

Sleepless nights? GMH studies helpful in finding causes

Written by Elizabeth Barrett

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Local woman undergoes second study.

If Terry Bowers doesn't slip herself a pill to combat nighttime wakefulness, she could go for days without sleep.

And even with a drug, she still wakes up several times a night.

"I get to sleep but don't stay asleep," Bowers said.

Migraines since the age of 9 are one cause for her insomnia as is sleep apnea, a disorder characterized by pauses in breathing or shallow or infrequent breathing during sleep.

She also suffers from fibromyalgia, a chronic disorder characterized by musculoskeletal pain, fatigue and tenderness.

"I have trouble getting into a deep sleep mode because my nerve endings are super sensitive," Bowers said.

Diagnosed with obstructive sleep apnea in 2004, her tonsils, uvula (the fleshy mass of tissue suspended from the soft palate), adenoids and excess skin were removed to keep her throat open.

"So I could breathe," she said. "But it didn't help much."

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In October, Bowers underwent a second sleep study and her first at Gothenburg Memorial Hospital because of troubling symptoms.

“I’m waking up with a throbbing, nasty headache and want to check and see what’s going on,” she said.

Anna Howell, a registered therapist and sleep technologist, hooked Bowers to electrodes that would monitor her sleep patterns through the night.



According to Howell, there are 85 known sleep disorders.

“Obstructive sleep apnea is the most common,” she said. “That’s when your upper airway collapses.”

Central sleep apnea is a condition that tells the body not to breathe while “mixed apnea” is a combination of obstructive and central sleep apnea, Howell explained.

Although results of the study were not yet available, Bowers said she thinks she has central apnea.

REM sleep eludes women

Howell also said that women tend to have trouble getting to rapid eye movement sleep (REM)

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which is when people dream.

REM is one of five stages of sleep and is characterized by quick, random movements of the eyes and paralysis of the muscles.

Bowers said many things affect sleep and some could be genetic.

As a baby, she had trouble sleeping that continued through the years.

When Bowers' daughter was a baby, who is now grown, the daughter forgot to breathe.

"We'd keep a radio going to stimulate the brain enough for her to breathe," she said. "Now they have alarms in baby beds."

Sleeplessness affects everything, including mental sharpness, and depression increases, Bowers said.

Her other medical conditions tend to cross over into her sleep quality.

"One exacerbates the other," she said. "Lack of sleep makes my fibromyalgia worse."

As a result, Bowers said she's not getting enough restful sleep which means her body isn't getting the right amount of oxygen.

"When your oxygen is low, it gets pulled away from other organs to the brain," she explained. "That's the body's way to survive."

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Although sleep disorders have most likely been around since the beginning of time, Howell said the study of sleep is only about 60 years old.

“Not very many people realize just how many people have sleep disorders,” she said.

Howell said one of those disorders, sleep apnea, becomes worse when the person with the condition is overweight.

“And our society today is more obese,” she said.

Howell has worked in the sleep disorder field for eight years and was offered a full-time job as a technologist three years ago for the Cozad and Lexington hospitals.

She works part time at GMH with Carol Cheetsos of Gothenburg, a registered nurse and sleep technician who also administers tests.

Results are sent to Kearney pulmonologist Dr. David Cantral of the Platte Valley Medical Center who interprets the studies.

Cantral then sends the results to the ordering physician with recommendations for treatment.

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