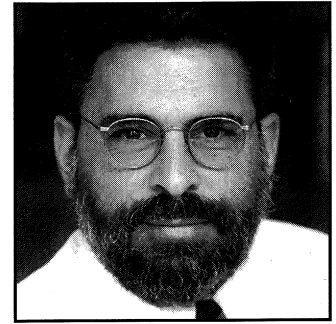


# Bears & Health

## Bears and Sleep: Snoring and Sleep Apnea



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In June I did a bear weekend at Valinor Farms in Pennsylvania. There were only about 20 of us, so there was more opportunity for conversation and camaraderie. Lots of humor about weight, diets, food, fur and communal sleeping, snoring and carrying on in the bunk beds there. Although mine seemed to be the only CPAP machine around, I know I wasn't the only one there with sleep apnea.

CPAP stands for Continuous Positive Airway Pressure. It refers to the device, a small, portable machine attached to a nasal mask, that helps keep the airway passages from obstructing in those of us who snore and/or who have this condition known as sleep apnea whereby there is not only obstruction from the snoring, but also short periods when breathing stops altogether. A model is wearing the device in one spread of a past issue of Bulk Male.

It's a common problem, primarily among those of us who are stocky, husky, chunky, burly, overweight, fat - i.e., bears. Start talking about it in any gathering of bears and you will quickly discover that you are not alone. If the bear next to you doesn't himself have it, he will know a bear who does.

Not long ago this sexy bear was talking about his relationship problems, among which were his sensitivity to his lover's snoring. He didn't know how much of the problem was him or them or what, only that the snoring had become so intolerable that he had to sleep separately. I told him about sleep apnea, which he'd sort of heard of. Instead of blaming himself or his lover or their relationship, I suggested, they should get medical help. Though that has not yet happened, dialogue has begun. When I saw the sexy bear again a few weeks later, he said his lover still hadn't taken any action, but there was a development: he'd recorded the lover's snoring and played it back for him. Incidentally, one of the reasons the lover isn't more motivated to get help is that he doesn't have health insurance. But even if he did, not all insurance policies will pay for treatment. While many will cover the cost of sleep studies and a CPAP machine (which is the treatment most specialists most often recommend), which can run several thou-

sand dollars, some will not cover the alternative treatment - surgery - because they feel it is *cosmetic* rather than optimal, and they are not entirely wrong (see the discussion of surgery below).

KISS ("Keep it simple, stupid"), an acronym one hears in recovery rooms, could apply here as well. **If you snore, especially if you snore so loudly that others have talked to you about it, however diplomatically, then you may well have this problem of airway obstruction and sleep apnea.** Other simple questions you might ask yourself are whether or not you wake up during the night in a sweat, agitated, with heavy, rapid breathing, as if you'd just exercised, or whether you find yourself chronically exhausted and/or falling asleep inappropriately during the day.

In recent years, this syndrome has been extensively studied and we now know it to be a pervasive and serious health problem requiring treatment. It can cause high blood pressure, heart attacks, strokes, depression, memory loss, and is thought to be a factor in many motor vehicle accidents. As we've touched on, the principal treatment, effective in 85% of cases, is CPAP. It's not very romantic wearing this device that looks like an airplane pilot's mask (my partner, with whom I've long slept apart, at least initially because of the snoring, calls me his "Ganesh," and we now have a little statue of the Indian elephant god on our shelf), but most of us who use it appreciate the huge difference it makes in how much more and better quality sleep we are getting, in how much better we feel overall.

The principal alternative treatment, surgery, is more controversial. In addition to removal of the tonsils and adenoids, it can involve what's known as uvulopalatoplasty, laser-assisted or traditional surgical excision of the soft tissue in the back of the throat that is directly involved in snoring. Often (exact percentages are still being debated), the surgery effectively reduces or eliminates the snoring, but even the elimination of snoring does not necessarily mean that the sleep apnea, the periods of cessation of breathing, are likewise resolved. In order to determine whether that is the case, there needs to be a post-surgical sleep study,

something many of those obtaining the surgery are apparently not doing. By contrast, the sleep apnea is much more effectively treated by CPAP. The surgeons who perform the surgery may be overly optimistic about the procedure and may minimize the potential hazards (some of which may not be reversible), especially since most of those obtaining this surgery will be cash-paying. My advice to you regarding surgery is to wait until we have more and better long-term outcome statistics. Meanwhile, if you do decide to go for the surgery, at least get several opinions, and make sure the surgeon has a lot of experience doing this procedure.

There is one other treatment option: orthodontic devices that can alter the jaw during sleep so as to reduce or eliminate snoring. Here again, the problem of sleep apnea may not be addressed, even as there is improvement in the snoring. Finally, there is weight reduction. Even a 10 pound weight loss can have an impact. Substantial weight loss can eliminate the problem altogether.

Bottom line: if you snore, seek help with a sleep disorders clinic or center. They will first test you. This will involve your being hooked up like Bionic Man to machines with lots of wires and stuff overnight. The diagnosis and recommendations will then be made.

For more information, key "sleep apnea" into your search engine on the internet. The Sleep Disorders Center of New York University in New York City, under the directorship of Dr. Joyce Walsleben, is reachable at 212-263-8423, and via the internet at [joyce.walsleben@med.nyu.edu](mailto:joyce.walsleben@med.nyu.edu). Here are some additional resources: National Center On Sleep Disorders Research (NCSDR) 301-435-0199. On the Internet: A.P.N.E.A.NET American Sleep Apnea Association Central Sleep Apnea Information Page Sleep Apnea Information Clearing House American Sleep Apnea Association (ASAA)