TREATING SLEEP PROBLEMS IMPROVES CONDITIONS NOT TYPICALLY CONSIDERED BY MOST PHYSICIANS.

Over the past decade there have been a tremendous number of Sleep Testing centers popping up throughout the country. Most focus on evaluating patients who snore, determining if they have Obstructive Sleep Apnea (OSA), a condition associated with collapsing of the airway during sleep. Once diagnosed, these patients are typically placed on a breathing device called Continuous Positive Airway Pressure (CPAP) for the treatment of their OSA. Typically a second sleep study is performed to determine the best settings for the CPAP machine. Most centers take the basic approach and utilize methods that are rooted in standards developed more than 30 years ago, at a time when less was known about sleep abnormalities. As a result, many patients who have abnormalities during sleep are not accurately diagnosed and patients are left without an effective treatment plan. Many patients have a subtle breathing problem during sleep known as Upper Airway Resistance Syndrome (UARS). Patients with UARS have normal oxygen levels throughout the night and do not stop breathing. However, they work harder to breathe and the increased effort causes brief disruptions called micro arousals. Recently accepted minimum standards in the field miss out on the identification of many abnormalities such as UARS. Some centers differentiate themselves in their ability to properly diagnose and treat patients with sleep disturbances by using highly refined approaches and assessing more sensitive parameters during sleep. Additionally, many conditions not typically thought to be rooted in abnormalities of sleep are now recognized and treated more effectively. In Houston, Jerald H. Simmons, MD, a Triple Board-Certified Neurologist specializing in sleep disorders, directs several sleep centers that clearly stand out from the crowd. His centers use methods beyond what is required by sleep centers for accreditation. Dr. Simmons points out that “Every path has a starting point and we learn new things along the way. It is great that the field of Sleep Medicine is developing standards but unfortunately the current standards fall short of being able to properly diagnose and treat patients with complicated conditions. By identifying subtle abnormalities using extra measures, we have been successful in providing care to patients previously left struggling by the health care system.” The following conditions now known to be related to disturbed sleep are improved dramatically when the underlying sleep disturbance is treated.

Attention Deficit Hyperactivity Disorder (ADHD)

Problems with sleep can result in difficulties with concentration and the ability to stay focused during the day. People can have symptoms that have been labeled as Attention Deficit Disorder (ADD) or ADHD. Treating with stimulant medications such as Ritalin or Adderall, provide improvement by stimulating a fatigued, untested brain. However, by first treating the underlying sleep disturbance, those with poor sleep have demonstrated improvement in their ADD / ADHD symptoms. In many cases, people who have been previously placed on stimulant medications can be successfully taken off of them after the sleep problem has been properly diagnosed and treated.

Bruxism / Temporal Mandibular Joint Disorder (TMJ) Disorder

There are many causes for morning headaches but a common cause for recurrent morning headaches is OSA or UARS. Many of these patients also have bruxism during sleep (grinding or clenching the teeth at night) and this can lead to TMJ Disorder. It is now known, from research conducted by Dr. Simmons, that bruxism during sleep helps keep the airway open by keeping the tongue and jaw forward. This is the body’s attempt to prevent blockage of the airway and OSA or UARS. By treating the airway problems during sleep Dr. Simmons and his dental colleague Dr. Ron Prehn, Dental Sleep Specialist, have demonstrated improvement in Bruxing and TMJ pain. Additionally, Dr. Simmons frequently treats patients that have OSA or UARS with Dental appliances as an alternative to the CPAP machine, when appropriate. He is performing pioneering research on the use of combined treatment approaches using both CPAP with dental appliances. For many of Dr. Simmons’ patients requiring CPAP, Dr. Prehn provides custom CPAP masks that are held on the face using a special dental appliance, thus eliminating the need for straps on the head and chin.

Fibromyalgia and Chronic Fatigue Syndrome

Most patients with fibromyalgia have poor sleep. By treating their sleep, the symptoms of Fibromyalgia frequently improve. Signals from pain nerve fibers throughout the body constantly send a low level of signals to the brain, but normally the brain filters out these low level signals. However, when the brain is not rested, these signals are not properly filtered and result in pain. Treatments geared to improving sleep continuity restore the brain’s pain filter mechanism and pain symptoms resolve. The underlying sleep disturbance causing this is not always identified by sleep centers and the treatment opportunities are missed. Many of these patients have UARS (described above). Also, patients labeled with Chronic Fatigue Syndrome actually may have a sleep disorder that has been missed, as the cause, and again UARS can be at the root of the problem. Once the sleep disturbance is properly treated, fatigue resolves.

The sleep centers directed by Jerald H. Simmons, MD utilize advanced methods to properly diagnose and treat patients with conditions previously undiagnosed.