



## In search of a good night's sleep

*Dr Genna Levitch is well known to readers as a dentist and contributor to this magazine. In this, the first of two articles, he writes about his personal experience with obstructive sleep apnoea (OSA)*

BY DR GENNA LEVITCH

I started to snore the week my father died: October 1995. My wife Anne told me that it appeared as a fully-fledged chainsaw imitation with no introduction. In those days, she worked at home and the design business was demanding more of her time. To deal with the workload, she would often put in long hours, even all-nighters. Our bedroom was above her office and she claimed I could rattle the office doors on a good night.

I thought little of it. Proud perhaps, in a rambunctious, blokey way. The children gradually got used to it and said it gave them a sense of security as they fell asleep. Aaah... how sweet is that? Wasn't I a good dad? Even my peculiarities enhanced my fathering, I told myself.

It got worse. My throat was like leather in the morning. I developed sinusitis that stayed for years, making my molars sensitive and cheek-bones tender. Anne threatened to sleep in the lounge room. Now this was getting serious! A direct threat to my masculinity! I didn't believe I snored anyway. I'd never heard it, so how bad could it be. Women tend to exaggerate a bit, don't they?

Not knowing who to turn to, but as always supremely confident, I decided to treat myself. I took some impressions and made myself a maxio-mandibular mouth-guard (Figure 1). I advanced the mandible several millimetres, reasoning that if I increased the space between my tongue and soft palate, snoring would be eliminated.

It worked! Marital harmony was restored, but I didn't like the glass by the bed and the steroid tablets; it was an affront of sorts. It is difficult to accept flaws when you've done nothing to deserve it.

The mouthguard/splint worked for several years. I replaced it every six months as it got chewed out or fell apart. Each time I would advance the mandible another millimetre to compensate for any relaxation of the soft tissues at the rear of the oral cavity.



Figure 1.



Figure 2.



Figure 3.

I considered surgery to the palate to shorten or strengthen it, but the nursing staff at the hospital I operated talked me out of it. Too risky and only a medium term benefit, they observed.

Anne didn't stop harassing me. Now she claimed I was 'holding my breath' for long periods while asleep, and it was truly frightening her. Women are such drama queens! Why would I want to hold my breath in my sleep? It was difficult to take her seriously. Why didn't she nag me over something I had control over, like my weight, rather than sleep, over which I had no control or knowledge?

Our local technician mentioned a new oral appliance that used a hinge to

advance the mandible on opening. I had one made up but it was all ortho telescopic tubes and odd joints; it fell apart after a few nights (Figure 2). A better version with fixed hinges (Figure 3) was lighter and lasted longer.

By now, I wasn't doing all that well. I stopped listening to Anne and had gradually become short-tempered and surly. Life started to feel unendingly grey, with no high points or excitement. I had settled somewhere below the water line and was starting to disengage from life. I was silent to my long-suffering staff, testy with the patents and short on physical energy. We went Christmas shopping and I couldn't keep up with the family. I collapsed in tears of exhaustion.

I told myself that this was a natural progression for a man in his forties. Nothing outside of the expected; ageing was a sad but an unavoidable fact of life. The treader I got, the more I ate. It was the only thing that could keep me going. Without constant food, I became hypoglycaemic and ravenous. People learnt not to come between my food and me.

I woke up feeling more tired than when I had gone to bed. Often I'd wake up suddenly in the night with my heart thumping like it would burst. I frequently awoke feeling like I had been wrestling demons all night. I'd have headaches that took eight Nurofen to dull! When I was a teenager, we used to see how far we could swim under water at the local pool. On the way home I would often have a splitting headache. These morning headaches felt the same.

In the summer of 1998/99, we hired a holiday home at Lennox Heads, in northern NSW, with another family with whom we had been life long friends and our children had grown up together. We decided to go for three weeks. It was time to recuperate.

I think I had been a fairly diplomatic and friendly person in my twenties, but I found I was starting to really hurt our friends with inappropriate or just dumb

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remarks. It came to a head when I philosophised over dinner on the improbability of ADHD, forgetting completely that one of their boys had been on Ritalin for several years. There were tears, ‘how could you be so insensitive’ type accusations and mumbled apologies.

I was confused as well. What was happening to me? This was not just a function of aging. I was mortified and perplexed.

We came home and in a few weeks I noticed that I was starting to fall asleep on the way to work. Usually I can stay awake with out difficulty, but this was frightening. I had the car checked for any exhaust leakage and went to have a medical check up requested by my Disability Insurance provider.

The doctor said I was all-OK, but when I described my unease with my mental state, he cheerfully pronounced that I was mildly depressed and he would put me on Zoloft.

What a cock-sure dill! Me, depressed, that would be the day! The ignominy of having anti-depressants prescribed was insulting. The bluster disappeared when Anne quietly insisted I listen to the GP.

After three months, I felt better. Lighter and less morose. Playful and occasionally funny again, but to my shock, what I felt underneath it all was a profound, chronic tiredness. I was tired to the bone.

For the thousandth time, Anne told me to see a sleep clinic. A new one had just opened only 10 minutes away. I booked in.

They wired me up and I slept a night while they monitored me.

The specialist looked at my printouts and said “ this is one of the most severe cases of obstructive sleep apnoea I have ever seen. You never get more than three minutes of sleep at a time. You probably have not had a decedent night’s sleep in the past five years!”

Well at least the demon had a name now and there was a treatment for it.

I started on a CPAP machine and have used it every night since mid 1999. Within a few weeks, I started to get my brain back. I could read complex articles and understand them. I could negotiate the nuances of relationships. My awareness of the emotional content of our lives blossomed. I reorganised our finances and initiated changes to our practice structure. We bought new equipment; I completed post-graduate courses and became enthusiastic about dentistry again. Eventually, an opportunity arose to sell my share of the practice and retire from clinical dentistry. Anne and I moved the design business out of home and went into it together. I’ve lost 17 kilos. I have my health and what’s left of my mind back.

Sleep apnoea affects possibly 10% of the population. It is difficult to diagnose since it exhibits itself primarily through the effects of chronic sleep deprivation: mood changes, irritability, mild depression, lack of concentration, impaired

immune system, increased cardiovascular stress and narcolepsy. I remember many men of my father’s generation who were cranky and short-tempered and wonder if they were not joined by the same condition.

Could it be that the funny anecdotes about ‘snoring and choking’ unintendedly hide a condition that can rob the mind and shorten life?

Recently, Somnomed have floated as a public company, with the cental aim of promoting the Somnomed MAS. A simple intraoral device that can reduce snoring and treat OSA in all but severe cases. They have asked me to trial their device and I am about to begin. It is an immense benefit that companies such as Resmed and Somnomed are educating the medical and dental professions as well as mounting extensive advertising campaigns to the general public. This level of awareness and choice was not evident nine years ago when I began treatment.

Some of the experiences I have chronicled are of a personal nature, but I hope that colleagues will understand that in the end, I could not overcome the poor mental functioning that is caused by and exacerbates this condition. Perhaps you may see yourself, or recognise symptoms in your patients from my descriptions.

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*Next issue we hope to present a user report on the latest in sleep technology.*