

FREQUENTLY ASKED QUESTIONS ABOUT SLEEP

Q: How long should I be sleeping?

A: Each individual requires a different amount of sleep. Most adults require about 8 hours per night while others only need 6, yet some need 10. Each person's sleep requirement is determined by how many hours of sleep are needed to feel alert during waking hours.

Q: What should I do if I just can't fall asleep?

A: If you haven't fallen asleep within 20 minutes of going to bed, you should get out of bed and leave the bedroom to avoid becoming anxious about not being able to sleep. Try to read something boring or less interesting to help promote sleep. Only return to your bed when you feel sleepy. Turn clocks away from you so that you don't watch the clock and become even more anxious if it still takes some time to fall asleep.

Q: Why can't I fall asleep?

A: There can be many reasons you are unable to fall asleep, but here are some ideas that help promote sleep: Try to avoid caffeine, alcohol and tobacco after lunch. Exercise daily but not close to bedtime. Get up at the same time every day, including weekends or days off. Limit or avoid napping. If you do nap, limit yourself to 30 minutes in the early afternoon only. Get out of bed if you can't fall asleep and move to another room until you become sleepy, and return to bed.

Q: What can cause insomnia?

A: Insomnia can be influenced by many factors such as anxiety, depression, poor sleep environment, irregular work hours, excessive caffeine, excessive nicotine, medical conditions, or prescribed medications. Some sleep disorders such as obstructive sleep apnea, restless legs syndrome or periodic limb movements in sleep can also cause insomnia.

Q: Why can't teens fall asleep earlier in the night?

A: Most teens can't go to bed early because their circadian rhythm (internal clock) is altered by hormones resulting in a sleep phase delay. This means they have a tendency towards a later bed time and wake times.

Q: How little sleep can I get by with?

A: There is no magic number. The amount of sleep our bodies need on a regular basis to perform optimally while awake is different for everyone. If you are feeling sleepy during the day or have trouble remaining awake to do your daily activities, you probably are not getting enough sleep. Sleepiness can be due to lack of enough hours of sleep or to a sleep disorder.

Q: Why do I snore?

A: While you are asleep, the muscles of your throat relax, your tongue falls backward, and your throat becomes narrow and "floppy." As you breathe, the walls of the throat begin to vibrate. These vibrations lead to the characteristic sound of snoring. The narrower your airway becomes, the greater the vibration and the louder your snoring.

Q: Is snoring normal?

A: Snoring can be harmless for some people. If you have been told you snore or your snoring disturbs others, you should consult your physician. Snoring along with excessive daytime sleepiness, morning headache, weight gain, awakening in the morning not feeling rested, or changes in your level of attention are all signs and symptoms of sleep apnea and should be discussed with your physician.

Q: What is sleep apnea?

A: Sleep apnea or obstructive sleep apnea (OSA) is a sleep-related breathing disorder that causes you to stop breathing for periods of time while you are sleeping. Sleep apnea occurs when the tissue in the back of the throat partially or fully collapses and blocks the airway. This prevents air from getting into the lungs. The blockages can occur a few times a night or several hundred times per night.

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Q: How is sleep apnea treated?

A: Obstructive sleep apnea is best treated by Continuous Positive Airway Pressure (CPAP). Depending on the severity of the sleep apnea, alternative treatment options include oral devices and various types of surgery.

Q: What is CPAP?

A: Continuous Positive Airway Pressure (CPAP) is a device that is worn by patients who have been diagnosed with sleep apnea. Positive pressure is delivered through a mask worn over the nose or nose and mouth. The air gently blows into the back of the throat and keeps the airway open so you are able to continue to breathe as you sleep. CPAP is considered the gold standard for OSA treatment.

Q: What is an oral appliance?

A: An oral appliance is a dental mouth piece that fits like a sports mouth guard in your mouth. It is worn while sleeping. It can be used to treat snoring and obstructive sleep apnea. The appliance prevents the airway from collapsing by either holding the tongue or moving the jaw forward in position. Oral appliances are custom made for individual fit.

Q: How does surgery treat sleep apnea?

A: Most surgery options reduce or eliminate the tissue in the throat. These surgeries focus on areas of the throat such as the soft palate, uvula, tonsils, adenoids and the tongue. More complex surgery can be done to adjust the bone structures such as the mouth, nose and facial bones.

Q: What does a sleep center room look like?

A: The monitoring room usually looks more like a hotel room or a typical bedroom more than a hospital room. Each room is equipped with a video camera and intercom system. The video camera is used by the technologist to monitor the position you are sleeping in and to ensure safety in some types of sleep disorders. The intercom system allows for communication between the patient and the technologist during the study.

Q: What will be monitored during the study?

A: A sleep technologist will record many biological functions during your sleep. Your brain wave activity will be monitored to help determine when you are awake and the stages of sleep you enter into during the night. Your eye movements, muscle tone, heart rhythm, breathing patterns and leg movements will also be monitored. Sensors will be applied to your head, chest and legs.

Q: What is a polysomnogram?

A: A polysomnogram (PSG) is the medical term for a non-invasive, pain-free procedure that usually requires an overnight stay of one or two nights in a sleep facility. Scheduling adjustments are made for people who work at night and sleep during the day. Polysomnogram is the technical term for a “sleep study”.

Q: What questions should I ask before I come for my study?

A: Here are some examples:

- Does it matter if I take a nap the day before or the day of the study?
- Should I refrain from drinking coffee, tea or other caffeinated products or energy drinks? If so, for how many hours before my test?
- What can I eat before the study? In addition to caffeinated products, are there any other foods/beverages that I should avoid? Can I bring snacks to the sleep center?
- Should I continue my prescription and non-prescription medications, dietary or herbal supplements? How long before the sleep study should these be discontinued if they need to be?
- What should I bring to wear?
- Can a family member or friend stay with me during the study?
- On the day of the procedure, should I change my cosmetic, skin or hair care routine?
- Are personal comfort items, such as pillows, slippers or robe, allowed? Am I allowed to read a book before falling asleep?

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- What time will I be able to leave?
- May I take a shower and dress for work the morning after the study?
- Will I be able to discuss the results of the study with my doctor before leaving the facility?
- Who will be providing my follow up care regarding my sleep problem if I have one?

Q: What happens after the sleep study?

A: After the sleep study has been recorded, the data is tabulated and reviewed by a technologist and presented to a physician for interpretation. Your physician will receive a report to review with you.

Q: When do I get my results?

A: Some sleep centers offer the patient the opportunity to see a physician and review the results after the study is completed, prior to the patient going home. If results are not given prior to leaving the sleep center, a follow up appointment with a physician is scheduled usually 1-3 weeks after the study. Results will be reviewed during the office visit.

Q: How do I know if I should be evaluated for a sleep disorder?

A: To determine if you might benefit from a sleep evaluation, ask yourself the following questions:

- Do people tell you that you snore?
- Has anyone ever told you that you have pauses in breathing or that it sounds like you gasp when you sleep?

- Are your legs “active” at night? Do you experience tingling, creeping, aching or other strange feelings in your legs while sitting or lying down that cause a strong urge to move, walk or kick your legs for relief?
- Do you regularly have difficulty getting to sleep or staying asleep?
- Are you so tired when you wake up in the morning that you have difficulty functioning normally during the day? Do you fall asleep watching TV or driving?
- Does sleepiness and fatigue persist for more than two to three weeks?

If you answered yes to any of these questions, a complete sleep evaluation should be considered and discussed with your physician.

Q: Will my sleep study be covered by my insurance?

A: Because there are many different insurance plan providers, it is recommended that you contact your insurance company prior to the study.