



SLEEP DISORDERS AUSTRALIA

Information about sleep disorders
and where you can find
help and support.



SDA

17TH EDITION

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Message from the Board

Sleep Disorders Australia (SDA) is the peak patient body for sleep disorders in Australia. SDA is a voluntary Not for Profit organisation that was established in 1994 from the amalgamation of the various State groups dealing mostly with sleep apnea. SDA now provides information and offers support and assistance to people and their families who are living with a range of sleep disorders. SDA advocates for the needs of people with sleep disorders and raises awareness of sleep disorders and the significance they can have on the lives of those affected by them. We work with a range of sleep health professionals, organisations, research centres and peak bodies to help us achieve our goals.

It is our mission to improve the lives of people with sleep disorders and problems associated with sleep. To raise awareness of sleep disorders and their significance and to encourage and support the prevention and treatment of sleep disorders.

To enable us to reach our goals to the best of our ability we need a broad membership base to help us better understand what those 'interests' are. To enable us to reach our goals to the best of our ability we need a broad membership base. Becoming a member of SDA will not only allow us to continue to do the work we do, it will give you the opportunity to have your voice heard.

SDA does not receive funding; we rely on memberships and donations to help fund the work we do. Members are important to SDA. In return for their loyalty and support, we listen to their concerns and suggestions.

Please join us and help us make a difference in the lives of those affected by sleep disorders.

For more information about how you can become a member of SDA go to page 4 of this booklet or our website www.sleepoz.org.au/support-us

DISCLAIMER

Information provided in this booklet is general in content and should not be seen as a substitute for professional medical advice. Concerns about sleep problems or other medical conditions should be discussed with your family doctor.

Join Sleep Disorders Australia

SDA does not receive funding. We rely on membership and fundraising including donations from the community to help fund our programs. Your membership will help us continue to advocate for the needs of people with sleep disorders and to provide support and information to the community through its support services and ongoing education and awareness programs. We would very much appreciate it if you would consider joining and/or making a charitable donation to SDA.

Membership is available to all sufferers, members of their family, medical professionals, and any member of the public who has an interest in the area of sleep disorders.

If you have any trouble logging in to our website or using our membership system please email membership@sleepoz.org.au



TO JOIN SDA or to MAKE A DONATION

You can join SDA and donate via our website sleepoz.org.au

You can also donate via cheque. Please send your cheque to:

Sleep Disorders Australia
PO Box 5278, Algester Qld 4115

Other payment options include:

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BSB 062 240
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treasurer@sleepoz.org.au

Please use your surname as the payment reference.

SDA is endorsed by the ATO as an income tax exempt charity and has endorsement as a Deductible Gift Recipient. All donations \$2 and over are tax deductible.

SDA is a not for profit organisation that is ran by volunteers. If you have time to spare, some relevant experience and would like to help make a difference in the lives of people with sleep disorders please consider volunteering with us.

We need people with a range of skills that could come from experience in the sleep medicine industry, committee or not for profit management, general administration as well as graphic design and social media management.

WE NEED VOLUNTEERS

All work done for our national head office can be done remotely ie: you can do the work from home providing you have access to a reliable computer and internet access. If you are interested please contact us at admin@sleepoz.org.au

SECOND HAND CPAP MACHINES

SDA's website provides a platform for people to advertise their second hand CPAP machines for private sale. If you can't afford a new machine, you might find a solution here. Please note that all second hand CPAP machines should be serviced and calibrated to your prescription by an authorised dealer before use.

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*caused by excess mucus
^IRI Scan Data MAT 6/6/21

Always read the label. Follow the directions for use. If symptoms persist, talk to your health professional.

Excessive Daytime Sleepiness – Finding the Cause

Excessive daytime sleepiness has a significant impact on quality of life. People with daytime sleepiness struggle with social, academic and work demands, they are at risk of motor vehicle and workplace accidents and generally have poorer health than comparable adults.

Accurate diagnosis is important, not only because of the negative impacts of sleepiness and its root causes on health and social function but because excessive sleepiness is generally remediable with appropriate treatment. The list of possible causes of excessive daytime sleepiness spans virtually every major area of medicine, neurology and psychiatry. A clear, detailed history is invaluable in negotiating these numerous diagnostic considerations.

Following is a list of known causes and routine tests to assist patients and doctors when considering the cause of excessive daytime sleepiness.

Please note: there are numerous possible causes, this is by no means a complete list. It is only intended as a guide to assist you and your doctor find the cause of your excessive daytime sleepiness.

CAUSES OF DAYTIME SLEEPINESS	
Sleep Disorders	
Behavioural sleep deprivation	The most common cause of daytime sleepiness is insufficient sleep/poor sleep hygiene.
Sleep-related breathing disorders	Sleep apnea. Residual sleepiness in treated obstructive sleep apnea. Upper Airway Resistance Syndrome.
Other sleep disorders	Includes circadian rhythm sleep disorders (Delayed Sleep Phase Syndrome, shift work disorder), REM Sleep Behaviour Disorder and other Parasomnias, Post-traumatic hypersomnia (following head trauma or illness) Insomnia, Narcolepsy. Also sleep-related movement disorders (Periodic Limb Movement Disorder, Restless Legs Syndrome).
Psychiatric	
Mental health conditions	Mental health conditions Including Depression, Anxiety, Bipolar Disorder.
Medication effects	Includes prescription, non-prescription, and drugs of abuse. *refer to list of medications on the right.
Medical conditions	
Including head trauma, stroke, cancer, inflammatory conditions, encephalitis, neurodegenerative conditions (eg: Parkinson Disease, myotonic dystrophy etc), Chronic Fatigue Syndrome, Fibromyalgia, Hypothyroidism (Hashimoto's), Ehlers-Danlos Syndrome, Arnold-Chiari Malformation, Multiple Sclerosis. Other medical conditions that are associated with sleep fragmentation can result in daytime sleepiness, including: arthritis, spondylosis, chronic pain of any nature, nocturnal angina, epilepsy, asthma, chronic obstructive pulmonary disease, alcoholism, urinary dysfunction and gastrointestinal disorders (e.g. peptic ulcer disease), gastro-oesophageal reflux and irritable bowel syndrome	

Other considerations

Hypersomnia that develops after a viral infection including mononucleosis (glandular fever/mono), or Guillain-Barre syndrome. Patients may experience fatigue and hypersomnolence and can sleep most of the 24-hour day. The outcome tends to be favourable; however, the resolution may take months or even years.

Long sleepers, also called "healthy hypersomniacs," are people who require more sleep at night than normal. They may be misdiagnosed with idiopathic hypersomnia because of extremely long sleep episodes at night. These subjects are normally alert, however, once they have obtained their required amount of sleep.

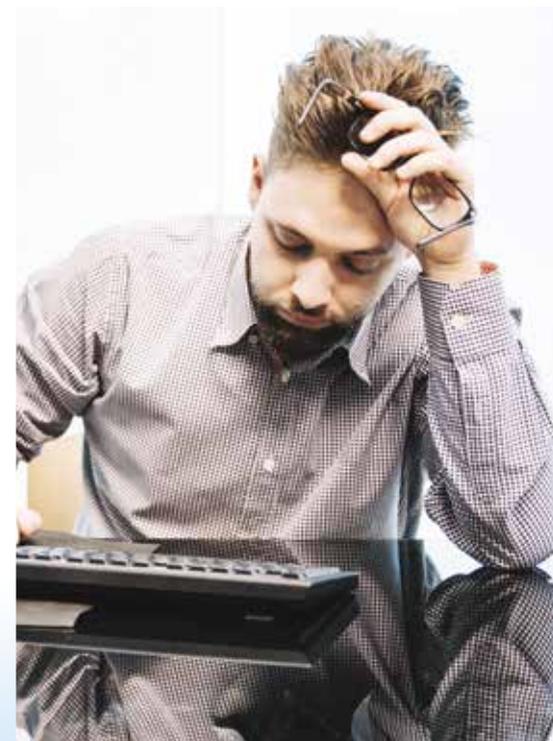
MEDICATION CLASSES COMMONLY ASSOCIATED WITH DAYTIME SLEEPINESS

- Alpha-adrenergic blocking agents
- Anticonvulsants (e.g., hydantoin, succinimides)
- Antidepressants (monoamine oxidase inhibitors, tricyclics, selective serotonin reuptake inhibitors)
- Antidiarrhea agents
- Antiemetics
- Antihistamines
- Antimuscarinics and antispasmodics
- Antiparkinsonian agents
- Antipsychotics
- Antitussives
- Barbiturates
- Benzodiazepines, other - aminobutyric acid affecting agents, and other anxiolytics
- Beta-adrenergic blocking agents
- Genitourinary smooth muscle relaxants
- Opiate agonists and partial opiate agonists
- Skeletal muscle relaxants

ROUTINE TESTS TO CONSIDER FOR CAUSES OF DAYTIME SLEEPINESS

- Thyroid tests should include: TSH, Free T3 (FT3), Free T4 (FT4), Reverse T3 (rT3), and thyroid antibodies for Hashimoto's Thyroiditis
- Nutrient deficiencies including vitamin D (25-Hydroxy), B12 and serum folate, magnesium, zinc, iodine and selenium

- Iron studies: Iron, TIBC, %Sat, Ferritin
 - Carnitine panel: free, total, esterified, esterified/free
 - C-Reactive Protein
 - Complete Blood Count
 - Complete Metabolic Panel (glucose, sodium, creatinine, etc)
- Cortisol (preferably 8 am spot cortisol or 24-hr urinary cortisol)



Sleep Apnea

Sleep apnea occurs when the airway in the throat collapses during sleep reducing airflow or completely blocking the airway. This disrupts their sleep and reduces oxygen supply to vital organs. Severe sleep apnea affects about 5% of adults. Mild to moderate forms occur in 20% of adults. Fortunately, effective treatment is available and once treated the person with sleep apnea leads a normal healthy life.

The symptoms of sleep apnea. People with sleep apnea usually snore loudly and have restless sleep. Often these symptoms are not noticed by the person with sleep apnea but by their partner. The partner may also notice pauses in breathing lasting between each pause typically ends with a very deep gasping or snoring noise as the person struggles to breathe. As a result of the problems during sleep, the person with sleep apnea may be very sleepy in the day and wake in the morning feeling unrefreshed. It can affect the person's ability to concentrate and function at work. Other symptoms which can occur in untreated sleep apnea are sore throats, chronic cough, depression, apathy, irritability, reduced libido, loss of memory and concentration and increased frequency of urination at night.

Sleep apnea affects families. Snoring and apnea can be extremely irritating and disrupt the sleep of the bed partner. These problems can aggravate, or become a focus for, marital disharmony and family stress. It is made worse by the unexplained sleepiness and lack of interest in family life of the person with apnea.

Sleep apnea is associated with heart attacks and stroke. There is strong evidence that people with moderate to severe sleep apnea die prematurely. If you have sleep apnea you are more likely to have cardiovascular disease than someone without sleep apnea.

Towards the end of each apnea cycle blood pressure may rise substantially and the heart beat becomes irregular. This may lead to high blood pressure (hypertension). If you are overweight you may also be at risk of diabetes and have high cholesterol. Taken together these risk factors result in an increased chance of the person having a heart attack or a stroke.

Sleep apnea causes motor vehicle accidents. Research has shown that people with sleep apnea are at least 4 times as likely to have a motor vehicle accident. Their performance is noticeably worse as the disrupted night-time sleep leads to a reduced ability to concentrate and increased chance of falling asleep at the wheel. When sleep apnea occurs in people who have occupations involving operating machinery or transport this can be a lethal combination.

What causes sleep apnea? There are two types of apnea obstructive apnea and central apnea. Obstructive apnea is much more common and is the result of obstruction of the airway leading from the nose or mouth to the lungs. The obstruction is usually the result of a narrowed airway which becomes partly or completely blocked when the muscles around the airway relax during sleep. Central apnea is rare and results when the signals from the brain to regulate breathing are disrupted in some way.

Who gets sleep apnea? Sleep apnea can occur at any age. Childhood sleep apnea is commonly the result of enlarged tonsils or adenoids or of some cranio-facial abnormality or severe obesity. In adulthood sleep apnea becomes more common in middle age and is more common in men than in women, although after menopause women may be at increased risk. Sleep apnea is often associated with being overweight, particularly with excess fatty tissue around

the neck. In people who are not overweight, it is likely that they have been born with a narrow airway or facial structure which leads to a narrow airway. Almost everyone who has obstructive sleep apnea snores as snoring is also the result of narrow or floppy upper airways.

How is sleep apnea diagnosed? The only way to diagnose sleep apnea is with an overnight sleep study. This can be done in the privacy of your own home. Or it can be done in a hospital while your sleep is monitored. You will need a referral from your GP or sleep physician for a sleep study.

How is sleep apnea treated? The treatment of choice for severe sleep apnea is called nasal continuous positive airway pressure or CPAP. This consists of a pump that blows air through a mask worn over the nose during sleep. The noise of the machine is generally much less obtrusive than the snoring that preceded it.

Oral appliances Oral appliances that fit in the mouth and hold the bottom jaw forward will reduce the severity of sleep apnea and are generally the first-line treatment option in patients with mild-moderate sleep apnea but require an experienced dentist to fit and monitor their effects. Surgical treatments are improving but it is important to find a surgeon who specializes in sleep apnea surgery. There is no effective drug for treating sleep apnea although a number have been tried. A number of other treatments have been marketed including devices to avoid sleeping on your back and nasal valves. These may help some people but it is very important that any treatment you undertake is supervised by a sleep physician and that if necessary a repeat sleep study is conducted to check the effectiveness. If your sleep apnea is not effectively treated you will remain at risk of

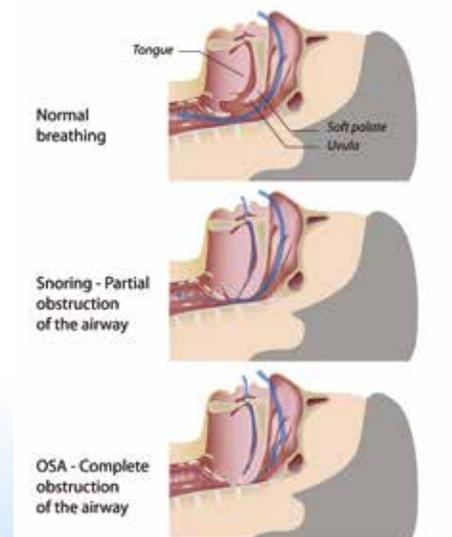
problems related to sleepiness including workplace and motor vehicle accidents.

SLEEP APNEA AND OBESITY

In many people sleep apnea results from being overweight. If this is the case, losing weight may help or even cure the apnea but before stopping CPAP treatment you should consult your sleep physician. In any case, losing weight may be the most important thing that you can do to reduce cardiovascular disease such as high blood pressure and diabetes.

THINGS TO AVOID IF YOU HAVE SLEEP APNEA

There are some things that make apnea worse and even if you are on CPAP treatment, should be avoided. Alcohol relaxes muscles and may worsen apnea as may sleeping tablets which depress the drive to breathe. It is advisable to try and maintain a regular sleeping pattern. Other things that disrupt sleep such as caffeine and eating late at night should also be avoided.



Treatments for Sleep Apnea

CPAP OR CONTINUOUS POSITIVE AIRWAY PRESSURE

CPAP is a very simple mechanical aid to help keep the airway open. CPAP prevents the airway closing by keeping a positive pressure inside the airway, a bit like blowing up a bicycle inner-tube that has become deflated. This pressure is created by blowing air through the nose and into the upper airways. This pressure is applied continuously throughout the night to prevent the airways closing. Hence the name: Continuous Positive Airway Pressure.

How is the pressure applied to the airway?

The most commonly used method for applying the pressure is by the use of a soft mask that is shaped to seal against the face or into the nose. Masks may fit over the nose only or both nose and mouth (for mouth breathers). Getting a satisfactory fit of the mask to the face is the most difficult part of CPAP treatment. Although masks have improved dramatically over the years, a number of people still have difficulty adapting to them and it is really important that you find a mask that suits you.

How long does CPAP take to work? CPAP works immediately in stopping your sleep apnea. Some people notice immediate improvement in their daytime symptoms, such as tiredness, but others find it takes some time to get used to CPAP and gain maximum benefit. If you feel that your CPAP is not working effectively you should return to your sleep specialist and get help.

Do I need to use CPAP all night? Yes. Unfortunately CPAP does not cure sleep apnea; it simply controls the symptoms by keeping the airway open. When you stop using CPAP your apnea will return as will your daytime symptoms. Recent studies show the more you use it the more benefit you gain. If you have a cold or flu you may be advised not to use your CPAP while nasal symptoms



are severe. As soon as you are comfortable with it you should start using it again.

What is humidification? Most CPAP machines have an optional humidifier, which warms and adds moisture to the air. This makes breathing more comfortable for many people and can help to prevent mouth leaks.

OTHER TREATMENT OPTIONS

While CPAP (Continuous Positive Airway Pressure) is probably the most effective for patients with severe sleep apnea, it is not well-tolerated by some people. Unfortunately, a number of people with sleep apnea do not tolerate CPAP and turn to other treatments such as surgery to the airway or an oral appliance. Oral appliances that fit in the mouth and hold the bottom jaw forward will reduce the severity of sleep apnea and are generally the first-line treatment option in patients with mild-moderate sleep apnea but require an experienced dentist to fit and monitor their effects.

ORAL APPLIANCES

Oral appliances are also called mandibular advancement splints (MAS) or mandibular advancement devices (MAD). They are worn only while sleeping. They consist of a 'mouth guard' fitted to both the top teeth and the bottom teeth. They gently hold the lower jaw forward to help open the airway by repositioning the tongue more forward. This helps to reduce the airway blockage. They fit completely within the mouth. You can speak, drink water, yawn and even kiss while wearing them. Mandibular advancement splints should be made to meticulous measurements of your mouth and jaws and this is best done by a dentist experienced in Dental Sleep Medicine.

There are a number of different styles available and a dentist experienced in the field of Dental Sleep

Medicine will advise on the most appropriate style for you. The fitting of the appliance generally requires an impression of your teeth to be taken before it is customized to your jaws and teeth. The MAS is adjusted to slowly bring the lower jaw forward and slowly reduce the sleep apnea without causing tooth and jaw discomfort. Private Health Rebates are available with Dental Extras.

Is it comfortable?

Yes! A properly fitted MAS should not cause discomfort to your teeth or gums or jaw. Most people find that an oral appliance is both more comfortable and more convenient than CPAP.

A number of cheaper 'boil and bite' products are available over the counter or from the internet. These cannot be recommended as they are poorly adapted to your teeth and can cause gum, tooth and jaw problems long term. They also cannot advance your jaw far enough to be effective in opening the airway.

If you have tried one and it did not help your sleep, you cannot compare the outcome to that of a custom made to measure appliance made by a dentist trained in Dental Sleep Medicine.

GOOD POINTERS TO TREATMENT SUCCESS:

- If your sleep is mild or moderate in severity.
- If your sleep is better on your side than your back.
- If you have a lower jaw that tends to recede.
- If you have a good amount of lower jaw movement.
- If you are in a healthy weight range.
- If you have central sleep apnea (more common in people with heart failure or a stroke), a MAS will almost certainly not work. Seek advice from your sleep specialist.



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SLEEP HEALTH & WELLBEING EXPO

SLEEP NUTRITION MINDSET EXERCISE

In order to maintain a well-balanced, healthy lifestyle it's important to give the same level of care and attention to 4 elements, known as "Pillars of Health";



SLEEP



NUTRITION



MINDSET



EXERCISE

These four pillars are our foundation for good health. If one or more of these pillars are not in place it will have a negative impact on the others. This is particularly the case with sleep.

Having a good night's sleep is important for brain function, muscle repair, and metabolism. So, even if you exercise daily and maintain a balanced diet, if your sleep is poor you may struggle to achieve your desired results. Likewise, if your mindset, diet, and exercise is compromised this can have a negative impact on the quality of your sleep. This can set off a vicious cycle that can be hard to get out of.

The Sleep Health & Wellbeing Expo is a **FREE** industry-leading event providing an unparalleled opportunity for people to discover and connect with community services, businesses, and organisations within the sleep, and allied health care and lifestyle industries. Our event is not just an expo, it will also feature a diverse and comprehensive speaker program developed by qualified sleep and allied health care professionals.

The Sleep Health & Wellbeing Expo is brought to you by



Saturday
9th April
2022

FREE!

Brisbane Conference and Exhibition Centre

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The Expo will cater to everyone from children to seniors. It will include exhibitors and speakers from all four pillars of health ie: sleep, nutrition, exercise, and mindset with a particular focus on sleep health and how it impacts overall wellbeing.

There will be giveaways, free espresso coffee AND we will provide morning tea, lunch and afternoon tea to all attendees!

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While it is a FREE event you will need to register.

To register go www.sleephealthwellbeingexpo.org.au

Insomnia

Insomnia is a common and distressing difficulty in falling asleep, going back to sleep, or waking too early.

Causes of Insomnia. There are many different causes of insomnia. Some medical conditions may cause insomnia, particularly pain, chronic respiratory problems, or other sleep disorders. Some medications such as blood pressure tablets or asthma medication, as well as substances like caffeine (coffee), nicotine (smoking) and alcohol, may trigger insomnia or make it worse. Psychiatric conditions such as depression and anxiety are common in insomnia and may cause insomnia. Other precipitating factors for insomnia include illness, loss, death of a family member/friend, financial stresses, and work and relationship issues. Even when these triggers are no longer present or reduced at least to some extent, the insomnia can continue. Insomnia can be a vicious cycle, in that the more you worry about not sleeping, the harder it is to get to sleep.

Insomnia Treatments. Just as there are many causes for insomnia, there are many treatments. In most people, the insomnia will get better by itself. If insomnia persists, the best treatment is Cognitive Behaviour Therapy (CBT) provided either individually or in a group by a psychologist or even on line through specific programs. A psychologist can help you to re-schedule your sleep and wake times, improve your sleep habits, improve stress management, and control unwanted thoughts and worries about your sleep. Information and education about sleep habits and expectations form part of most CBT programs.

The main goal of any treatment for insomnia is to break the vicious cycle that keeps the insomnia going. Attention to simple things such as getting up at the same time, going

to bed only when sleepy and comfortable, reducing caffeine and alcohol, getting enough exercise, minimizing light exposure and having some fun can help you to sleep. Ask your GP for a referral to a psychologist. A certain number of sessions with a sleep psychologist are subsidised by Medicare.

Cognitive Behavioural Therapy (CBT)

Treatment is about making both behavioural (doing) and cognitive (thinking) changes to your life and sleep. They are not easy but they work! TRY:

- Reducing the time you spend in bed. Many people compensate for poor sleep by spending more time in bed, to give themselves more time to fall asleep or go back to sleep. Unfortunately, this behaviour leads to even worse sleep. Choose and keep the same getting up time no matter what your sleep has been like the night before – this will help to re set your brain clock on a daily basis.
- Getting up and going to another room if you are unable to go to sleep or go back to sleep within around 15 minutes. Read or listen to music in dim light. When you are feeling less tense and more comfortable go back to bed and see if you can “let go” and let sleep happen. You MAY need to do this a number of times a night and for a number of nights to get your sleep back into a better pattern. Then let bed be a place where you go to when you are feeling comfortable and sleepy not a place where you are trying hard to go to sleep or are awake tossing and turning and worrying.
- If there is an underlying medical condition that is contributing to the insomnia get help from your GP to address it so that you can work on the behavioural and/or psychological cause/s. You may need a referral to a sleep psychologist to help

you do this. Psychological assistance with stress management, relaxation and controlling thoughts are key factors in “retraining in sleep” as can attention to simple environmental factors (comfortable mattress, being too hot, too cold, wearing earplugs because of noise). Information and education about sleep and expectations about sleep will help you to understand what you can do yourself to improve your sleep. Collectively these factors outlined help in promoting healthy sleep. Recent research has shown that these treatments together increase deep sleep more than sleeping tablets alone.

Sleeping Medication. Sleeping tablets may be prescribed for short-term insomnia but

may lose their effect after a few weeks. Stopping sleeping medication may result in a few nights of much worse sleep which is called rebound insomnia. It is therefore better to gradually reduce sleeping tablet use rather than stop abruptly. Make sure the risks and benefits of sleeping medications are fully discussed with your doctor.

Starting Treatment. See your family doctor first to discuss your sleeping difficulties.

Your doctor can then undertake a proper assessment, initiate treatment or refer you to a sleep disorders clinic, sleep specialist or to a sleep psychologist.



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Testimonial: "We are so glad we bought this bed for the Caravan as I was getting very sore, swollen and tired legs. My husband found great relief in his legs after driving all day and we both slept better. I find when I put my bed back into flat position it seems to stretch out my spine and it feels great." Maria, VIC



Sleep Hygiene

What is Sleep Hygiene and why does it matter?

Sleep hygiene (also known as 'healthy sleep practices') describes a range of behaviours, lifestyle and environmental factors that can improve sleep. Sleep hygiene is useful in improving sleep quantity and quality for healthy individuals across all ages and can be used as part of management plans for some sleep disorders.

There are nine key components of sleep hygiene. Some of these may be familiar to you or may even seem like common sense. Even if sleep hygiene practices sound straightforward, implementing these as part of your daily sleep routine can make a big difference to your sleep.

1. REGULAR SLEEP SCHEDULE

A regular sleep schedule means going to bed and waking up at roughly the same time each day, while aiming for 7-9 hours sleep (for adults).

Your body clock controls your internal 24-hour cycles, known as your circadian rhythm. Your body clock is responsible for telling you when it's time to be awake and alert, and when it's time to relax and sleep. This system thrives on routine, because it allows the body clock to continue running on a 24-hour cycle while controlling a lot of complex processes behind the scenes in the meantime. If you are constantly changing your bedtime, your circadian system may struggle to adjust. Maintaining a regular sleep schedule helps your body to maintain a regular 24-hour sleep/wake cycle, which in turn, will help you get longer, better quality sleep.

What can I do to maintain a regular sleep schedule?

- Go to bed and get up at roughly the same time each day. For example, go to bed at 9pm and wake up at 6am for as many days as possible, which allows enough time to get your 7-9h sleep.
- Sometimes life will get in the way of your routine, which is ok! Try to stick to your

schedule as much as possible.

- Some people, like shift workers or parents of new-born babies, may not be able to maintain a regular sleep schedule. Instead, try to incorporate as many of the other sleep hygiene practices into your routine.

2. DAYTIME NAPPING

All of us have enjoyed an afternoon nap, particularly if we haven't been sleeping well. Here are some tips and tricks to ensure that napping during the day doesn't end up impacting your night-time sleep.

While it's important to get enough sleep, having a nap at the wrong time of day may end up disrupting your sleep that night. This may leave you wide awake, or tossing and turning throughout the night, making you more tired the following day.

What can I do about daytime napping?

If you need to have a daytime nap, stick to the following:

- Aim to have your nap between late morning and early afternoon, ideally no later than 3pm. The later it is in the day, the more likely your nap will impact your night-time sleep.
- Nap for no more than 20-30 minutes, so you're less likely to enter a deep sleep. Any longer and you may feel groggy when you wake up.
- Make the most of your nap by keeping your sleep environment quiet, dark, cool, and as relaxing as possible.

3. DIET

We all know that eating a healthy diet is important for maintaining our health, but we rarely think about our diet in terms of our sleep, even though they can impact each other.

Research has shown that people who don't get enough good quality sleep are more likely to consume foods that are high in fat and sugar, be overweight or obese, and develop conditions

like diabetes. This may be because when we're tired, we reach for comforting, high-energy foods to boost our mood and energy levels. It's not only about what you eat, but when you eat as well. Eating too close to bedtime can increase the chance of indigestion during the night, while eating a large meal during the night can further impact your sleep quality.

What can I do about my diet?

- Aim to eat a balanced diet and avoid foods with high amounts of sugar, caffeine, or fat directly before bedtime while giving your body enough time to digest food (ideally 2-3h) before lying down.

4. EXERCISE

Similar to eating a balanced diet, being physically active can improve many aspects of health and wellbeing, including sleep.

Physical activity is good for our health but finding the time to exercise can be difficult. Exercise can improve your risk of heart disease, strengthen bones and muscles, and improve your mental health and mood. In terms of our sleep, exercise can influence both sleep quality and quantity.

What can I do about exercising?

- Be mindful of how much you're moving and aim to get 20-30 minutes of moderate-vigorous physical activity each day (for adults). Aim for a combination of both aerobic (e.g., walking, running, swimming) and resistance (e.g., weight lifting, pilates) forms of activity.
- Small changes to general activities can increase your daily activity, such as parking your car further away and walking the extra distance, taking a few flights of stairs instead of the lift, or scheduling work breaks to stand up from your desk and move around.
- You don't have to avoid exercise later in the day, as recent research has shown that it does not impact your ability to fall asleep or your sleep quality in the ways we once thought it did.

5. CAFFEINE

Caffeine is a natural stimulant found in a wide range of foods and beverages, including coffee, tea, chocolate, soft drinks, and energy drinks. Caffeine is the most consumed stimulant substance in the world, and because of its energising effects it can significantly impact on your sleep.

Caffeine is absorbed into your bloodstream within 30-60 minutes of consumption, leading to the release of a range of chemicals that improve your mood, energy levels, and general feelings of wellbeing. Importantly, the stimulating effects can last for several hours, which means that caffeine can impact your sleep for a while after you ingest it. Caffeine may increase the time it takes to fall asleep, decrease your length of sleep, and cause you to wake more frequently during the night. So, if you're going to consume caffeine, it's important to do it in a way that won't disturb your sleep.

What can I do about my caffeine intake?

- Healthy adults should have no more than 400mg of caffeine each day, which is about the same as two cups of coffee, three to four cups of tea, or one 500ml energy drink.
- Limit your caffeine consumption later in the day, ideally avoiding all caffeine in the 4-6 hours before bed. If you enjoy a tea, coffee, or soft drink in the afternoon or evening, switch to a decaffeinated and low-sugar version.

6. NICOTINE

Similar to caffeine, nicotine is also a stimulant. Found in tobacco, nicotine is consumed through smoking cigarettes or pipes, chewing tobacco, and certain e-cigarettes, and can have a significant impact on your sleep.

Nicotine has a stimulating effect on your body and can reach your brain in less than 10 seconds after being consumed. Nicotine activates certain nerve pathways leading to increases in heart rate and blood pressure, spikes in blood sugar levels, and the release of

Sleep Hygiene CONT

dopamine (a 'feel-good' hormone). People who regularly consume nicotine may have disturbed sleep because they experience withdrawals during the night which can impact brain activity.

What can I do about my nicotine consumption?

- Try to avoid nicotine-containing products all together, as it increases your risk of developing a wide range of health problems.
- If you do consume nicotine, limit it in the 6 hours before bed. This will give your body the chance to process the nicotine and reduce the negative effects it may have on your sleep.

7. ALCOHOL

Alcohol is a naturally occurring substance released during the fermentation of certain fruits, vegetables and grains. Consumed either for its relaxing effects or taste, most adults will drink alcohol at some point during their lives. Small amounts of alcohol can be consumed safely, however, alcohol can have significant effects on sleep.

When consumed, alcohol travels throughout the body, slowing down the central nervous system, causing the well-known relaxation effects. Indeed, some people consume alcohol to help them relax, and some research does show that people fall asleep quicker following alcohol consumption. However, sleep may be very disturbed for the rest of the night, leading to poorer quality sleep and more sleepiness the next day. This is just one of the reasons you may experience a hangover.

What can I do about my alcohol consumption?

- Consider the amount of alcohol you're consuming, keeping in mind it is recommended that healthy adults should consume no more than four standard drinks on any one day, and no more than ten standard drinks per week.
- Consider the timing of your alcohol

consumption, as it takes several hours for your body to process each drink, so try to limit your alcohol consumption in the four hours before bed.

8. BEDTIME ACTIVITIES

How you spend your time before bed can impact the quality of your sleep. It's important to be mindful of your activities in the 1-2 hours before sleep.

Everything we do sends messages to our brain about our level of activity and how we need to respond to the environment around us. This is the case right up until you fall asleep at night. It's important that you're sending the right signals to your brain to prepare yourself for sleep. If you're doing something that requires you to be alert or concentrate at bedtime, you may find it more difficult to fall asleep. It is also important to think about the use of electronic devices at bedtime. The screens of televisions, computers, tablets, and mobile phones emit 'blue light' which imitates sunlight and can trick our brain into thinking it's daytime.

What can I do about my bedtime activities?

- In the 1-2 hours before bed, avoid engaging in anything that requires too much alertness and concentration, like working or studying.
- Limit your exposure to 'blue light' from your television, phone, and computer screens in the 1-2 hours before bed. If you can't avoid exposure, perhaps due to work requirements, consider investing in some 'blue light'-blocking glasses, or change the settings on your screens to warmer tones.
- Remember that the only activities that should take place in bed are sleep, sex, or relaxation such as meditation or reading.

9. BEDROOM ENVIRONMENT

Your bedroom environment can have a big impact on your sleep, but certain factors can be

controlled to make sure you have the best sleep possible.

Sleep is controlled by a range of complex processes which function best under certain conditions. The human body is designed to sleep during night-time hours, when it is dark, cool, and quiet. Due to our modern lifestyles, these conditions may not always be met, which can interrupt your sleep, causing more awakenings, and leaving you feeling less rested the next day.

What can I do about my bedroom environment?

- Make sure your bedroom is as dark as possible. Window furnishings (e.g., block-out blinds/curtains), and covering any

sources of light in can help. Eye masks are another option if making changes to your bedroom isn't possible.

- Block out as much noise as possible. Try closing all doors and windows in your bedroom or using comfortable ear plugs.
- Make sure your bedroom is cool and well-ventilated. Ideally, your bedroom should be around 18°C, with air conditioning and/or fans being helpful. If you can't control the temperature try to avoid wearing heavy layers to bed and invest in high-quality bed linen which can improve temperature regulation and air flow.

DON'T IGNORE THE SIGNS OF SLEEP APNEA!

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Circadian Rhythm Disorders

Circadian Rhythm Sleep Disorders are a group of sleep disorders that affect the timing of sleep, characterised by an inability to sleep and/or wake at normal or appropriate times due to the dictates of the individual's biological or circadian clock.

People with circadian rhythm sleep disorders are therefore unable to sleep and wake at the times required for normal work, school, and social needs, which can severely impact their quality of life.

CIRCADIAN RHYTHM SLEEP DISORDERS INCLUDE:

Advanced Sleep-Wake Phase Syndrome - ASPS

Advanced sleep-wake phase syndrome involves a shift in the circadian rhythm that leads to a strong, sometimes irresistible need to fall asleep in the early evening, generally between 6 p.m. and 9 p.m., and wake up very early in the morning, generally between 2 a.m. and 5 a.m.

Delayed Sleep Phase Syndrome - DSPS:

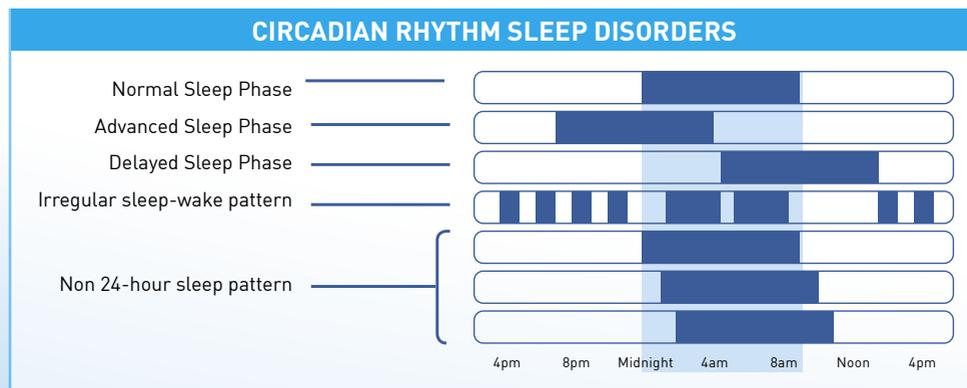
Delayed Sleep Phase Syndrome involves a shift in the circadian rhythm that is opposite to ASPS. People with DSPS are unable to fall asleep until very late at night and not wake up until much later in the day.

Irregular sleep-wake rhythm

Irregular sleep-wake rhythm is a rare form of circadian rhythm sleep disorder. It is characterised by numerous naps throughout a 24-hour period, no one main sleep episode that occurs at any time of day and irregularity from day to day. During the day, it may seem like they are sleepy because they nap so much. During the night, it may seem like they have insomnia because they are awake for long periods of time during the night. The total time asleep per 24 hours is normal for the person's age.

Non-24-hour Sleep-Wake Disorder

The sleep time of people who have Non-24-Hour Sleep-Wake Disorder shifts a little later every day. Sleep time and wake up time continue to move later and later every day. Every day, morning light and other behaviors reset the sleep-wake clock to a 24 hour schedule. Without light or if there is a fault with this clock resetting, people's sleep time will drift later and later. This is why many people who have Non-24-Hour Sleep-Wake Disorder are blind.



Restless Legs Syndrome

RLS, also called Willis-Ekbom Disease, is a neurological movement disorder characterised by uncomfortable sensations in the legs or sometimes the arms, that results in the compelling urge to move the affected limbs. It occurs in both genders, however it is more common in women. Symptoms can begin at any age, but are more common and more severe in older people. As many as 7-10% of the population are affected, with varying degrees of intensity. Up to 40% of women will experience RLS symptoms during pregnancy. There is no test for RLS, and there is usually nothing abnormal for a doctor to detect on examination.

Symptoms

People with RLS describe an irresistible urge to move the legs when the sensations occur. Usually, moving the legs, walking, rubbing or massaging the legs, or doing knee bends can bring relief, at least briefly. If the legs are not moved, they can twitch/jerk involuntarily. Symptoms are usually worse in the evening and may make falling asleep very difficult, a condition called Sleep Onset Insomnia. If sufferers do manage to fall asleep, leg movements may lead to frequent awakenings, a sense of insomnia and as a result they have unrefreshing sleep. It is easy to see why RLS sufferers complain of irritability, anxiety, and depression.

How do I know if I have RLS?

- You have a strong urge to move your legs when sensations of crawling or tingling occur.
- Your symptoms occur when you are at rest, such as sitting or lying down.
- Your symptoms decrease when you move or massage the affected limbs.
- Symptoms are worse in the evening or when trying to sleep.
- Symptoms are not attributed to another medical condition like, nocturnal leg cramps, arthritis, peripheral neuropathy.

The cause is generally unknown, however, certain factors may be associated:-

- RLS may be hereditary. There is 30-50% greater chance that you will develop RLS if your ancestors had it.
- RLS may occur during pregnancy, especially during the final trimester. The symptoms usually disappear after delivery.
- Low iron levels or anaemia may worsen symptoms. Low iron in the brain has been linked to RLS.
- Chronic diseases may lead to RLS, particularly kidney failure. Other diseases such as diabetes, rheumatoid arthritis, Parkinson's disease or damage to the nerves of the arms, hands, legs, or feet (i.e. peripheral neuropathy) may also be associated with RLS.
- High caffeine (coffee), sugar, alcohol intake and smoking may make RLS worse.
- Attention deficit hyperactivity disorder (ADHD) is common in children and adults with RLS.

Treatments If a cause such as anaemia can be identified, treating this may resolve the RLS. Otherwise, in mild cases, some people find that activities such as taking a hot bath, massaging the legs, using heat pads or ice packs, exercising, and eliminating caffeine help to alleviate symptoms. In more severe cases, medications are prescribed. Unfortunately, no one drug is effective for everyone with RLS, and a medication that is initially effective may lose its effectiveness with prolonged use. Symptoms tend to get worse over time, and it may be necessary to change medications to keep symptoms under control.

If you have concerns about RLS, you should discuss them with your family doctor.

Please note: Restless Legs Syndrome is not the same as Periodic Limb Movement Disorder (PLMD) for information on PLMD please go to our website <https://www.sleepoz.org.au/factsheets>

Narcolepsy

Narcolepsy is a chronic and incurable neurological disorder that impairs the brain's ability to regulate the sleep-wake cycle. While symptoms often start in childhood and adolescence, it can occur at any age, in any gender and with no previous history of narcolepsy in the family. Due to low awareness (even among health professionals), and misperceptions, it usually takes several years for people with narcolepsy to receive a diagnosis while even more are currently undiagnosed or misdiagnosed. This also makes it difficult to provide an exact number for people living with narcolepsy, but it is estimated to be 1 in 2000.

SYMPTOMS

While not all symptoms are experienced by or in the same way in people with narcolepsy, the main symptoms are:

- **Excessive Daytime Sleepiness:** People with narcolepsy encounter extreme sleepiness during the day and regardless of how much they sleep, never feel refreshed or recharged.
- **Cataplexy:** Episodes of muscle weakness usually triggered by strong emotions such as happiness, laughter, surprise, or anger, but can also be triggered by stress, exhaustion, over stimulation, or feeling anxious or overwhelmed. The severity and duration of cataplexy episodes varies among individuals. Some may feel their head nod, jaw slacken, or their knees buckle momentarily, while others may have a full body collapse. During a full body collapse the individual is fully conscious however they are unable to move, speak or open their eyes. While these episodes generally last a few seconds to a few minutes, they can last much longer (Status Cataplecticus). They can be very scary for the individual and depending on their surroundings, they can also be extremely vulnerable.
- **Sleep Paralysis:** The individual is unable to move for a few seconds or minutes, usually upon falling asleep or waking up.

- **Hallucinations:** People with narcolepsy can have visual, auditory, or tactile hallucinations which can occur upon falling asleep (hypnagogic) or waking up (hypnopompic). They can be both frightening and confusing.
- **Disturbed sleep and Vivid Dreams:** Because the sleep-wake cycle is different for people with narcolepsy, they may struggle to stay awake during the day but then also struggle to go to sleep and stay asleep at night. Individuals will often wake up multiple times during the night due to things like insomnia, vivid-dreams, and restless legs.

WHAT CAUSES NARCOLEPSY?

Scientists believe that Type 1 Narcolepsy (Narcolepsy with cataplexy) is caused by a lack of the chemical known as hypocretin (also referred to as orexin) in the brain. Hypocretin is an important chemical for regulating wakefulness and rapid eye movement (REM) sleep. Type 2 Narcolepsy (without cataplexy) includes some of the same symptoms as Type 1 Narcolepsy, however, its cause is unknown.

HOW IS NARCOLEPSY DIAGNOSED?

Diagnosis for narcolepsy usually includes a 24-hour full sleep study which records the patient's brain waves. The sleep study is comprised of two parts, a polysomnogram (PSG), which is the night-time component and a multiple sleep latency test (MSLT), which is the day time component where the patient is required to attempt to sleep at two hourly intervals throughout the day. The results of the sleep study combined with other medical tests and a comprehensive medical history help doctors determine whether a patient has narcolepsy.

HOW IS NARCOLEPSY TREATED?

There is no cure for narcolepsy, however some of the symptoms can be managed with medicines and lifestyle changes. It may take some time to find the best treatment as not all medicines and lifestyle changes are appropriate for everyone.

Idiopathic Hypersomnia

Idiopathic Hypersomnia (IH), sometimes referred to as Idiopathic Hypersomnolence, is a neurological sleep/wake disorder characterised by excessive sleep and daytime sleepiness. It is a debilitating condition often profoundly affecting work, education and relationships.

Most people can feel tired, fatigued and at times, excessively sleepy, particularly when they do not get enough sleep. However what sets people with IH apart, is that they experience extreme sleepiness despite getting adequate, or typically more than adequate, hours of sleep. Their sleep may be deep and uninterrupted, but it is not refreshing. Despite extraordinary amounts of good quality sleep people with IH are in an almost constant state of sleepiness.

SYMPTOMS

The main symptom of IH is excessive deep sleep. Despite adequate and often extraordinary amounts of good quality sleep (eg: 11 hours or more per night) people with IH still feel excessively sleepy during the day. Other symptoms typically include:

- Chronic excessive daytime sleepiness often resulting in long daytime naps.
- Long and unrefreshing naps. Naps are usually more than one hour long and are typically not refreshing.
- Extreme and prolonged difficulty awakening from sleep, confusion, disorientation, irritability and poor coordination, with an uncontrollable desire to go back to sleep. It can also be accompanied by automatic behaviour (performing tasks without consciously knowing it and not remembering you have done them eg: turning off alarm clocks or answering your phone). This is clinically known as "sleep drunkenness".
- Cognitive dysfunction (commonly referred to as 'brain fog'): problems with memory,

automatic behaviour, concentration and attention.

Unlike in other sleep disorders, the sleep in patients with Idiopathic Hypersomnia is normal; there are no disturbances that can account for these symptoms.

DIAGNOSIS

Diagnosing IH can be difficult as excessive daytime sleepiness can be caused by various disorders and/or conditions as well as numerous medications. A physical examination, medical tests and a comprehensive medical history are necessary to rule out all other possible causes, including insufficient sleep. Sleep studies involving a Polysomnography (PSG) followed immediately by a Multiple Sleep Latency Test (MSLT) are also carried out to exclude other sleep disorders such as sleep apnea. The sleep patterns during a sleep study in patients with Idiopathic Hypersomnia are normal.

TREATMENT AND MANAGEMENT

There are no medications specifically for Idiopathic Hypersomnia. Medications used to treat Narcolepsy, including stimulants and wake-promoting medications, are prescribed to counter the daytime sleepiness, however there are no medications currently available that assist with cognitive dysfunction or extreme difficulty waking up and sleep drunkenness. Stimulant and wake-promoting medications can be helpful to relieve sleepiness for some patients, however they are rarely effective long term. Some people with IH find a combination of medication and lifestyle changes are helpful in managing their symptoms. Lifestyle changes can be difficult to initiate (and maintain) for people with chronic illness and may need the assistance of a specialist therapist.

More information can be found at www.hypersomnolenceaustralia.org.au

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