Sarah G. Gravely uses personal experience, information from a locally circulated survey, and medical research, to examine sleep disorders in an effort to help her readers understand the distress sleep disorders cause to sufferers. Gravely calls for more research into sleep disorders on the part of the local medical community. Moreover, Gravely argues that people adversely affected by sleep disorders should have more treatment choices and that insurance should no longer be denied at sleep centers that evaluate patients’ conditions, since “choices in treatment are essential to ensuring quality care.”

Wake Up, Stark County!
A Local View Of Sleep Disorders

The study of human biology as an intellectual pursuit can become a bit dry. It is sometimes difficult to incorporate the facts and statistics of the textbook into my own life and times. That is why this assignment has interested me so much. Here, I will be able to assess a biological issue—in this case, sleep disorders—and apply its influences to my community. I hope that I am able to impart some pertinent information. Most of all, I want to be able to let my reader(s) know what it feels like to have a disorder that most people know very little about and others denote as unimportant.

Approximately 40 million Americans suffer from chronic disorders of sleep and wakefulness, such as narcolepsy, sleep apnea, and insomnia. The majority of those affected remain undiagnosed and untreated. At the Doctors Hospital Center for Sleep Disorders, 1001 patients are regularly treated for some form of these disorders at the present time (Roman interview). Fewer than 5% of these patients are children and 65% are men over the age of 40. Dr. Frankie Roman, a Board Certified Sleep Specialist, operates this Center. It is the only one available to Stark County residents at this time.

To adequately discuss these disorders, first we must provide a working definition of the individual conditions that the terms denote. Sleep apnea is a cessation of air exchange at the nose and mouth, lasting at least 10 seconds (Williams, pg. 48). Narcolepsy is a disorder of excessive sleepiness. This sleepiness is characterized by brief episodes of lapses into sleep that occur throughout the day, usually lasting less than an hour. Insomnia means an inability to sleep. There are many kinds of insomnia, some chemical, some emotional, and some psychological (Thorpy 104).

In addition to the 40 million people with chronic sleep disorders, there are 20 to 30 million people who experience intermittent sleep-related problems. These may be due to demanding work schedules and/or various other lifestyle
stress factors. The consequences of sleep disorders, sleep deprivation, and excessive sleepiness can be significant. They could even include morbidity. It has been estimated that, in 1990, sleep disorders and sleepiness cost the United States a minimum of $15.9 billion in direct costs alone (National Commission, vi). This estimate does not include the billions of dollars in indirect and related costs, such as those attributable to sleep-related disasters (e.g. Exxon Valdez grounding, motor vehicle accidents, and diminished productivity in the workplace). Some sleep disorders are potentially fatal, while others are little more than an annoyance. Some are life-long, with effects on family members; others are brief and non-recurring. Falling asleep inappropriately can blot out a few minutes of television, or it can cause catastrophic damage to life and property. Patients are often thought to be lazy and can become socially isolated from friends and family.

I am a victim of sleep disorders. I suffer from sleep apnea and narcolepsy. I am a regular patient at the Sleep Disorder Clinic at Doctors Hospital. Here, I am wired to various electrodes which protrude from my head and then am told to go to sleep naturally! My breathing and brain waves are monitored, and I am later informed of how many times a night I have ceased to breathe on my own. This is a frightening and confusing dilemma. But I have learned to cope with its meanings. I have lost a considerable amount of weight to help my snoring problem. This, in turn, has reduced the number of times that my breathing stops. A breathing machine sits in my closet. I have used it at night to insure that I will have a morning. Thanks to the weight loss, I am no longer dependent on it for every breath. But these are things that I can handle. I can control, to some extent, the factors that exacerbate my apnea. The same can not be said for the narcolepsy. I am on several different medications which help me stay awake throughout a normal day. They don’t work as well as I would like. The results can be humorous. Most of the time I have difficulty seeing the funny side. People think that I am just getting too old to hack the college life. I often get home from class, only to find that my notes don’t make any sense. I am afraid to close the door to my office. I may fall asleep and not hear a client at the door. How would that look? Until now, I assumed that the people surrounding my daily life knew about my condition and were understanding. Boy! Was I wrong!

My primary question for the research part of this assignment was, “How much is known by the general public, in the Stark County area, about sleep disorders, and are they considered a legitimate handicap?” I distributed questionnaires (Appendix A) to people at three places that I frequent fairly often. For the most part, these are educated people, with a good general sense of world events and local matters. The places where these questionnaires were given were the Job Training Partnership, SCCAA Head Start, and the Peoples Missionary Baptist Church Adult Sunday School Class. This encompassed approximately 65 people with 58 respondents (perhaps the other 7 people fell asleep!)
Of the 58 people questioned, 49 know me personally. Some of them have known me all of my life. Still, when asked whether they knew anyone with a sleep disorder, the majority (46) answered negatively, including my employer. All but two of the respondents confessed little or no knowledge of sleep disorders and thus they did not consider them a handicap. I did not talk to these respondents in depth following the questionnaire. Most of those who asked me the reason for the survey were shocked to learn that I was part of the subject matter. I can only guess what they must have been thinking when I fell asleep in business meetings, school programs for my grandchildren, and prayers for the sick!

The results of this experiment led me to investigate the availability of information in our area concerning conditions like mine. I found there to be very little available for access for the general public. The Doctors Hospital Center has a monthly support group which meets to help Center patients deal with the issues and problems that confront them after their diagnosis. There is no other group in existence to help patients or their families with these matters. Kent Stark has several options available to me as a handicapped student. Before each semester, Disabled Student Services gathers the textbooks that I will have assignments in and contacts the professors for their syllabi; a student then reads each assignment to me on cassette tape. This has been immeasurably helpful. However, where classes require computations–formulas, for example–I am usually unable to attain my usual 3.0 GPA. I am grateful, however, for the aid the University does offer.

The only other significant reference that I found for sufferers of sleep disorders in this area was a Web site formulated by Doctors Hospital. However, when I attempted to access the site, I was informed that I did not have the correct authority to access. In my subsequent interview with Dr. Roman, he was as perplexed as I was about this. He and his staff are not directly responsible for the information on the site and, as such, he could not tell me why it was unavailable to a patient at the Center.

Overall, I was disappointed at the amount of information available to me and my family. My children and siblings could certainly benefit from articles in the media and/or library displays on a subject that so deeply and daily affects their lives and the life of someone they care about. But, most of all, I was disappointed to learn that so many people have no idea what I go through just to keep going. I am not a complainer, so they probably would never learn it from me. I am troubled about what some of my friends and business acquaintances think about my inability to pay attention or even to stay awake when it is important that I do so. I feel like I have one of those orphan diseases that you hear about on the national news. No one has ever heard of it, and no one cares to know.
On a more medical level, there should be more than one clinic available to patients of this type. Should I become unhappy with the treatment I receive at Doctors Hospital, my only alternative is to travel as far as Columbus for another consultation. You know I can’t stay awake for that!

It is, or should be, always troubling for any patient to know that his/her choices are limited to the doctor s/he has right now. Choices in treatment are essential in ensuring quality care, and a competitive environment keeps everyone involved on his/her toes. The 1001 patients of the Sleep Center are being denied that insurance. This is not only sad; it is sinful. I hope that someday soon we will have more freedom of choice at a nearby hospital or clinic. I also hope to see more in the local media about apnea, narcolepsy, and insomnia.

APPENDIX A: RESEARCH QUESTIONNAIRE

1. Do you know anything about sleep disorders?
2. What do you know about sleep disorders?
3. Do you consider sleep disorders a serious problem?
4. Do you know anyone with a sleep disorder?
5. Do you have any coworkers with sleep disorders?

WORKS CITED


Roman, Frankie, M.D., Telephone interview, November 1997.
