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MARCH 2010

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MEDIA PLANET

LIVING WITH CLARITY

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Publisher: Jim Glonke
jim.glonke@mediaplanet.com
Ryan Zoellick
ryan.zoellick@mediaplanet.com

Contributor:
Sally Wadyka

Designer: Carrie Reagh
carrie.reagh@mediaplanet.com

Photos: ©iStockphoto.com

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jason.howell@mediaplanet.com

www.mediaplanet.com



Why is Everyone Talking About Sleep?

No matter where you've looked recently, sleep is in the headlines. We've learned that speed skater Apolo Ohno's daily Olympic training regimen had him in bed at 9:00 pm and included 9½ hours of sleep nightly.

Former President Bill Clinton publicly resolved to get more sleep after undergoing an operation to repair a clogged artery attributed in part to his poor sleep habits. Former Secretary of the Treasury Hank Paulson recently revealed that he was so sleep-deprived during the Fall 2008 financial meltdown that he confused billionaire investor Warren Buffett with his mother's handyman.

Whether you are an Olympic athlete, a former president or a crisis manager trying to head off impending disaster, how well you sleep makes a major contribution to your performance. Sleep does wonderful things for our bodies.

It rejuvenates our cells, consolidates our memories and may help us lose weight. It is as important to our health as exercise and a good diet, but we don't often give it the same attention. That's why our mission at the National Sleep Foundation is to educate people about how to improve their sleep—so that when they're awake, they can feel their healthiest and perform their best.

Getting enough sleep is also important to our safety. When you're exhausted, it's easy to fall asleep at inappropriate times. This might not alarm you if you fall asleep when you're watching TV, but if you're strapped in the driver's seat of your car, it could be

tragic. If you need to go somewhere but feel drowsy, take a nap or have some caffeine about 30 minutes before you get behind the wheel, or better yet, ask someone else to drive. Constant fatigue can be a warning sign that something is amiss with your health, so take it seriously, and bring it up with your doctor.

Getting enough sleep can also help your kids do better in school. Kids and teens need more sleep than adults, but because of early school start times, they don't always get the amount of sleep that their bodies need. Inadequate sleep is associated with attention deficit-like symptoms, depression, crankiness, low self-esteem and poor grades. Getting enough sleep can help alleviate these problems, so make sure your children get the amount of sleep they need.

If you or a family member aren't getting enough sleep, try something new. Start with transforming the bedroom into a "sleep sanctuary." Make sure the room is quiet, dark, cool and dust-free.

BY: THOMAS J. BALKIN, PHD, CHAIRMAN,
NATIONAL SLEEP FOUNDATION

Choose a bed that's "just right" for you. Create a relaxing wind-down routine, like taking a bath, reading or meditating. And train yourself to associate your bed with sleep. This means, work at your desk, not in your bed, and cart your TV into the living room.

You can make a difference in your life by making sure that you get enough sleep. Visit the National Sleep Foundation's website, www.sleepfoundation.org, for more information on healthy sleep habits and sleep disorder symptoms. If you have tried improving your bedroom and changing your habits and are still excessively sleepy, or if you've been told you have a sleep problem, check out the National Sleep Foundation's listing of sleep professionals in your area.


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Your Wake-Up Call: Sleep Apnea Myths

BY: MARLENE PITURRO, PHD AND KIRK VAN HYNING

Snoring is a common problem that can sometimes be more than simply an auditory nuisance. In many cases, snoring is a sign of a more serious medical condition known as Obstructive Sleep Apnea-Hypopnea Syndrome (OSAHS).

OSAHS is a chronic, progressive disorder that can disrupt breathing as often as 40 to 60 times an hour or more throughout the night. In addition to leading to oxygen deprivation, OSAHS induces changes in cardiovascular function and prevents patients from entering the deep stages of sleep, even in mild cases. Sleep deprived, OSAHS sufferers often feel lethargic during the day and may also experience weight gain, hypertension, poor concentration, irritability, depression, and sexual dysfunction.

Michael Friedman, MD, Professor of Otolaryngology-Head and Neck Surgery and Chairman of Sleep Surgery at Rush University Medical Center, is an expert on OSAHS. He notes that myths abound regarding this widespread disorder: "One of the biggest myths is that the respirator-like apparatus known as the CPAP (continuous positive airway pressure) is the only available treatment for OSAHS. Many people avoid diagnosis and treatment because they

are unaware that other options for treatment exist."

In fact, Dr. Friedman points out that his studies have shown that the vast majority of patients can be treated with minimally invasive procedures which obviate the need for CPAP or aggressive surgery.

Another commonly held myth is that snoring is innocuous. According to Dr. Friedman, many people are not concerned about their snoring because they have not been observed to stop breathing. The truth of the matter, however, is that snoring, even without the complete cessation of breathing,

may be the result of a partial obstruction of airflow known as a hypopnea. Hypopnea leads to oxygen deprivation and can have the same sequelae as apnea. Dr. Friedman emphasizes the importance of diagnosis and treatment: "Patients assume they're healthy and ignore the symptoms of OSAHS, not realizing that if left untreated, they have a three times greater chance of death." He goes on to add that, in addition to minimizing the significance of snoring, patients often mistake their OSAHS symptoms for depression or fatigue.

Other myths stem from the stereotypical image of OSAHS patients as

overweight, middle-age men who snore heavily." The National Sleep Foundation estimates that six million American women have OSAHS, which often manifests as depression and sexual dysfunction. OSAHS is also quite common in children and has been correlated with hyperactivity, attention deficit disorder, poor school performance, and bedwetting," Dr. Friedman notes.

He goes on to point out that not all patients with OSAHS snore and further explains that genetic factors that determine the shape of the throat and structures such as the palate and epiglottis are the main causes of OSAHS. Thus, people of all ages, sizes, and both genders can develop OSAHS. Being overweight is a risk factor. Weight gain following successful treatment with surgery, CPAP, or a dental device can lead to recurrence of OSAHS.

In conclusion, OSAHS is a highly prevalent, serious condition that often goes undiagnosed and untreated for a number of reasons. People erroneously attribute their daytime sleepiness and lack of focus to psychological factors or simple fatigue, when they actually suffer from OSAHS. Those who do not fit the stereotype of an overweight, middle-



Michael Friedman, MD, FACS, is a professor of Otolaryngology-Head and Neck Surgery and the Chairman of Sleep Surgery at Rush University Medical Center, as well as the Chairman of Otolaryngology at Advocate Illinois Masonic Medical Center in Chicago, IL.

Dr. Friedman practices at the Advanced Center for Specialty Care which has two locations in Chicago: 3000 N. Halsted, Suite 400, (773) 296-5500, and 30 N. Michigan Ave., Suite 1107, (312) 236-3642; www.chicagoent.com.

age man who snores like a buzz saw may still have OSAHS. Early diagnosis and treatment, whether by CPAP or minimally invasive procedures, can give OSAHS sufferers a good night's sleep.

“One of the biggest myths is that the respirator-like apparatus known as the CPAP is the only available treatment for OSAHS.”

Treating Snoring And Obstructive Sleep Apnea: New Minimally Invasive Options Can Solve a Serious Problem

BY: MARLENE PITURRO, PHD AND KIRK VAN HYNING

Sleep can be frightening for the estimated 12 to 20 million American adults whose breathing is interrupted for 10 to 30 seconds as often as 40 to 60 times per hour or more throughout the night. These individuals suffer from obstructive sleep apnea (OSA), a chronic, progressive disorder that disrupts sleep and can produce changes in heart rate, blood pressure, and blood oxygen saturation.

Although most prevalent among overweight middle-aged men, particularly those who snore, other people are also at risk. According to researchers at the Cleveland Clinic Sleep Center, approximately 4 percent of adult males and 2 percent of adult females have OSA, which is roughly the same incidence as asthma. However, OSA often goes unrecognized. Undiagnosed and thus untreated, an estimated 38,000

people die annually from conditions associated with OSA, such as uncontrolled hypertension, stroke, heart attack, and cardiac arrhythmias, according to the National Commission on Sleep Disorders.

Michael Friedman, MD, Professor of Otolaryngology-Head and Neck Surgeon and Chair of Sleep Surgery at Rush University Medical Center, explains that though snoring may be common, it is never normal. Snoring is

an indication of turbulence within the airway due to partial obstruction of airflow. This obstruction results in oxygen deprivation. If left untreated, OSA can lead to numerous debilitating symptoms including fatigue, weight gain, poor concentration, sexual dysfunction, and depression.

OSA is diagnosed by an overnight sleep study. Treatment for mild OSA includes customized dental appliances, weight loss, avoidance of

alcohol and sedatives, smoking cessation, not sleeping on one's back, and nasal sprays. Continuous positive airway pressure (CPAP) therapy consists of a mask fitted to the nose and/or mouth which is attached to a machine that delivers a constant stream of air to keep the airway open as the patient sleeps. Dr. Friedman notes that only about 25 to 50 percent of OSA patients and their bed partners can tolerate the excess noise and additional disruption of the CPAP to already abnormal sleep patterns.

The limitations of CPAP therapy have led to the development of new techniques for treating OSA such as multilevel minimally-invasive single-stage treatment. Often combining

procedures such as palatal implants and radiofrequency volume reduction of the tongue base, this technique corrects a number of anatomical defects that contribute to OSA. Oftentimes, redundant soft tissue is reduced or removed to widen the airway, and nasal obstruction, if present, is corrected. Researchers led by Dr. Friedman have published the results of this new approach, concluding that multilevel minimally-invasive single-stage treatment is a valid option for selected patients with mild to moderate OSA. "This approach corrects the anatomical problems that cause OSA and improves the airflow. It has proven to be an effective long-term solution," Dr. Friedman concludes.

Sleep Apnea: Warning Signs And The Importance Of Early Detection

If you spend plenty of time in bed, but still feel dangerously drowsy during the day, you might be one of the estimated 18 million American adults suffering from sleep apnea.

"People come into my office and say that their sleep isn't refreshing, but they don't know why," explains Jaime Villanueva, MD, Medical Director of Institute of Sleep Medicine, DuPage Medical Group, Winfield, IL. "Often, their fatigue is so bad that they even fall asleep while driving."

Another clue? Your partner complains about your loud snoring—and worries about the fact that you seem to stop breathing periodically throughout the night. Severe sleep apnea is defined as stopping breathing more than 25 times an hour. The most common type of sleep

apnea is called obstructive sleep apnea. In people with this condition, the upper airway in the throat collapses while they sleep, blocking them from breathing for a period of several seconds. Less common is a type called central apnea—in which the brain ceases to give the body the signal to breathe, causing you to cease breathing for a few seconds. And some people suffer from a mixed form of apnea that is a combination of both causes.

While not breathing for a few seconds several times an hour is scary enough, it can have truly dangerous long-term

health consequences. "When you stop breathing, the oxygen levels in the brain and body go down, and that causes a cascade effect of chemical changes in the cells," explains William C. Kohler, MD, Medical Director of the Florida Sleep Institute, Spring Hill, FL. Over time, those physiological changes can lead to high blood pressure, elevated cholesterol, heart attacks, strokes and diabetes. And the daytime fatigue associated with apnea greatly increases risk of death by car accidents, not to mention making sufferers less productive, more irritable and less alert.

There are several risk factors that might predispose you to obstructive sleep apnea, and your doctor will look at these in an effort to make a diagnosis. Being overweight greatly increases the risk of sleep apnea—extra pounds will add more gravitational pressure to the throat when you lie down, shutting down that critical airway. Certain anatomical features will also predispose you for the condition. "Anything that narrows or shortens the throat—like large tonsils, adenoids or an enlarged tongue base—can cause a blockage," says Kohler.

If you and your doctor suspect you may be suffering from sleep apnea, the best way to get a definitive diagnosis—and recommendations for appropriate treatment—is to consult a sleep lab.

"A number of electrodes will monitor your brain and heart activity as well as your breathing," says Villanueva. "And since most people with sleep apnea have episodes every night, one night of observation should be enough to make a diagnosis."

“Often, their fatigue is so bad that they even fall asleep while driving.”

Bruxism: Taking The Bite Out

Some people are extremely busy all night long. Not only are they sleeping, but they are also grinding or clenching their teeth the entire time.

The condition, called bruxism, occurs in about five percent of adults. Your first clue that you suffer from the condition might be pain in your jaw or a headache upon waking. But, in most cases, it's your dentist who will give you the definitive diagnosis. "During a dental exam, the dentist will notice a significant erosion of the tooth enamel and wearing down of the teeth," says William C. Kohler, MD, Medical Director of the Florida Sleep Institute, Spring Hill, FL.

The causes of bruxism are unclear. Some studies have shown that stress and emotional distress can contribute

to the problem, but there's no definitive cause that applies to all sufferers. And when it comes to treatment, there is also no one solution that is guaranteed to help. "Various therapies have been tried, but most have not been shown to have great success," says Kohler. Drug therapies—antidepressants, tranquilizers and relaxation drugs—provide limited improvement for the problem. The most common therapeutic approach is the use of a mouth guard that goes over the teeth to prevent you from rubbing together the top and bottom teeth. The best are those that are custom-molded to your mouth by the dentist—over-

the-counter varieties won't fit as well and could irritate the mouth. "But some people can't tolerate having it in their mouths," says Kohler. "They'll take it out while asleep or some will grind so strongly they break right through it."

Trying relaxation techniques before bed might help, and one other therapy that may be worth trying is hypnosis. "It causes relaxation and reduces stress," says Kohler. And in some studies, teeth grinders treated with hypnosis have had a high percentage of success.

“It causes relaxation and reduces stress...”

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Insomnia: Why Can't I Sleep?

Almost everyone has suffered through the occasional sleepless night. Lying awake, watching the clock, tossing and turning—and no amount of counting sheep leads to the slumber you're so desperate for.

The clinical definition of insomnia is incredibly broad—encompassing anyone who, despite making an effort to get enough sleep, feels that they are not getting sufficient zzz's. But for at least 10 percent of adults, more severe insomnia is a regular bedfellow. "Chronic insomnia is defined as having trouble sleeping at least four nights a week for four or more weeks," says Gary Richardson, MD, Senior Research Scientist and Staff Physician, The Sleep Disorders Center at Henry Ford Hospital, Detroit, MI. As part of the definition, insomniacs also suffer from daytime repercussions—such as inability to

drive safely, poor performance at work, compromised mental function and irritability.

The first line of defense for anyone suffering from insomnia (whether chronic or just occasional) is to examine their sleep habits. It's important to avoid anything that energizes or wakes you up too close to bed time. That can include vigorous

exercise, video games, or even a book that's a real page-turner. Caffeine and alcohol are also no-no's for those who routinely have trouble sleeping. "There's evidence that those with insomnia are more sensitive to the alerting effects of caffeine and the sleep-disrupting effects of alcohol," says Richardson. The general rule for those with insomnia is to

avoid caffeine after lunch and alcohol after dinner.

While it can be tempting to try to "catch up" on your sleep on the weekend, for those with trouble sleeping, that approach can create more problems than it solves. The experts recommend keeping regular sleeping and waking times to prevent any changes from further disrupting your sleep cycle. And spending too much time in bed not being able to sleep can condition you for more bad nights. "You don't want to associate being in bed with a struggle to sleep,"

says Richardson. So, if you are unable to fall asleep within 30 minutes of turning in, he suggests either getting out of bed or turning on a soft reading light and picking up a less-than-compelling book.

Exercise too close to bedtime can rev you up and make it hard to sleep, but regular exercise during the day has been shown to improve the quality of sleep. And don't rule out the benefits of a warm bath. Soaking in the tub raises your core body temperature, but the body wants to conserve energy by lowering body temperature at night. "So, if your body temperature is elevated after a bath, that may trigger the brain to lower the temperature and facilitate sleep," says Richardson. A cup of warm milk or mug of herbal tea may do the same, he suggests.

“There's evidence that those with insomnia are more sensitive to the alerting effects of caffeine and the sleep-disrupting effects of alcohol.”

Unmasking Alternatives To CPAP

The gold standard of treatment for sleep apnea is continuous positive airway pressure (more commonly called CPAP). It involves wearing a mask over your nose and mouth that is connected to a machine that generates a small amount of air pressure.

It opens the upper breathing passage that is normally obstructed during sleep in those who suffer from apnea," explains Meir Kryger, Director of Research and Education at Gaylord Sleep Medicine, Wallingford, CT and past-President of the National Sleep Foundation.

But while CPAP is a near-miracle cure for some sufferers, others simply cannot tolerate it (ripping the mask off in their sleep or just not complying with its use)

and need to seek other alternatives. And for more mild cases of sleep apnea, less invasive interventions might be effective. If you are overweight, the most important treatment may be to try losing weight. "That is the best treatment for up to 70 percent of our patients," says Kryger. "For those who are obese, losing even 20 pounds can dramatically improve their apnea."

A dental device (that can be customized to your mouth by your dentist)

can help mild cases of apnea. "When you wear it, it pulls the bottom part of the jaw forward just slightly to help keep the airway open," explains Jaime Villanueva, MD, Medical Director of the Institute for Sleep Medicine, DuPage Medical Group, Winfield, IL. For people who suffer from apnea primarily when they are sleeping on their backs, positional therapy can be enough to treat the problem. "A sleeping shirt—that has tennis balls sewn into the back of

it—makes it too uncomfortable to sleep on your back, and eventually you can retrain yourself to sleep only on your side," says Villanueva.

Surgery is most beneficial when some type of abnormal anatomy is the cause of the sleep apnea. In children with large tonsils or adenoids, surgery is most often the treatment of choice. In adults, surgery can help if the problem is enlarged tissue in the back of the throat, the shape of the jaw or oversized tonsils. The key is to find an experienced surgeon who can assess the anatomy of your mouth and throat and customize a surgical approach to your specific issues.

A brand new treatment option, called Provent, is still being studied to see which patients will benefit most. The device works on the same premise as a CPAP machine, but comes in a small, unobtrusive, portable form. It's applied to the nose, with a strip of adhesive holding it in place across the bridge of the nose and air valves that sit over the nostrils. It allows you to breathe in normally, but as you exhale, the valves create a slight resistance to help keep your airway open. If it proves to be effective in most cases of obstructive sleep apnea, it might eventually allow some sleep apnea sufferers to lose the CPAP mask.

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New Help For Hearing Loss

If you or someone you love doesn't already suffer from hearing loss, you are in the minority. "At least 50 percent of those over age 50 have significant hearing loss," says Ronna Fisher, AuD, president and founder of Hearing Health Center, Chicago. And that statistic isn't so surprising when you consider two things: The world is getting noisier, and the vast Baby Boomer generation is entering their 50s and 60s by the millions. "The number one cause of hearing loss is noise, and its effects are cumulative and irreversible," says Fisher.

Protecting Your Ears

There are only two ways to avoid the hearing loss caused by noise. One is to limit exposure to loud noises as much possible. And the other is to protect your ears when you are in unavoidably noisy situations. According to Gail Gudmundsen, an audiologist and director of sales and marketing at Etymotic, even seemingly small doses of noise can have a lasting impact on your ears. "Tinnitus, or ringing in the ears, can occur from a single rock concert, and repeated exposure to that level of noise can result in a permanent loss of hearing," she says.

Your best defense is to protect your ears with earplugs whenever you are exposed to that level of noise. Products today help turn down the volume on loud noise without muffling conversation—so you can wear them at a sporting event or concert and still be able to converse with friends.

Treating Hearing Loss

When people first start to lose their hearing, they typically lose the ability to hear high frequency sounds first.

And in the past, hearing aids weren't able to amplify the high tones without also pumping up the volume on the lower frequency ones. "But now, the aids are smart enough to pick out just the high tones that people have trouble hearing and amplify those the most," says Steven Gold, MD, a neurotologist at Charlotte Eye, Ear, Nose & Throat Associates.

Digital technology has helped move hearing aids into the 21st century. "It has enabled hearing aids to work smarter," says Fisher. "They are better

able to filter out the speech from the background noise, adjust to different noise levels, and communicate from the left ear to the right to adjust sound levels as needed." From an aesthetic standpoint, the devices have gotten much smaller and less conspicuous. There's even one type that is so small that it is inserted directly into the ear canal—with no telltale pieces or wires visible.

Another innovation that has greatly expanded options for those with severe hearing loss is the cochlear implant. Unlike traditional hearing aids, a cochlear implant works both internally and externally. Part of it is implanted under the skin inside the inner ear, and another piece is attached to the back of the head where it picks up sound and transmits it to the inner part. "It sends information to the brain that it wasn't receiving before, but it's not the same as normal hearing," says Gold. "It's something the brain has to learn to interpret—almost like learning a new language. But when it's used on someone who is a good candidate, it's an amazing technology that can have miraculous results," says Gold.

"It has enabled hearing aids to work smarter... They are better able to filter out the speech from the background noise, adjust to different noise levels, and communicate from the left ear to the right to adjust sound levels..."

A Next-Generation Hearing Aid

Fewer than twenty percent of those who need hearing aids actually wear them, according to Ronna Fisher, AuD, president and founder of Hearing Health Center, Chicago. And for those who've experienced the limitations and frustrations of many hearing devices—high-pitched feedback, bad sound quality, frequent battery replacement and having to take it off to shower or sleep—that statistic comes as no surprise. That's why so many with mild to moderately severe hearing loss are turning to the innovative Lyric hearing aid, made by InSound Medical.

Unlike traditional hearing aids—that have visible pieces that attach to the outside of the ear—the Lyric is a tiny device that is placed by an audiologist inside the ear canal. "For the first time, someone can appear as if they don't have hearing loss," says Fisher. The device is designed to stay in the ear 24/7 for up to four months. Patients can adjust the volume or settings using a magnetic tool, and when the battery wears out, an audiologist can replace it during a quick office visit (no surgery or anesthesia required).

"Since the Lyric is placed next to the ear drum, it allows the ear to catch sound and funnel it into the ear canal," says Fisher. "And the hearing is better because that is the way the ear naturally functions." While it won't work for everyone (the ear canal has to be the right length and width to accommodate it), for those who are good candidates, the Lyric can improve their hearing, without any of the hassle.



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For Ear, Nose, And Throat Health, The One To See Is An Ent

Ear, nose, throat, head and neck health issues are among the most commonly experienced—and treated—disorders in the United States. Over 60 million Americans a year suffer from allergy and sinus problems, resulting in millions of medical visits. Seventy-five percent of children experience at least one episode of otitis media, a common ear infection, by their third birthday. And approximately 17 percent of adults aged 20-69 years (approximately 26 million) have suffered permanent damage to their hearing from excessive exposure to noise.

These numbers are staggering. But the ear, nose, and throat are critical to our everyday lives and well being, and there is just one medical doctor who patients can turn to for diagnosis and treatment of all these conditions. Otolaryngologist—head and neck surgeons (often called ENT physicians) are the specialists for many of these common health problems.

Otolaryngologists are able to treat problems both medically and surgically. We focus on:

The ear: Hearing loss, ear infections, ear noise (tinnitus), and balance and nerve disorders.

The nose: Chronic sinusitis, allergies,

nasal obstruction, nosebleeds, sense of smell, snoring, and sleep apnea.

The throat: Swallowing, speech, cleft palate, tonsil and adenoids, voice problems, the upper aero-digestive tract and esophagus.

The head and neck: Infectious diseases, head and neck cancers, thyroid, parathyroid, salivary glands, neck masses, and facial trauma. Reconstructive and cosmetic facial procedures are also part of an otolaryngologists' expertise.

Training to be an otolaryngologist—head and neck surgeon includes four years of medical school, five years of residency training (one year

in general surgery and four years in otolaryngology-head and neck surgery), and up to three years of advanced subspecialty training. This extensive preparation allows them to diagnose difficult medical problems and perform complex surgical procedures.

Otolaryngologists work in collaboration with other health providers, whether it's other physicians, or ancillary non-physician healthcare providers (such as audiologists, speech pathologists, physician's assistants, and nurses). Otolaryngologists often head up a team of health professionals to ensure that each person receives the

correct medical diagnosis and appropriate, individualized treatment.

The American Academy of Otolaryngology—Head and Neck Surgery represents nearly 11,000 otolaryngologist—head and neck surgeons worldwide. The organization also supports clinical and basic science research efforts, humanitarian missions, and educational efforts for members, primary care providers, and patients. To learn more about ear, nose, and throat health and to find an otolaryngologist—head and neck surgeon near you, visit the AAO-HNS website, www.entdoctors.org.

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Feeling pain, pressure, congestion, headache? Well, you're not alone. According to the American Academy of Otolaryngology, an estimated 37 million Americans suffer from at least one episode of acute sinusitis each year.

And some of those sufferers will deal with chronic sinus problems that last for several weeks at a time, or clear up only to recur again shortly.

A lot has changed in terms of the thinking behind how the sinuses work, what causes them to act up, and how doctors go about treating and preventing sinus problems. "We used to think that the sinuses were just a passive filter, and that as long as the openings were clear, you wouldn't have any issues," says Jordan Pritikin, MD, Chief of Otolaryngology at Resurrection-St. Joseph Hospital, Chicago. "Now we understand that the sinuses have a more dynamic, active function."

Sinusitis Causes

"The newest thinking is that the inflammation of the sinuses—can lead to headaches, facial pain or pressure, and congestion—is caused by some type of organism," says Michael Stampar, DO, Chief Medical Officer, Sinofresh. Staph bacteria as well as fungus and mold are prime causes. "Exposure to air pollution, solvents, allergens, anything that can irritate the lining of the nose, can also cause the irritation that leads to sinusitis," explains Pritikin. Of course we all have bacteria in our sinuses, and all face these other external irritants, but not

everyone reacts by getting sinusitis. The difference is when something disrupts the body's normal defenses, or when there's a change in the way the mucus drains out of the sinuses. "Then bacteria accumulates and has an environment to grow in," says Pritikin.

The Latest Treatments

Along with new thinking about the causes of sinusitis has come some new ideas about the best ways to treat it. The first line of defense is to address the cause of the inflammation. If your sinuses flare up as a result of seasonal allergies, household allergies (pet dander, dust, mold), or other environmental irritants, you need to treat the allergy symptoms with antihistamines, steroid nasal sprays, or allergy shots. And whenever possible, eliminate as many allergens as possible from your environment. Over-the-counter decongestants and nasal sprays should be used judiciously. While they can help in the short term, continued use can cause rebound swelling. "The spray shrinks the lining to open up nasal passages, but if you use it too much, the lining continues to swell and you get to a point where you have to use the spray just to breathe," says Stampar.

If you have an underlying infection,

that may need to be treated with antibiotics in order to get mucus to start draining properly out of the sinuses. And a last resort, for anyone who doesn't respond to medication, keeps getting headaches, sinus pressure and has difficulty breathing, is sinus surgery. Doctors now take a less-is-more approach to sinus surgery. Rather than using a chisel to go in and remove tissue in order to open up passageways, newer endoscopic techniques allow doctors to enlarge sinus openings while preserving the surrounding tissue. One technique involves using a tiny balloon catheter to enlarge the sinus opening and then filling it with targeted doses of anti-inflammatory medication. "It slowly seeps out into the tissue to decrease inflammation," says Pritikin.

The Best Prevention

When the sinus passages get too dried out (which can happen with overuse of antihistamines or from dry air), the mucus actually gets thicker, making it harder for the sinuses to drain properly. So staying well hydrated can help prevent the problem. Using a humidifier or vaporizer will infuse the sinuses with warm, moist air. But be careful to clean the filter frequently to avoid spraying inflammatory fungus or mold spores into

the air. Regular use of a neti pot—which allows for salt water irrigation of the sinuses, helps flush out secretions so they don't stagnate and build up. And products like saline nasal

drops or sprays to help moisturize the passages, or a topical antiseptic that helps kill inflammation-causing bacteria, will also help maintain good sinus health.



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There are many reasons why air travel can cause ear and sinus troubles. The air inside the cabin is very dry, which can lead to dry nasal passages. It can also give any bacteria or inflammatory agents in the air easy access into the sinuses. But the biggest culprit is the change in cabin pressure happens when the plane takes off and lands. "If you are already congested, use a decongestant or nasal spray before take off and landing," says Jordan Pritikin, MD, Chief of Otolaryngology at Resurrection-St. Joseph Hospital, Chicago. Another option: Earplugs that contain a tiny filter that adjusts for air

pressure changes within the cabin. "Inside the silicone earplug is a ceramic pressure regulator," explains Allen Berger of Cirrus Health Care. "That filter slows down the air flow into and out of the ear canal to minimize discomfort."

And while you listen to music or watch the in-flight movie, protect your hearing by keeping the volume on your headset as low as you comfortably can. "If the person sitting next to you can hear your music clearly, the volume is dangerously loud," warns Steven Gold, MD, a neurologist at Charlotte Eye, Ear, Nose & Throat Associates.

“Air travel can wreak havoc on your ears...”



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Normal vs. Chronic Snoring:

An Elbow Isn't Always the Answer

If you live with a snorer, you understand all too well the frustration of trying to sleep through the nightly noise. But snorers themselves often suffer, too—from restless sleep, frequent waking and dry mouth.

“We all snore occasionally when we have a cold or congestion from allergies, but for some it's a nightly occurrence,” says Mary Susan Esther, MD, Charlotte Eye, Ear, Nose and Throat Associates, Charlotte, NC. Snoring occurs when air tries to get through a narrowed passage in the nose or throat.

For many, alcohol is a big culprit when it comes to snoring. “It really relaxes the upper airway musculature, making people more prone to snor-

ing,” says Esther. Medications like muscle relaxants can have the same effect. Sometimes, eliminating snoring is as simple as skipping those medications and avoiding alcohol.

Snoring that's related to nasal congestion (which narrows the air passage making breathing more labored) from a cold or allergies is best relieved with a nasal spray that works to open those breathing passageways back up. If allergies are the main cause of the snoring, it's also worth trying to identify, and minimize,

the offending allergens (keeping pets off the bed, perhaps). Band Aid-like adhesives that attach to the nose and help keep air passages open while you sleep can also be helpful, according to Esther.

Since people are more likely to snore while sleeping on their backs (because gravity pulls down on the tissues in the neck making the throat narrower), positional therapy can help. A sleep shirt with tennis balls sewn in the back can help turn a snorer into a side sleeper.

But, if the snoring comes with other signs of sleep disordered breathing—like gasping, snorting, or holding of breath—see a doctor. “That's a sign that your snoring could be related to the more serious condition of sleep apnea,” says Esther.

Breathe Easier:

The Future of CPAP Technology

Continuous positive airway pressure (CPAP) was introduced for commercial use in the mid-1980s.

In the decades since, the systems—designed to help those with sleep apnea breathe better throughout the night—have gotten increasingly more sophisticated as well as easier and more pleasant for patients to use. “The machines are dramatically smaller and quieter now, they include systems to humidify the air, plus they have built-in intelligence that changes the pressure according to what the patient needs,” explains Meir Kryger, MD, Director of Research and Education at Gaylord Sleep Medicine, Wallingford, CT and past-President of the National Sleep Foundation.

Since the biggest hurdle to treatment with CPAP is patient compliance (an estimated 30 percent of those prescribed the treatment don't use it regularly), better, smarter, less obtrusive machines are the key to better treatment. If the mask is not comfortable or the machine is noisy

enough to disrupt sleep, it probably will sit idly next to the bed. “The trend toward smaller and more customized machines will continue,” says Kryger. “The masks are now fitted more specifically to the patient's facial anatomy, there are masks specially designed for

women, and for those who breathe through their mouth instead of their nose,” he says.

Ultimately, the real benefits of CPAP will be its positive effect on your health and well-being. “There are still hurdles to getting patients to use it,” says Kryger. “But for those who feel so good on the treatment, they will overcome the hurdles.”

“The machines are dramatically smaller and quieter now, they include systems to humidify the air, plus they have built-in intelligence that changes the pressure according to what the patient needs.**”**

“It really relaxes the upper airway musculature, making people more prone to snoring.**”**



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MICHAEL FRIEDMAN, MD
Medical Director
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Snoring and Obstructive Sleep Apnea (OSA) affect a significant amount of the general population. The challenge is to get a proper diagnosis and offer a treatment plan patients can comply with. Oral Appliance Therapy (OAT) offers a non-surgical alternative to Continuous Positive Airway Pressure (CPAP); I would like to emphasize that CPAP remains the best treatment to date for patients with moderate to severe OSA. According to the American Academy of Sleep Medicine updated practice parameters; Oral Appliance Therapy is recommended as an alternative and, in some cases, a reasonable first-line therapy in snoring and mild to moderate cases of OSA. Clinical research has shown that the therapy is highly effective and boosts exceptional levels of patient acceptance and compliance. Once a patient is found to be a good candidate for OAT we fabricate a custom appliance. I have found that working directly in a sleep disorder center in concert with a board certified sleep specialist and trained sleep technologists, I am able to assure that the best treatment outcomes are obtained. Another benefit to this patient care model is that medical insurance coverage is available for the custom oral appliance.

In today's world we are all on the go. There never seems to be enough time to do all that we need to accomplish. Unfortunately, more often than not, adequate sleep is the victim of our hectic lifestyles. Chronic sleep deprivation, whether from illnesses such as obstructive sleep apnea or chronic insomnia, affects millions of Americans. Lack of sleep is a contributor to a multitude of diseases including cardiac and psychiatric disorders and has a direct cost that can reach billions of dollars. It is time for all Americans to take a step back and focus on their sleep health before we become a society of chronically sleep impaired individuals. I believe that patient education and physician education are crucial to stop the current epidemic of poor sleep. Interventions such as better access to care, giving increased priority to sleep complaints during primary care visits, and community education are steps in the right direction. Through a joint effort by physicians, healthcare-related foundations and the community, we can overcome this nation's chronic sleep problem and achieve better health for all.

As a dentist, I see Sleep Apnea-related conditions affecting patients' oral and general health. Sleep Apnea can lead to GERD (Acid Reflux), Migraines, Morning Headaches, Bruxism, TMJ pain and other serious medical conditions. Bruxism can destroy teeth and gum tissue. GERD can completely dissolve the teeth. When dentists encounter any of the above conditions, a screening for Sleep Apnea and a thorough health history should be considered. If Sleep Apnea is suspected, a referral to a physician or sleep specialist should be instituted. After diagnosis of OSA, appropriate care may include Oral Appliance Therapy. The American Academy of Sleep Medicine states that Oral Appliances are a good first line choice for Sleep Apnea in mild to moderate cases, and severe cases when patients cannot tolerate CPAP. Up to 60 percent of patients cannot wear CPAP for the recommended time, and it is inconvenient for travel. Surgery is painful and often inadequate. Oral Appliances have a high success rate, are well-tolerated and combined with CPAP improve tolerance. Instead of just treating symptoms, we need to identify the underlying cause of disease and breakdown. Often Sleep Apnea is the underlying cause. Dentists should routinely screen for Snoring and Sleep Apnea.

There are many other options for treating obstructive sleep apnea (OSA) and snoring besides CPAP or surgery. In fact, most patients can be treated without surgery, and less than 10 percent of the 20 million Americans that have OSA use CPAP. While CPAP is a great option for some, many dislike the concept and cannot tolerate the physical constraints of sleeping strapped to a mask. Snoring and OSA result from obstruction of the airway at various levels including the nose, palate, and tongue base. Since the levels of obstruction vary from patient to patient, treatment must be individualized. Radiofrequency turbinate reduction and nasal valve suspension are often used to improve nasal breathing. To stiffen a floppy palate, implants can be placed in the tissue above the uvula. Radiofrequency therapy can shrink enlarged tonsils or reduce the tongue base. The combination of improved nasal airflow, reduction of redundant soft tissue, and stiffening of a floppy palate often results in symptom improvement or resolution. In 2007, I published a study in the journal *The Laryngoscope* which included over 100 patients who underwent multilevel minimally-invasive treatment. Nearly 80 percent of these patients experienced improvement of symptoms.

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