

August 2018 www.sleepapnoeanz.org.nz

President's Message

Greetings Members,

Another year has almost rolled by since our last AGM, and we are now in the planning stages for 2018. This meeting will be held In The Stewart Building at Fisher & Paykel Healthcare, Maurice Paykel Place, East Tamaki, Auckland on Wednesday 21st November at 6pm. As with previous years' formats we will have a finger food meal to start the evening, followed by the annual meeting and concluding with an informal support meeting. We are still in the process of organising a speaker and topic. Details will appear on the website closer to the time and will be in the November newsletter that will go out early in that month. All welcome. Put the date in your diary if in the area.



We are still waiting for all those volunteers to come forward to help us to keep this organisation running. We know that people gain benefit from our availability by phone and email to answer questions and provide support, but there is only so much longer that we can keep the candle burning. If you have a little bit of time and skill available to help us, we would be so thrilled. We really need someone to help with the writing or sourcing of newsletter articles, being prepared to organise little informal support sessions or joining us on the committee. Meetings are infrequent and held mostly via Skype so the task is not onerous.

In the event that we cannot coax a few of you to come and help us, we may have to look to reducing newsletter frequency, or even just maintaining a website presence with phone and email availability to answer queries etc. If you think you may be able to help, please email me at saanz.editor@gmail.com

NB. I will be out of action in September/October. For queries during this time phone Rod at 027 4771883 in September or Sherry at 027 4408313 during October.

Keep healthy and sleep well.
Jill Hammonds

Hormones to Keep in Mind for Weight Loss

If hormones were people, they'd be pretty boring. Hormones prefer the status quo, and they're always trying to maintain homeostasis and keep your body the same.

But, like the friend who you can always manage to coax you into trying a new restaurant, you can work with hormones and use them to help you lose weight.

Here are three hormones that play a role in weight regulation and how you can get them to work with you.

Leptin

Produced by fat cells, leptin signals to the brain how much fat is in the body, explains Dr. Scott Isaacs, medical director of Atlanta Endocrine Associates. When leptin levels are low, you tend to feel hungry, and when leptin levels are high, you tend to feel full.

But it's more complicated than that, Isaacs adds. "As you start to develop obesity, you start to become resistant to leptin," he explains. "So you may have high levels of leptin, but the brain isn't registering that." This can put you at risk

for heart problems and diabetes, adds Susan Carnell, PhD, professor of psychiatry and behavioural sciences at Johns Hopkins Medicine.

Hormone hack: Some research suggests physical activity can help manage leptin levels. Although any exercise may help, resistance training appears to be more efficient at reducing leptin levels.

Sleep is also key. “Leptin is made in your sleep. That’s one reason people with sleep deprivation are hungrier,” Isaacs explains. Research has demonstrated both acute and chronic sleep deprivation decrease leptin levels, so make good sleep habits and using your CPAP a priority.

Ghrelin

The ying to leptin’s yang, ghrelin is produced by the stomach and often referred to as the hunger hormone. It’s highest when your stomach is empty and decreases after you eat. “It does many useful things in the body, like getting the stomach ready to process food,” Carnell explains. “We also know that if ghrelin increases, people are spurred to seek out food, and that stress and poor sleep can produce an increase in ghrelin.”

The combination of stress and increased ghrelin can be especially hard later in the day, according to a small recent study by Carnell and other researchers. “The evening may be a biological ‘high-risk period’ for overeating, particularly when paired with the experience of stress and if you’re prone to binge eating,” she says.

Hormone hack: Again, managing stress is key, as is making sleep a priority since deprivation can increase ghrelin levels. Additionally, Isaacs recommends eating high-fibre, high-protein foods, which will help keep you fuller longer.

Cortisol

Although it’s thought of as a stress hormone because it’s secreted to help us decide whether to fight or flight, cortisol also promotes insulin secretion. “This makes us store fat on our bodies, particularly around our waists, which is not good for our health,” Carnell explains. “And it can increase our appetite.”

Hormone hack: [Managing stress](#) and how you cope with it is key to losing weight, Carnell says. Find what works for you, whether that’s making a cup of tea when you reach your mental boiling point, going for a daily jog or enjoying some time in nature. If you tend to stress eat, it may help to keep your go-to foods out of the house, Carnell adds.

Article sourced from [My Fitness Pal Blog - 3 Hormones for weight loss](#)

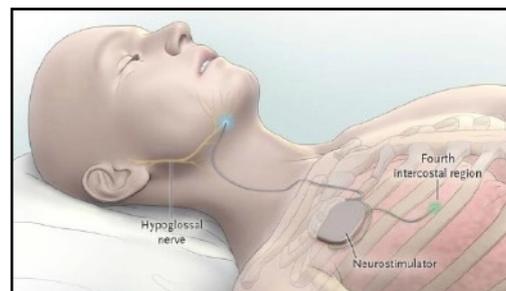
Looking to the future - hypoglossal nerve stimulation?

A new kind of implant may in the future offer people suffering from sleep apnoea an alternative to wearing an air mask while they snooze.

With the implant, a pacemaker delivers electrical impulses to a nerve that controls the tongue and maintains the muscle tone of a sleeping person's upper airway.

These impulses reduced nightly sleep apnoea events by about 68 percent, according to the results of the one-year clinical trial. The technology also decreased by 70 percent the number of times that a person's blood oxygen level dropped due to sleep apnoea.

Not surprisingly, patients reported a 40 percent improvement in their ability to stay awake during the day, the researchers added.



See also <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4434556/>

Hashimoto’s, Hypothyroidism and Sleep Apnoea

At a recent informal SAANZ support meeting in Hamilton one person spoke of still experiencing considerable fatigue even though using CPAP every night and feeling that she had slept well. Another person mentioned that perhaps hypothyroidism could be the problem and should be tested out. As I also suffer from hypothyroidism I thought I would explore this further and found several interesting articles on the links between sleep apnoea, hypothyroidism and Hashimoto’s Disease. Here are some interesting excerpts from my reading and links for further study.

“Over the last few years, three of my clients have presented with adrenal fatigue that just wouldn’t budge! They were struggling with their energy levels, and standard adrenal protocols of adaptogenic herbs, B vitamins, vitamin C, sleeping more, de-stressing—and even adrenal hormones weren’t helping!

Whenever this happens, I always go back through all of their intake documents and labs to see if anything is missing...

Sure enough, one of the clients had sleep apnoea and refused to use her CPAP, one of the treatment devices for sleep apnoea. Another one reported that she tended to snore, and a third one had a scalloped tongue, but they hadn't been tested for sleep apnoea, so I recommended that they get tested. Over the next 6 months, the two ladies with suspected sleep apnoea were found to have it, and all three of them embarked on treatments for the condition.

They reported that addressing their sleep apnoea helped them feel significantly less tired and helped them to normalize their adrenal function and reduce their thyroid antibodies.

Research has linked sleep apnoea, an increasingly common cause of sleep deprivation, to Hashimoto's. Studies have found that 25-35% of people with hypothyroidism also have sleep apnoea.

Now the question is... does hypothyroidism cause sleep apnoea, or does sleep apnoea cause hypothyroidism?

As with most triggers that are known to cause and exacerbate Hashimoto's, it turns out that sleep apnoea and Hashimoto's are a bit of a vicious cycle situation.

While hypothyroidism can cause sleep apnoea due to protein deposition in the upper airway, increased risk of obesity, and abnormal control of ventilation, researchers wanted to know if obstructive sleep apnoea (OSA) itself could be a potential trigger in Hashimoto's.

They studied the incidence of thyroid antibodies in people with and without sleep apnoea. A 2012 study published in Endocrine Journal showed that 53.2% of people with obstructive sleep apnoea were positive for thyroid peroxidase (TPO) or thyroglobulin (TG) antibodies, or both, and thus had some stage of Hashimoto's [\[Read more about the 5 stages of Hashimoto's.\]](#)

Some of the people in the study group still had "normal" TSH numbers so they had not yet developed hypothyroidism, suggesting that OSA may be a causative factor for Hashimoto's.

The researchers concluded that long-term obstructive sleep apnoea can increase the risk of Hashimoto's and is an important trigger to consider.

In this same study, researchers learned that the more severe the sleep apnoea, the more likely the subjects were to have Hashimoto's. Other notable findings included:

- Males with sleep apnoea were especially likely to have Hashimoto's; 66% of men with sleep apnoea had Hashimoto's antibodies!
- People with sleep apnoea and Hashimoto's had a higher number of thyroid antibodies (compared to those with Hashimoto's who did not have sleep apnoea); those with OSA had TGAb in the 1,000 IU/ml range, while people without had TGAb in the 400 IU/ml range.
- People with sleep apnoea and Hashimoto's also had a higher number of TPO antibodies; those with sleep apnoea had an average of 4,490 IU/ml compared to those without who had an average of 650 IU/ml. (1)

So, if you are being treated for sleep apnoea but still feel tired and drained, it may be worth seeing your doctor and getting your TSH, Free T3, Free T4 and TPO antibodies tested.

Nutrition Corner

When you're trying to lose weight, it's almost impossible to bite into a rice cake without being offered diet advice: Cut carbs, limit fat, drink shakes, you name it. Is one approach better than another? Christopher Gardner, PhD, a professor of medicine at Stanford University, wanted to find out.

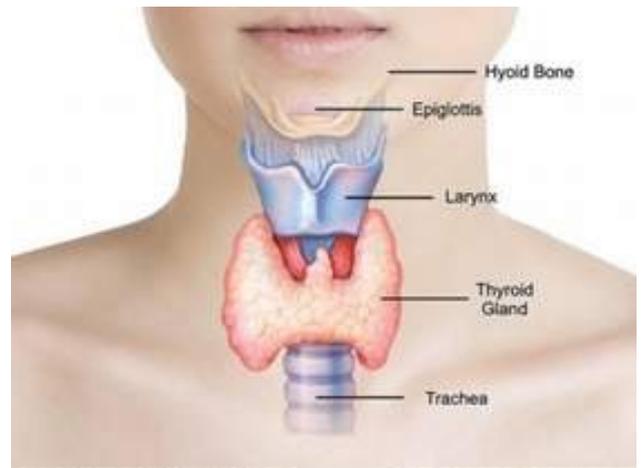
Low Calorie versus low carb

New research published in JAMA compared the effectiveness of low-carb and low-fat diets for weight loss. Researchers followed 609 overweight adults for 12 months and discovered that, on average, dieters in both groups lost similar amounts of weight: Those following a low-fat diet lost 11.7 pounds while those following a low-carb diet lost 13.2 pounds.

"There isn't one diet for everyone."

Within the groups, there were significant differences in how participants fared on each diet: Some dieters lost as much as 60 pounds while others gained weight, leading Gardner to explain, "There isn't one diet for everyone."

Although prescribing a specific diet might not be effective for weight loss, the research revealed some important information.



An Alternative Method: Quality Nutrition

Participants were not asked to consume a specific number of calories, but all were asked to lower their fat or carb intake (depending on their group), choose more whole foods, including vegetables, and minimize added sugars and refined grains. Those who followed that advice, focusing on the quality of the calories they consumed over the quantity, lost significant amounts of weight — regardless of whether their diets were low-carb or low-fat.

“Steel-cut oats and kale are both low-fat; so are sodas and white bread, but the oats and kale are likely more filling, more satiating. Avocados and nuts are both low-carb; so are lard and butter, but meals made with avocados and nuts may be more filling, more satiating,” Gardner explains.

Focusing on healthier, more satiating foods helped dieters feel full while eating less.

Article sourced from [My Fitness Pal Blog - Quality Nutrition](#)

Also worthy of note - low fat products often contain higher concentrations of sugar to compensate for loss of flavour or texture and can therefore be more detrimental to health- especially for diabetics. Avoid “damaged fats” such as those destroyed by heat but include healthy fats to balance cholesterol and keep you sated.

Fitness Tip

1. Find a form (or two!) of movement you enjoy. It's easier to do and stick to things we enjoy.
2. Strive for at least 150 minutes of exercise per week. Break it down to 40 minutes 4 days a week, 30 minutes 5 days a week, or however you'd like!
3. Keep in mind that striving for perfection usually leads to disaster. Set small goals and stair step your way to success by developing healthy habits.
4. Get an accountability partner for exercise and weight loss support. Exercise together, share tips and swap encouragement.
5. Work out in the morning. While the time of day makes no difference when it comes to results, you're more likely to make excuses as the day goes on.
6. Circle the days on a calendar when you've worked out. That way, you can feel proud of your successes and be able to repeat the schedule that worked for you in the past.

From <https://getthehealthy.com/101-fitness-tips-that-rock/>



Q&A - questions submitted via the website and support meetings

Q. Are there surgical options as an alternative treatment for sleep apnoea?

A. Many surgical options have been tried and used from Tracheostomy to bariatric surgery to major craniofacial surgery. However, the most common surgery undertaken at present is Adenotonsillectomy. This is almost exclusively undertaken in children who often have enlarged tonsils and adenoids that block the airway at night and result in Sleep Apnoea in children (up to 5% of children will have OSA). However, Tonsils and Adenoids become much smaller and disappear in most cases by the mid 30's to early 40's, and surgery on the back of the throat is now not commonly done, as results are poor. The most common surgery undertaken over the past couple of decades in adults is a Uvulopalatopharyngoplasty (UPPP), and more recently Radiofrequency Ablation of the soft palate (SnoreOp). Neither of these have been shown to be effective in the medium to long term, and are therefore rarely undertaken now.

Check out the website questions section http://www.sleepapnoeanz.org.nz/frequently_asked_questions.shtml

SAANZ – P O Box 88, Hamilton 3240

<http://www.sleepapnoeanz.org.nz>

Editor saanz.editor@gmail.com

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