

# Sleep Well

**Be well, Do well, Live well**  
**#selfloveselfcarefirst**



## Fall 2020

### **Greetings!**

We are pleased to share with you that during this pandemic, our Sleep Center has been safely treating patients who need care for Sleep Apnea, Snoring and CPAP intolerance. In addition to these in-office visits, we have successfully incorporated virtual visits for initial sleep consultations, appliance/titration instructions, and follow-up visits as needed. This has been especially helpful for our patients who are seniors. Our experience is that there is even a bigger need for Oral Appliance Therapy for patients who are suffering from sleep apnea and its consequences in this pandemic. So we are grateful for our ability to practice safely during this difficult time.

For details of the Safety Plan at NJDSMC, you can view our

**Practice Safety Video** at <https://www.youtube.com/watch?v=CP5Gx9bCuZo>

### **- Why do we sometimes ignore the chief complaint in patients evaluated for obstructive sleep apnea?**

An excellent question that can legitimately escape our conscious attention as we go about monitoring the many markers of OSA while treating a patient. When treatment outcomes are entirely reliant on our patient's commitment to their chosen mode of treatment, like it is for sleep apnea, we must keep the patient's chief complaint front and center in order to help them stay focused on compliance .

**One of Sleep Medicine's leading researchers, Dr. Atul Malhotra addresses this vital question, along with his colleagues in a Letter to the Editor in the Journal of Clinical Sleep Medicine.**

They remark, "We are highly supportive of ongoing efforts to define new metrics of OSA severity, to develop new biomarkers, and to facilitate panels of biomarkers to predict important health outcomes. Clearly, variability has been shown in mechanisms underlying OSA (endotypes) and in clinical expression of disease (phenotypes). Thus, the optimal OSA metric will likely need to capture these sources of variability in order to predict accurately clinical complications and to guide optimal interventions. Until such approaches are refined, **we emphasize the importance of the patient's symptoms in making therapeutic decisions for a number of reasons.** *First*, the phenotypic cluster including OSA patients with sleepiness appears to be at greatest cardiovascular risk, making targeted intervention of this group appealing to consider in well-designed clinical trials. *Second*, studies of treating asymptomatic patients have been largely disappointing, showing no major benefits to therapy. Similarly, studies to prevent major cardiovascular events by treating OSA have been negative to date. *Thus, focusing on treating symptoms would seem prudent until prevention of hard outcomes can be demonstrated persuasively.* *Third*, we know of no other entity in clinical medicine where the chief complaint is routinely overlooked or ignored. In our view, the optimal treatment of medical conditions in general and sleep issues in particular should be individualized based on available data including patient-reported outcomes.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7161465/pdf/jcsm.16.4.657.pdf>

**- Our Commitment to Integrative Care**

"I deeply understand the importance of balancing physical, mental, emotional and spiritual wellbeing, and have made it my mission to provide care to the patients of NJDSMC so that they may achieve such balance. Years ago, I learned firsthand how the lack of restful sleep devastates the body and mind. That motivated me to pursue an advanced education in Sleep Medicine. At NJDSMC, we recognize that credentials and competence must be complemented with empathy and compassion to provide high quality care. We see how lack of sleep compromises not only the health, energy, and quality of life of our patients, but that of our patients' partners as well. We strive to bring relief to them in a way that goes well beyond giving them an oral



appliance. We understand how medical comorbidities and mental health impacts the severity of sleep disorders. That is why we partner and collaborate with our patients' other health care providers. It is only with committed, integrative care, that we can achieve the best results for our patients."

**Dr. Sunita Merriman**

### **-Why Can't I Sleep During the Coronavirus Pandemic?**

This question continues to trend on all forms of media. Here's a recent headline from The Washington Post.

***The pandemic is ruining our sleep.  
Experts say 'coronasomnia' could imperil public health.***

As if the novel coronavirus has not already wrought devastation aplenty on the world, physicians and researchers are seeing signs it is doing deep damage to people's sleep. **"Coronasomnia,"** as some experts now call it, could prove to have profound public-health ramifications — creating a massive new population of chronic insomniacs grappling with declines in productivity, shorter fuses and increased risks of hypertension, depression, and other health problems. Alon Avidan, a neurologist who directs the UCLA Sleep Disorders Center says, "With covid-19, we recognize that there is now an epidemic of sleep problems."

The pandemic has heightened stress and upset routines. Roughly 10-15% of people worldwide were suffering from chronic insomnia before the COVID 19 pandemic, defined as the inability to fall asleep or stay asleep at least 3 nights a week for 3 months or more. Prescriptions for sleep medications jumped by 15% earlier this year and the number of people, including children seeking care for insomnia has also gone up considerably as well.

### **- FED UP? What does that mean?**

**"FED UP"** is a term coined by Dr. Abhinav Singh of the Indiana Sleep Center. It stands for Financial stress, Emotional stress, Distance from others, Unpredictability and Personal and Professional concerns.

Source <https://www.washingtonpost.com/health/2020/09/03/coronavirus-sleep-insomnia/>

**\*If the pandemic is wreaking havoc with your sleep, talk to your primary care physician or a board certified sleep specialist. If you want, give us a call and we will be happy to refer you to a board-certified sleep physician for evaluation and diagnosis. \* NJDSMC**



### **Sleep Tip #selfloveselfcarefirst**

Establish a bedtime routine that includes relaxing rituals. Turn off your TV and electronic devices an hour before your bedtime. Indulge in a calming activity like reading or writing at the end of your day. Set the mood by lighting a candle.\*But be sure to follow candle safety tips <https://www.nfpa.org/Public-Education/Fire-causes-and-risks/Top-fire-causes/Candles>.\*

"Put your thoughts to sleep, do not let them cast a shadow  
over the moon of your heart. Let go of thinking."  
— Rumi

**Dr. Sunita Merriman**

**Founder, New Jersey Dental Sleep Medicine Center**

**As a Diplomate of both, the American Board of Dental Sleep Medicine, and the American Board of Craniofacial Dental Sleep Medicine, Dr. Merriman is qualified to screen for OSA, snoring and sleep-related bruxism, and treat, educate, and provide long-term management of patients who are diagnosed by a physician, with either OSA, snoring or sleep-related bruxism.**

**NJDSMC is a Medicare DME-approved Supplier for Oral Appliance Therapy and works with a patient's medical insurance for billing of services provided for Obstructive Sleep Apnea and Snoring.**

## DR. SUNITA MERRIMAN



*Never before has our health had such center stage in our lives. Our physical, mental, emotional and spiritual wellbeing are in turmoil in this pandemic. Taking care of ourselves is critically essential for our survival.*

[www.njdentalsleepcenter.com](http://www.njdentalsleepcenter.com)



[#selfloveselfcarefirst](https://www.instagram.com/selfloveselfcarefirst)

Dr. Merriman is someone who deeply understands the importance of balancing these states of being, and who has made it her mission to provide care to others so that they might achieve such balance.

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