

ACCQ SLEEP LABS

THE HYPNOS NEWS



Driver fatigue cause of killer U. S. bus crash

JOAN LOWY
THE ASSOCIATED PRESS

WASHINGTON— A federal safety board yesterday cited driver fatigue as the cause of a Utah bus crashed that killed nine and injured 43 others, but blamed inaction by another safety agency for the severity of the accident.

The National Transportation Safety Board voted unanimously to include the National Highway Traffic Safety Administration's failure to implement motorcoach safety recommendations -- which were made a decade ago -- as a contributing factor in the crash's severity.

"I am extremely disappointed watching NHTSA crawl toward the standard we have asked them to make," acting board Chairman Mark Rosenker said.

Investigators for the board said the bus was traveling 142 to 148 kilometres per hour when it ran off a highway near the town of Mexican Hat.

The bus driver, who was 71 at the time, suffered from sleep apnea and had trouble using a device to regulate his breathing while sleeping in the days before the accident.

The motorcoach was carrying 52 passengers returning to Phoenix from a ski vacation in 2008 when it rounded a bend on a two-lane highway and then careened off the road and rolled down an embankment.

Annual Reassessment for CPAP Users!



Adam Kras,
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CPAP Coordinator
— ACCQSLEEPLABS

Your continued care and the care of your patients is important to us. That is why we recommend that even the most compliant of CPAP users keep their CPAP prescription up to date. The reality is that many sleep disorders, including sleep disordered

breathing, tend to get worse as we age; it just comes with the territory. They are also very sensitive to positive and negative changes in weight and stress level, among other things. ACCQSLEEPLABS recommends annual reassessments to ensure that you are always receiving the best care and optimal performance of your CPAP unit.

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REVIEW OF RLS/PLMS AND CARDIOVASCULAR RISKS

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Evidence is reviewed documenting an intimate relationship among restless legs syndrome (RLS) / periodic limb movements in sleep (PLMS) and hypertension and cardiovascular and cerebrovascular disease. Sympathetic overactivity is associated with RLS/PLMS, as manifested by increased pulse rate and blood pressure coincident with PLMS. Causality is far from definitive. Mechanisms are explored as to how RLS/PLMS may lead to high blood pressure, heart disease, and stroke: (a) the sympathetic

hyperactivity associated with RLS/PLMS may lead to daytime hypertension that in turn leads to heart disease and stroke; (b) in the absence of daytime hypertension, this sympathetic hyperactivity may predispose to heart disease and stroke either directly or indirectly via atherosclerotic plaque formation and rupture; and (c) comorbidities associated with RLS/PLMS, such as renal failure, diabetes, iron deficiency, and insomnia, may predispose to heart disease and stroke. One theoretical cause for

sympathetic hyperactivity is insufficient A11 diencephalospinal dopaminergic neuron inhibition of sympathetic preganglionic neurons residing in the intermediolateral cell columns of the spinal cord. We cannot exclude the possibility that peripheral vascular, cardiovascular, and cerebrovascular disease may also contribute to RLS/PLMS, and mechanisms for these possibilities are also discussed.

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ACCQ SLEEP LABS are licensed Independent Health Facilities (IHF) specializing in the diagnosis and treatment of patients suffering from a wide variety of sleep disorders, including Obstructive Sleep Apnea Syndrome (OSAS), Periodic Limb Movement Disorder (PLMD), Narcolepsy, Parasomnias (Sleepwalking, Sleep Terrors, Nightmares, etc.), Chronic Fatigue Syndrome (CFS), and Fibromyalgia.

We offer medical consultative, diagnostic, and treatment services for patients of all ages (adult and pediatric). We perform both overnight sleep studies as well as daytime Multiple Sleep Latency Test (MSLT) and Maintenance of Wakefulness (MWT) studies.

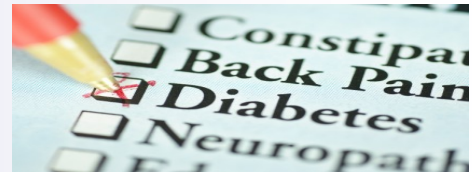
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We are dedicated to providing the highest quality of care to each patient assessed in our facilities. Our goal is to make your experience in the sleep laboratory as pleasant and as comfortable as possible.



House Call: Link exists between diabetes, sleep apnea

By Dr. Gary Goldstein
Dr. Gary Goldstein is a board-certified pulmonologist and medical director of the Sleep Disorders Center at Northwest HealthCare.



Sleep apnea occurs when breathing stops repeatedly during sleep. Often, sufferers of sleep apnea are males over the age of 40 who are overweight. Although there are a number of other diseases and conditions that list obesity as a primary risk factor, treatment for sleep apnea has a unique effect on people suffering from adult onset diabetes.

According to Web MD, sleep apnea sufferers are nine times more likely to have diabetes than those without the sleep disorder. There are other factors, such as family history, that would result in this unexpected relationship between the two diseases. But what's especially interesting is that being overweight is a risk factor that is controllable, and by losing the excess weight, the symptoms of sleep apnea and the severity of the diabetes will decrease or be eliminated completely. Many sleep apnea sufferers aren't undergoing treatment because they

aren't able to recognize the symptoms of the disease. Sleep apnea causes breathing to stop for 10 seconds or longer, and the sufferer often awakes gasping for air. Among the symptoms that could indicate sleep apnea:

- Falling asleep when you ordinarily would not, such as while you are eating, talking or driving.
- Waking unrefreshed after sleep.
- Problems with memory and concentration.
- Feeling tired.
- Morning headaches (about 50 percent of all people with sleep apnea report headaches).
- Heartburn or a sour taste in the mouth at night.
- Restless tossing and turning during sleep.
- Loud snoring. Most people with sleep apnea snore, but not all people who snore have sleep apnea.

In addition, a person's excess weight could result in fat deposits created around their airway, thereby obstructing his or her breathing. In the most serious of cases, sleep apnea can result in the sufferer waking up gasping for air dozens, even hundreds of times at night. Therefore, if you recognize any of these symptoms, you should make an appointment with your physician or a sleep specialist to get tested and start treatment.

One of the primary treatment options for sleep apnea is called continuous positive airway pressure (CPAP). Most often used for patients whose sleep apnea is caused by a collapsed airway, CPAP involves hooking a mask and hose to the patient and forcing air into the collapsed airway to keep it open.

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