

Media Contact: Russell Rian
214-648-3404
russell.rian@utsouthwestern.edu

Sleep and Breathing Disorders Center opens at UT Southwestern for studies, evaluations, treatments

DALLAS – Jan. 9, 2008 – UT Southwestern Medical Center has assembled a comprehensive team of experts in pulmonary medicine, neurology, psychiatry, pediatrics, otolaryngology, surgery and rehabilitation medicine to work together in a new Sleep and Breathing Disorders Center.

The 6,000-square-foot center, located on the Professional Building 2's second floor, is one of the first in the Southwest to encompass the management of all sleep problems and breathing difficulties due to neurologic and musculoskeletal disorders in adults, including snoring, sleep apnea, insomnia, restless leg syndrome, narcolepsy, circadian rhythm disorders and parasomnias, which include sleepwalking and night terrors.

Up to 70 million people suffer sleep problems, including roughly 40 million who have chronic sleep disorders. The American Academy of Sleep Medicine reports that most people affected aren't aware that they have a disorder and many fail to seek treatment.

"Our broad-based approach ensures that each patient receives a comprehensive evaluation, diagnosis and treatment plan to address his or her particular need," said Dr. Nilesh Davé, medical director of the new center. "Our management strategies take into consideration the severity of symptoms, the patient's lifestyle and the specific goals of therapy. No matter what sleep or breathing problem you have, our philosophy is to provide long-term care, which is especially important for patients with sleep apnea."

Dr. Davé, assistant professor of internal medicine, has training in critical care and pulmonary medicine. His clinical interests include obstructive sleep apnea, central sleep apnea, restless leg syndrome and narcolepsy. His laboratory has investigated the association between sleep-disordered breathing and cardiovascular disease. Dr. Davé is a member of the American Academy of Sleep Medicine and sits on its Clinical Practice Review Committee, which develops and publishes practice guidelines for a variety of sleep disorders.

With the expertise of Dr. Joseph Viroslav, a pulmonologist and clinical professor of internal

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medicine, and Wilma Breaux, a registered respiratory therapist, the breathing disorders program focuses on assessing individuals with respiratory insufficiency due to diseases such as multiple sclerosis, amyotrophic lateral sclerosis, muscular dystrophy, post-polio syndrome and scoliosis. The program's goals are to maintain patient autonomy, to reduce repeated hospital visits due to respiratory failure, and to empower patients and their families to lead as normal a life as possible.

Six specially designed rooms are available for Sleep and Breathing Disorders Center physicians and staff to conduct in-house sleep studies to diagnose and evaluate these disorders. In addition, the center features the latest, state-of-the-art diagnostic techniques and treatment equipment, including:

- Polysomnograms – These devices are used for overnight sleep studies, in which sensors are attached to the head, face, chest and legs. These sensors chart brain waves, heart rhythms, breathing, eye and leg movements, even muscle tension. The results can help doctors determine the problem while also eliminating which issues can be ruled out.
- Continuous and Bilevel Positive Airway Pressure (CPAP and BPAP, respectively) machines – These devices are considered the initial and often best treatment for obstructive sleep apnea, a condition in which the patient awakens hundreds of times during the night due to inadequate air flow. The CPAP device ensures a steady stream of pressurized air to the sleep apnea patient through a specially fitted mask. The continuous air flow keeps the back of the throat open, eliminates episodes of inadequate air flow, and helps the patient regain good quality sleep. BPAP machines – used for patients who find it easier to exhale against a lower air flow – have two different pressures. One pressure is slightly higher and it is maintained on the inhalation, then the pressure drops to a lower pressure on the exhalation. Other assisted-breathing devices include cough-assist devices, intermittent positive-pressure breathing devices, noninvasive nighttime ventilation and home ventilation systems with prefabricated and (in special circumstances) custom-fabricated masks to use with noninvasive ventilation, such as the strapless oral nasal interface mask.
- Light therapy – This is used to reset the body's internal clock for a patient experiencing

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circadian rhythm problems and seasonal affective disorder.

- Medications and behavioral therapies – These include changing dietary and nutritional habits or chronotherapy (altering bedtime) and are among treatments that can help people who are having trouble with insomnia.
- Surgeries – These are performed in some instances to widen a patient's airway through the removal of excess tissue in the throat.

“Sleep disorders can wreak havoc on people's lives,” said Dr. Davé. “Poor sleep not only affects performance and behavior at school, work and home, but it also has been tied to other health issues such as obesity and high blood pressure.”

The Sleep and Breathing Disorders Center's telephone number is 214-645-5337.

Visit <http://www.utsouthwestern.org/patientcare/medicalservices/sleep.html> to learn more about UT Southwestern's clinical services in sleep and breathing disorders.

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