taking off and, on separate occasions, with gunfire. Frank had to shop for a pillow that he could wrap completely around his ears.

I am booked into one of the clinic's five sleep-recording rooms for my upcoming overnight stay. (The typical overnight with initial evaluation and follow-up visit costs \$3,250 and is usually covered by insurance.)

TWO WEEKS LATER

/ Friday, 7:00 PM /

I travel to the center with an overnight bag containing black pajamas, a gray robe, a snack and a bottle of water. George Biju, a sweet man who is one of two technicians who will monitor me, shows me to my room. It features Danish modern furniture and a large TV (though I thought TV before bed was off limits for poor sleepers) and looks like a tidy hotel room. →

HABIT TO DROP

Not Flossing Regularly



YEARS ADDED **1 TO 2**

USE THE EXTRA TIME TO

Train for and run in a charity 10K or marathon

Skipping the floss can lead to gum disease, which has been linked to diabetes and heart disease.

“Diabetes and periodontal disease feed off each other and make each of these health problems worse,” says Susan Karabin, DDS, president of the American Academy of Periodontology. “Gum

disease increases blood sugar, making diabetes more difficult to control.” And because diabetes weakens the immune system, it hampers the body’s ability to fight other diseases. Researchers in the Netherlands and the UK recently reported that compared with women without diabetes, women over 50 who have diabetes face a greater risk of developing heart disease and tend to die about eight years earlier. One probable reason: The high glucose levels and high blood pressure associated with diabetes can harden arteries.

Poor flossing habits also increase your risk for developing heart disease. “People with gum disease have big accumulations of plaque in their mouths that can seep into the bloodstream,” Karabin says. “The bacteria can injure the inner surface of blood vessels and lead to the development of arterial plaque, which clogs vessels, causing heart disease and stroke.”

I quiz Biju on the device on my bedside table. It’s called a continuous positive airway pressure machine, which blows air through a mask at a particular pressure and is used to measure apnea and snoring. When I tell him I’m accustomed to sleeping on my stomach, he says, “Not tonight.” He asks me to run two lead wires inside my clothes down either side of my body from neck to foot. Then he suggests I get into my pajamas and wait until he summons me.

/ 8:30 PM /

I am ushered into the control room, where seven computers run software that will collect data from my brain waves as I go through the normal

stages of sleep. Biju and his colleague place 21 electrodes on my body, which are then connected to an EEG machine. This will record electrical signals from my brain onto the computer. Elastic belts are fastened around my abdomen to monitor my breathing. Dozens of brightly colored wires spring from a control box hung around my neck. I’m rigged up like a suicide bomber in the name of righteous slumber.

/ 11:00 PM /

Lights out! Biju knocks on cue, and he’s all business. “I need you to get under the covers and lie flat,” he says. Then he snaps a pulse oximeter onto the tip of one finger to measure the

oxygen in my blood and sticks a flexible tube, to measure air intake, into my nose. “Will you see everything?” I ask, noting a camera’s blinking red eye in the corner.

“Everything.”

“And will you hear me?” He points at the intercom in the wall in answer.

“OK then,” he says and exits. I lie still among all the machinery, like an unfinished Bride of Frankenstein.

/ 12:30 AM /

I realize I’ve had a headache for hours. I’m getting panicky. I’ve been in bed *on my back* for an hour and a half with my eyes wide open. Meanwhile, my legs have begun their typical eggbeater motion, whipping the bedclothes into a cottony froth.

“George!” I call up into the intercom. His colleague arrives at my door, and I tell her that I must go outside for air. With an even expression, she walks me to the clinic’s door and tells me to take five minutes and not to stray from the front door. Do they really think I’ll run down the street screaming, with my wires trailing? (I understand later when Biju tells me that the control box is not allowed outside the building.)

/ 1:30 AM /

In a rage, I pull the tube out of my nose and the oximeter off my finger and cross the room. I’m rummaging around in the bottom of my bag when Biju’s colleague comes to my door. “You OK?” “I’m really sorry. I can’t settle down.” Then I tell her that I just broke down and took a third of a Xanax. Will that ruin the study?

“Not at all,” she says. “We just need to know so we can put it on your chart.”

/ 1:45 AM /

Thanks to the Xanax, I sleep like a baby.

/ 7:00 AM /

Biju’s colleague arrives, knocks briskly and unplugs me. I am dazed

NEW SLUMBER SOLUTIONS

You may feel as though you've tried every trick, from sound-muffling curtains to strange herbs. But you may not be aware of these strategies. Experts say they really work.

1 COOL YOUR CORE. Scientists at the Center for Sleep Medicine at New York Presbyterian Hospital/Weill Cornell Medical Center are studying a new technique to help insomnia: Breathe deep and visualize your hands and feet getting warmer. This will cause blood to go there, away from the core. The combination of warm extremities and a cooler core can help bring on sleep.

2 EAT FOODS RICH IN B VITAMINS, including bananas, sunflower seeds and avocado. They help the body produce sleep-inducing tryptophan, says Kathleen Hall, PhD, founder of the Stress Institute in Atlanta.

3 TEACH PETS TO SLEEP IN A SEPARATE ROOM, says Nikos Linardakis, MD, author of *Ten Natural Ways to a Good Night's Sleep*. A recent survey by the Mayo Clinic Sleep Disorders Center found that among patients with pets, 53 percent reported that they disturbed their sleep every night.

4 LOSE THE BLUES. The blue end of the light spectrum suppresses your body's production of sleep-inducing melatonin. "So if you keep the lights on around your house in the hours before bedtime, it can interfere with your ability to get drowsy," says Rubin Naiman, sleep specialist at the Program in Integrative Medicine at the University of Arizona. Install low-blue lightbulbs or wear special amber-lens glasses, which block blue light (both are available at lowbluelights.com), in the evenings.

—DEBORAH SWANEY

but hopeful. I can't wait to hear what the data will reveal.

11 DAYS LATER

/ 3:45 PM /

"Put me to sleep, doctor," I say cheerily on my follow-up visit with Dr. Thorpy when he opens my chart.

But my smile soon fades as he explains that the extensive charts and graphs in the folder reveal little beyond what I already suspected.

"You have a small bit of breathing disturbance," he says. In fact, he tells me that I snored only lightly for a short time and I woke briefly twice in the early morning but my oxygen level stayed normal. So all signs indicate that I do not have apnea. I feel a funny mix of relief and disappointment. He does recommend I see an ear, eye, nose and throat specialist to further check for obstructions, but he adds that behavior modification (such as learning to sleep on my side) should help with the snoring.



So insomnia is clearly my main bedevilment, as I suspected, and the restless legs don't help. Thorpy writes out a prescription for Mirapex, one of the new RLS drugs on the market, and I commit to trying it for several weeks. I wait for him next to scribble down what will take away my sleeplessness. Then he breaks it to me: There is no one-size-fits-all cure for the many types of insomnia that plague people. The good news is that various treatments can help and sometimes even cure it.

We should start with cognitive behavioral therapy, he thinks. My heart sinks as my hopes for an instant cure dissolve. Nonetheless, I go next door to visit with Shelby Harris, PsyD, the therapist. Cognitive behavioral therapy offers a nondrug treatment based on learning simple tools that improve sleep. It helps patients understand the psychological and behavioral aspects of their sleeplessness, a

prerequisite for penetrating the mystery of insomnia. Worry during the day or before bedtime about being able to fall asleep can hurt one's ability to do so. So can poor pre-sleep behaviors (such as drinking alcohol or caffeine, smoking or taking naps), which can cause a "sleep-wake body clock" that needs resetting.

Harris asks what I do right before sleep and then enumerates all the things *not* to do. My list and hers are virtually the same: paperwork, computer work, phone calls, TV, engrossing conversation. Harris suggests I give myself a quiet and even solitary hour to wind down in dim light before bed. I could try relaxation exercises, soothing music or light reading. Regular exercise in the late afternoon or early evening and a strict sleep schedule are also musts.

Harris sees women with sleep disorders for between four and 12 sessions. After that, Thorpy or another

doctor may augment the process with a prescription sleep aid.

On my way home, I mull over my situation. I'm disappointed that charting my brain activity didn't help the doctor come up with a definitive answer and a simple solution. Finding a way to get a good night's sleep seems to be up to me. Insomnia's cure—or at least treatment—will simply be a commitment to change, through a possibly plodding process requiring patience, commitment and the willingness to reconsider my behavior up to the threshold of sleep.

So I'm trying, little by little. No shuffling stacks of paper from one spot on the bed to another. No Internet, no late-night TV, no arguments. Just relaxing and getting in bed in the dark. But wait! I need to research flights to London. I forgot to answer that e-mail. Oy, pass the Lunesta. **M**

—ADDITIONAL REPORTING BY S. KIRK WALSH