

SLEEPING WITH THE ENEMY

Students learn nighttime sleeping habits may have serious medical explanations

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Staff writer

Dark circles under the eyes, sluggish behavior and incessant yawning are all signs that a person has had disrupted sleep.

For college students, occasional all-nighters and sleepless nights attributed to ingesting immense amounts of Dr Pepper or cappuccino are fairly common.

But for some people, disturbed sleep is a problem that can invade their lives daily and for which they can find no relief.

Dr. David Earnest, an associate professor at the College of Medicine, said as the aging process progresses, the risk of developing a sleep disorder increases.

"If you look at the statistics, sleep disorders are one of the leading causes of institutionalization in the United States," he said. "Almost one-third of people 65 or older have some sort of sleep disturbance."

The "International Classification of Sleep Disorders" (ICSD), published by the American Sleep Disorders Association, divides sleep disorders into four main categories: (1) dyssomnias, (2) parasomnias, (3) sleep disorders associated with medical and/or psychiatric conditions and (4) proposed sleep disorders.

The first category, dyssomnias, includes insomnia (difficulty sleeping) and apnea (the cessation of airflow during sleep).

The authors of "The Concise Guide to Evaluation and Management of Sleep Disorders" divide insomnia into three groups: transient insomnias, which last for several days; short-term insomnias, which can last up to three weeks; and chronic insomnias, which continue for more than three weeks.

Martin Reite, John Ruddy and Kim Nagel, medical doctors involved with the diagnosis and treatment of sleep disorders, write that transient insomnias may be related to stress, high altitudes or changes in sleeping patterns, related to shift working and jet lag.

Earnest said students who engage in late-

night socializing or studying also may experience transient insomnia because the body cannot stay in sync with the dramatic shifts in schedule.

"While most people don't have truly biologically-based sleep disorders," he said, "many people develop abnormal sleep-wake patterns that are disruptive."

The more prolonged short-term insomnias are caused by severe stress, such as major surgery, serious family or relationship problems

and significant loss.

Unlike transient and short-term insomnias, the causes of chronic insomnia are more elusive.

"The differential diagnosis and effective treatment of chronic insomnia can challenge the most skilled clinician," Reite, Ruddy and Nagel write.

"With chronic insomnia ... the primary cause is rarely immediately apparent, and the likelihood of more than one cause is significant."

If left untreated, sufferers of chronic insomnias may begin to experience chronic fatigue, impaired daytime performance and excessive daytime sleepiness.

Earnest said lack of sleep can cause a significant drop in a person's mental performance.

"The main result of sleep deprivation is that normal, physical and mental activity becomes less and less optimal," he said.

Earnest said people who return to sleep after having been deprived will experience REM (rapid eye movement) rebound, which means they will go immediately into REM sleep. Nor-

mally, REM sleep lasts only a short amount of time and is one of the later stages of sleep.

To treat insomnia, doctors often prescribe medication and encourage good sleep hygiene, which includes establishing a regular sleep pattern and avoiding poorly-timed alcohol and caffeine consumption.

Another common sleep disorder in the dys-somnia family is apnea, which is characterized by persistent sleepiness and fatigue.

sleep apnea patients snore loudly at night."

Treatments for sleep apnea include weight loss, drug therapy, surgery of the upper airway and continuous positive airway pressure (CPAP).

CPAP requires the patient, during sleep, to wear a mask that maintains a column of air opposing the passive collapse of the walls of the upper airway.

Williams, Karacan and Moore write that because sleep apnea syndromes are the result of abnormal events during sleep, it is mandatory that patients be studied during sleep.

"It may be easy to diagnose sleep apnea in severe cases," they write, "but evaluating its potential risk to the patient is difficult without all-night monitoring."

The second category of sleep disorders, parasomnias, includes sleepwalking, sleep talking and sleep paralysis.

According to Reite, Ruddy and Nagel, sleepwalking is more common in children, but adult experiences with sleepwalking do occur.

"Surveys have estimated that 0.5 percent to 2.5 percent of adults sleepwalk," they write. "Childhood somnambulists usually grow out of the condition by adolescence."

Sleepwalking is highly hereditary. "The Concise Guide to Evaluation and Management of Sleep Disorders" reports a child who has two parents who sleepwalk has a 60 percent chance of developing the disorder.

Sleepwalkers should protect themselves by installing appropriate locks on doors and windows and by sleeping on the first floor.

More severe cases of sleepwalking may require psychotherapy, behavior therapy or hypnosis. For people with potentially dangerous sleepwalking, medication is the suggested treatment.

Another parasomnia disorder is sleep paralysis, which Reite, Ruddy and Nagel define as a transient period of awakening from sleep during which the subject is unable to move or speak.



Robert L. Williams, Ismet Karacan and Constance A. Moore, authors of "Sleep Disorders: Diagnosis and Treatment," divide apnea into three categories.

Central apnea is the cessation of airflow lasting 10 seconds or longer.

In obstructive apnea, airflow ceases despite persistent respiratory effort, and mixed apnea is a combination of the other types of apnea.

This disorder is defined as the cessation of airflow and respiratory effort at the beginning of the episode, followed by resumption of respiratory effort, but not airflow in the latter part of the episode.

Williams, Karacan and Moore write that apnea patients often complain of deteriorating memory, personality changes, morning headaches and morning nausea.

"A patient's daytime activities can be severely impaired by irresistible urges to sleep, which result in occupational or driving accidents ...," they write.

"Family members report that obstructive

PLEASE SEE SLEEP ON PAGE 4.

Sketch

By Quatro



Timel & Lewis

By Mell



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"If I could change anything about A&M, it would be the bus system. They're never on time, they're always overcrowded and they're very inconsistent."

— Kelli Thorinburg
Sophomore speech communications major

Ewe Hall

By JED



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