

Reporter **Stacy Allen** spent a night in a sleep centre to find out first hand how sleep disorders are diagnosed. Photographer **Michelle Kelcey** was there to capture the experience



Study gets

SPENDING the night at the recently refurbished sleep centre at Mitcham Private Hospital was an attractive proposition for two reasons.

As well as a curiosity to find out about my sleep patterns, the idea of a night of unbroken sleep — away from the duties of being a mum — was very appealing.

The centre is unique as it is located in a separate three-bedroom house away from the hustle and bustle of the hospital.

Thanks to the renovations it now resembles a small hotel, complete with plush bedding and furniture, flat screen televisions and artwork on the walls.

Manager Heather Sprigg has worked at the centre since its

inception 13 years ago and as she chats to me in the sitting room it is obvious she has passion for her work.

With up to 700 patients staying at the centre each year, she said they were looking at extending its hours from six to seven nights a week to keep up with demand.

Ms Sprigg said the most common sleep disorder found in patients was sleep apnoea, but they also tested for insomnia, periodic limb movement, narcolepsy, parasomnias, (such as sleep walking), sleep talking and night terrors.

Once I settle into my comfortable room and change into my pyjamas, sleep scientist James Kean begins the process of hook-

ing me up to the many wires and electrodes required for the study.

Mr Kean is knowledgeable and jovial, nicknaming me 'Pigeon pants' after I tell him what my son calls my bird patterned pyjama pants.

He attaches the many rainbow coloured wires to the electrodes on my head, neck, chest, back and legs and a slightly uncomfortable tube in my nostrils and connects me to the head box on the wall beside my bed.

I am left to read and relax and it takes a bit of wriggling for me to get in a comfortable position.

However, the house is very peaceful and I am soon asleep, only waking a couple of times in

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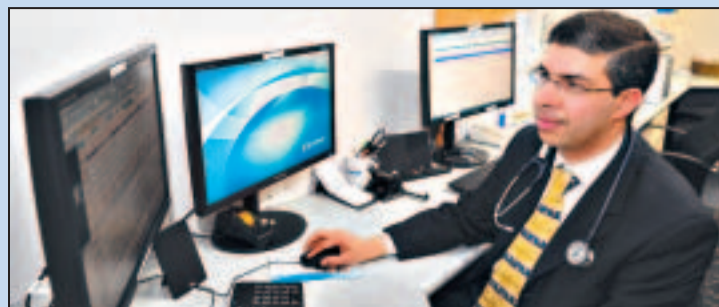
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Sleep scientist James Kean monitored Stacy Allen's night in the refurbished Mitcham Private Hospital sleep centre
Pictures: MICHELLE KELCEY N09WH500



Life-changing treatment

A SLEEP disorder that causes people to stop breathing is so common it could affect more than one million people in Australia.

Dr Murad Ibrahim, pictured, director of the Mitcham Private Hospital sleep laboratory, said sleep apnoea was by far the most common sleep disorder.

But he said the condition was under-diagnosed and only a proportion of those thought to be affected were diagnosed.

"One in four to five men over 55 are thought to have sleep apnoea," he said.

Dr Ibrahim said the disorder caused the airways to relax when people slept and as they could not get enough breath they woke up so the airway opened.

He said because their body woke them up regularly their quality of sleep was fragmented. Dr Ibrahim said this impaired sleep could cause car crashes and injuries at work as people lost concentration and memory. "People with sleep apnoea have three times the rate of work related injuries," he said.

Dr Ibrahim said the sleep disorder also increased the risk of premature death, heart attacks, irregular heart beats, strokes,

diabetes, depression and even impotence in men in severe cases. "About 50 per cent of patients with high blood pressure have sleep apnoea," he said.

The disorder can also cause a great strain on relationships as people can snore loudly. "For a lot of people it strains their relationship because they go and sleep in different rooms," he said.

But Dr Ibrahim said there were effective treatments that could be prescribed after a sleep study.

The most common is the use of a Continuous Positive Airway Pressure (CPAP) machine which blows air and holds airways open.

He said having treatment for the disorder could dramatically change a patient's life. "I had a patient say 'You brought our lives back together'," he said.

Dr Ibrahim said it was important to educate the community about the magnitude of the problem of undiagnosed sleep apnoea. "If you think that you or your partner suffer from any of these symptoms, inform your GP, who can refer directly to one of our specialists in the sleep centre."

my nod

the night. At first I am confused as to where I am, but the persistent soft flash of light from the wire's head box soon reminds me.

Overnight staffer Brett Arico keeps an eye on video cameras watching me and the centre's other two patients, as well as the readouts from our sensors to ensure we haven't disconnected anything in our sleep.

He turns on my lamp at 6am and disconnects the myriad of wires, a very freeing feeling.

I meet the other two patients in the kitchenette/ sitting room and I then shower before heading into work.

When I return a couple of weeks later to discuss the results

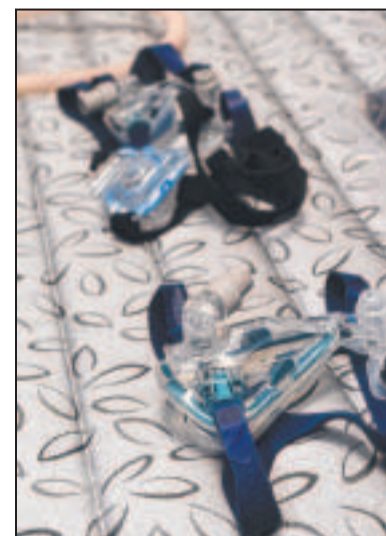
of my study with the centre's director Dr Murad Ibrahim I find I thankfully do not have a sleep disorder.

He talks me through the read out of my sleep patterns and I find I took about 20 minutes to get to sleep, had 6.7 hours sleep and woke briefly around 2am.

I had four stages of Rapid Eye Movement (REM) sleep, the heaviest sleep stage and the one during which you dream, and am even able to see which positions I slept in during the night.

It wasn't quite the same as spending a relaxing night in a hotel, but is certainly an experience I will not forget.

► **Patients must be referred to the sleep centre by their GP.**



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