

Contemporary Medicine

SLEEP DISORDERS

New Sleep Disorders Center: A Comprehensive Approach to Sleep

When Jefferson established Philadelphia's first sleep disorders program in 1978, seeking the cause of a sleep disorder may have amounted to looking for a needle in a haystack. But after decades of advances in the field of sleep medicine, physicians are now well equipped to accurately diagnose and successfully treat the gamut of sleep disturbances. "Today there are over



Karl Doghramji, MD, Dimitri Markov, MD and Fredric Jaffe, DO

one hundred definable sleep disorders," says Karl Doghramji, MD, Medical Director of the Jefferson Sleep Disorders Center and Professor of Psychiatry and Human Behavior at Jefferson Medical College of Thomas Jefferson University. "Here within the Jefferson Sleep Disorders Center and through permanent consultants at Jefferson, we have the expertise to handle a wide variety of sleep disorders."

In 1986 the Jefferson Sleep Disorders Center was accredited by the American Academy of Sleep Medicine as a comprehensive sleep disorders center. "Many sleep disorders centers in the country are run by one department, but we are multidisciplinary, which brings a unique perspective to the entire program," says Fredric Jaffe, DO, Assistant Medical Director of the Jefferson Sleep Disorders Center and Assistant Professor of Medicine in the Division of Pulmonary and Critical Care Medicine at Jefferson Medical College of Thomas Jefferson University.

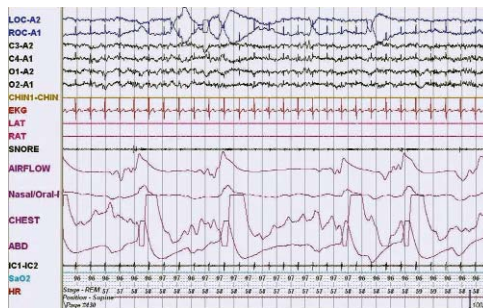
In May the Jefferson Sleep Disorders Center, a collaborative effort between Thomas Jefferson University Hospital and Jefferson University Physicians, moved to the Walnut Towers Building on the Center City campus. The sleep laboratory and outpatient sleep medicine practice, which until recently have operated at two separate sites, have come together under one roof. Jefferson physicians expect that the newly designed state-of-the-art facility, including 10 private bedrooms, will provide patients with the most advanced methods of evaluation and treatment.

Evaluation and Treatment Planning

Common sleep disorders evaluated at the center include periodic limb movement disorder, narcolepsy and insomnia disorders. "There are many conditions that lead to insomnia. Eighty five percent of insomnias are caused by something else, by

depression, pain or some other medical illness," says Dimitri Markov, MD, Attending Physician at the Jefferson Sleep Disorders Center and Assistant Professor of Psychiatry and Human Behavior at Jefferson Medical College of Thomas Jefferson University. In addition, sleepwalking, convulsions, night terrors, nightmares, jet lag, childhood sleep disorders and circadian rhythm abnormalities are also evaluated. "Our objective is to determine as much as possible from the patient's history, and then if needed we order appropriate testing," says Dr. Markov.

Day and evening sleep laboratory studies are used to confirm the presence of most disorders including sleep apnea syndrome, narcolepsy and periodic limb movement disorder. One or two nights of polysomnography is standard and typically includes an electroencephalogram (EEG), electro-oculogram (EOG), electromyogram (EMG), electrocardiogram (EKG), nasal and oral respiratory thermistors, and transcutaneous oximetry as well as video monitoring. Day studies such as multiple sleep latency testing (MSLT) or maintenance of wakefulness testing (MWT) are employed to measure alertness and diagnose narcolepsy.



A polysomnogram (PSG)

Insight into the underlying cause of the sleep disturbance allows physicians of the center and permanent consultants, who have advanced training in sleep medicine and whose expertise spans psychiatry, psychology, oral and maxillofacial surgery, otolaryngology, pediatrics, neurology, internal medicine, and pulmonary medicine, to formulate the most effective treatment plan. "Sleep is not limited to one traditional medical discipline," says Dr. Doghramji. "All disciplines encounter patients with sleep disorders."

The array of effective treatment options for sleep disorders continues to grow, with a host of new treatments on the horizon. Currently, behavioral management techniques such as meditation, hypnosis, sleep hygiene management and sleep restriction are employed in some cases. "In some studies cognitive behavioral techniques have been shown to be more durable in effectiveness than sleeping pills," says Dr. Doghramji. In other cases, treatment modalities can include medications, oral appliances, psychotherapy, sophisticated photo therapeutic techniques for circadian rhythm disorders and seasonal depressions and surgical procedures for the correction of snoring and sleep apnea syndrome. For Jefferson sleep specialists, there is no question

The Impact of Sleep Disorders

It is estimated that 70 million Americans suffer from a sleep problem, and 60 percent of those individuals have a chronic disorder. It is known that sleep disturbances make people more prone to accidents and diminish their quality of life. But research has also linked sleep apnea syndrome to cardiovascular disease, depression and obesity. Yet what concerns Fredric Jaffe, DO, Assistant Medical Director of the Jefferson Sleep Disorders Center, is that sleep problems are often not addressed. "There is an under reporting by patients and a lack of recognition by the medical community to really bring these problems to the forefront," says Dr. Jaffe. "But as our population of patients becomes more complex medically, the ability to diagnose and treat the underlying cause of sleep disorders will have a tremendous positive impact on their lives."

A case in point: Fifty-seven-year-old Louis Caruso overlooked his fatigue until his family doctor noted that he always appeared tired and run down and referred him to the Jefferson Sleep Disorders Center. After an initial consultation and an overnight sleep study, he was diagnosed with obstructive sleep apnea syndrome, a sleep disorder in which the oropharynx undergoes repetitive closure, cutting off breathing and interrupting sleep. Contributory factors include enlarged tonsils or tissues in the nose, mouth or throat. Mr. Caruso's treatment was a continuous positive airway pressure (CPAP) device, a mask worn at night that blows air through nasal passages, preventing the throat from collapsing. "I feel the difference," says Mr. Caruso. "Now I'm sleeping better, have more energy and feel upbeat about life."

that accurate diagnosis and focused treatment planning significantly impacts patients' sleep patterns and lives. "We work closely with doctors within the community to ensure that patients get the best care possible," says Dr. Markov. "We get good results."

Department Expertise

The Jefferson Sleep Disorders Center is a comprehensive clinical, research and educational program in sleep and sleep disorders medicine. Its professional staff include physicians who specialize in sleep disorders and who are board certified by the American Board of Sleep Medicine. Karl Doghramji, MD, serves as the Medical Director. Joining Dr. Doghramji are Fredric Jaffe, DO, Assistant Medical Director and Dimitri Markov, MD, Attending Physician, who also specialize in Sleep Medicine. Fourteen Polysomnographic Technicians, a Clinical Office Coordinator, Administrator, Chief Technician and office secretary are also on staff. Permanent consultants in the fields of neurology, pulmonary diseases, psychiatry, psychology, internal medicine, urology, oral and maxillofacial surgery, otolaryngology, pediatrics, and cardiology contribute to this multidisciplinary enterprise. Physicians completing residencies in psychiatry, neurology, pulmonary medicine and internal medicine rotate through the department, as do physicians on fellowships.

For an evaluation at the Jefferson Sleep Disorders Center, call 215-955-6175 or 1-800-JEFF-NOW. Physicians who would like to directly refer a patient to the sleep laboratory for testing may call 215-955-6175 and speak with the staff regarding the direct referral process.