



Women's Health Research Institute
Putting Women First

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Dear Friends,

These long summer days lead to late nights and early mornings for us all. The more we try to squeeze in during the daytime, the more our sleep may be disrupted at night. Sleep is a crucial element to women's health and it is important to monitor any changes in sleeping patterns, for these changes may be indicative of more serious health problems.

Obstructive Sleep Apnea (OSA) is a health condition that occurs when one's airway becomes narrowed, blocked, or floppy, causing decreased or paused air flow while asleep. Research indicates OSA affects women and men differently, and it is therefore crucial to understand its symptoms, effects, and treatments. In fact, OSA in women is commonly mistaken for depression, diabetes, hypertension, or hypochondria because the symptoms differ from men. It's time to learn more about OSA and give your sleep habits a wake up call!

Sincerely,

The Institute Staff

Sleep Apnea: A Wake Up Call for Women

Decades ago, before well targeted campaigns increased recognition of cardiac illness among women and its profound health impact, heart disease was thought to be a "man's disease." Similarly, obstructive sleep apnea (OSA), one of the most common sleep disorders, has been tagged with a masculine label. Granted, OSA affects twice as many men as women but it is far from rare among women with a conservative prevalence of about 2%. The roots of this lack of awareness are in part due to gender bias and sex differences in OSA symptoms.

OSA is characterized by repeated episodes of upper airway collapse resulting in poor sleep quality and fragmented sleep. Complications of untreated OSA include high blood pressure, heart disease, stroke and overall decreased quality of life and wellbeing.

In the late 1970s and early 1980s, many prestigious journals published reports on the overwhelming predominance of men among OSA sufferers (1,2,3). This led to physicians primarily screening male patients for OSA symptoms thereby under recognizing OSA in women.

Women with OSA tend to be as sleepy as men on standardized questionnaires, but also are more likely to complain of insomnia symptoms, depression and fatigue, rather than the textbook symptoms of the disorder (4). Typical symptoms include dry mouth, headaches, night sweats, snoring, and irritability, among others. Women also often lack a bed partner's account of snoring and observed pauses in breathing, and more of

them come to clinic alone without a spouse or a life partner who can serve as a witness (5).

Another difference among men and women when it comes to OSA is in the change in risk of it throughout the lifespan. While a man's risk increases linearly as he ages, in women the risk is relatively low until menopause and then it sharply increases to reach that of similarly aged men

(6). Two exceptions are pregnant women, especially those who are obese before conception, and women with polycystic ovarian syndrome, a reproductive hormonal disorder characterized by higher than normal testosterone levels and problems with fertility (7). In the former group, OSA also increases the risk of gestational diabetes and pregnancy-induced hypertension (8).





In order to recognize and appropriately treat women with OSA, it is essential to educate both health care providers and the population at large on both the prevalence of OSA in women and its unique clinical presentation so it can be diagnosed early enough to prevent the serious health complications mentioned above. If you suspect you may have OSA, then it is important that you speak with your primary physician for assessment.

Researchers at Northwestern University have several current research projects related to sleep, OSA, and health; for further information about these studies please contact Rosemary Ortiz at (312) 908-1024 or refer to the sleep study [website](#).

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HEALTH TIP

Tips for Better Sleep and Daytime Function

Regulating when and how you sleep will improve your health and lead to more productive daytime activities. Following the five tips below will help keep regulate your circadian and sleep rhythms.

1. Maintain a regular sleep and wake schedule
2. Allow yourself at least 7 hours of time in bed
3. Exercise regularly
4. Get bright light for at least 30 minutes in the morning
5. Turn down lights 3 hours before bedtime and keep your room dark when sleeping



In general, establishing a regular, relaxing bedtime routine and avoiding emotionally upsetting conversations and activities before trying to sleep will cut down on sleep disturbances. Avoiding large meals and stimulants such as caffeine, nicotine, and alcohol too close to bedtime will also help improve your sleeping habits. Furthermore, weight loss and not drinking alcohol close to bedtime decreases one's risk for obstructive sleep apnea.

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RESEARCH STUDY

Are you between the ages of 18-45? Frank Tu, MD, MPH, an Evanston Hospital gynecologist who is part of the University of Chicago Pritzker School of Medicine, is conducting a study to better understand women's pelvic pain conditions and the effect of painful menstrual periods.

The study is called CRAMPP and is being conducted at Evanston Hospital. Dr. Tu is searching for women who either have no pelvic or bladder pain, have painful periods, or have painful bladder syndromes to participate in a study to learn more about the pain associated with menses. Participants will be compensated for their time.

If interested, please contact Julia Kane at (847) 570-2622.

UPCOMING EVENTS

Save the Date! Our September research forum will be presented by Lauren Streicher, MD. Her presentation is entitled "Slip Sliding Away? Post Menopause Sexual Health" and will be presented on September 16, 2014.

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