

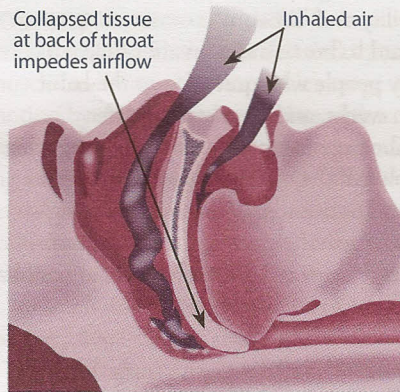
Sleep-Related Breathing Disorders May Raise Your Risk of Dementia

Disruptions of breathing during sleep, like those that occur with sleep apnea, are a well-established risk factor for high blood pressure, heart attack and stroke. A recent study suggests that sleep-related breathing disorders also are associated with cognitive impairment and dementia.

Sleep-related breathing disorders are conditions in which you experience pauses in your breathing or breathe very shallowly, resulting in lowering of your blood oxygen concentration. Though the study, published Aug. 10 in the *Journal of the American Medical Association*, doesn't show a direct cause-and-effect relationship between sleep-related breathing problems and cognitive decline, it does underscore previous findings that suggest brain health is vulnerable to disruptions in oxygen supply. "It's a good study, but the next step is to test whether treating sleep-related breathing disorders can help reverse or slow the progress of cognitive impairment," says Harrison Bloom, MD, senior associate with the International Longevity Center-USA and associate clinical professor of geriatrics at Mount Sinai.

In this study, which included nearly 300 women, average age 82, those who had at least 15 sleep apnea events per hour were 85 percent more likely to develop mild cognitive impairment or dementia in the next five years. The amount of time spent in shallow or paused breath and the number of episodes of oxygen desaturation also correlated with developing cognitive impairment. Though men were not included in the study, researchers believe that they would be similarly affected.

Identifying risks The most common cause of sleep-related breathing disorders is a condition known as obstructive sleep apnea (OSA), in which tissue in the back of the throat relaxes to the point where the air passage becomes narrow, forcing the sleeper to stop breathing for a moment, before



OSA causes the tissue at the back of the throat to relax, blocking the flow of air into and out of the lungs. This results in interrupted breathing throughout the night.

resuming a pattern of inhaling and exhaling. Other causes include sleep apnea which originates in the brain itself, and arousals from increasing respiratory efforts.

When the brain senses that it is not getting enough oxygen, it sends a signal to the respiratory system to inhale, which often manifests itself in OSA patients as a gasp for breath. Though the patient may not fully wake up, his body is not getting enough time in the deep, restorative stage of sleep that is essential to optimal health.

If you suffer from sleep apnea or another cause of sleep-disordered breathing, your partner may be able to describe your nighttime breathing patterns better than you can. Heavy snorers are at high risk of sleep apnea. If you struggle to breathe at times, or gasp before actually stopping your breathing for a moment, you may very likely have sleep apnea. Other clues include significant snoring, waking up tired, nighttime sweating, and daytime sleepiness.

If you're concerned about sleep disorders, Dr. Bloom recommends that you speak to your primary care physician. He or she can refer you to a sleep specialist if necessary.

AFib associated with a higher risk for dementia, including AD

A study has found that the risk of Alzheimer's disease (AD) increases in association with atrial fibrillation (AFib), a disease affecting about three million Americans. Although AFib has been linked to strokes, which may cause dementia, it has never before been linked to Alzheimer's disease. In the seven-year study, published Aug. 1 in the *Journal of the American Geriatrics Society*, the 3,045 participants had their cognitive abilities tested every two years, and also were given brain scans. Participants with AFib had a 40 to 50 percent greater risk of developing dementia of any type, including AD, compared to those without AFib. The development of AD was independent of whether the participant had had a previous stroke. Further studies are needed to examine whether specific AFib treatments, such as the use of anticoagulant drugs, can decrease these risks.

Centenarians' lifestyle behaviors often risky

People who live to 95 or older are no more virtuous than the rest of us in terms of their diet, exercise routine, or smoking and drinking habits, according to a study published Aug. 3 in the *Journal of the American Geriatrics Society*. The 477 participants answered questions about their weight and height, alcohol consumption, smoking habits, physical activity, and diet. Overall, people with exceptional longevity didn't have healthier habits than the comparison group; however the centenarians were significantly less likely to be obese. The findings suggest that "nature" (protective longevity genes) may be more important than "nurture" (lifestyle behaviors) when it comes to living an exceptionally long life. But for those without the genes—and we really don't know who these people are—these lifestyle habits are not good choices. As a rule, we all should continue to watch our weight, avoid smoking (see p4) and get plenty of exercise, since these activities have been shown to carry health benefits for the general population, including a longer lifespan.

QUICK TIPS

If you don't fall asleep within 20 minutes, get up and do something quiet, such as reading.

Exercise early in the day, and definitely no later than four hours before bedtime.