

Snoring success

Some of Ron Grunstein's patients make such obnoxious noises their partners chuck shoes, throw them out of bed or even divorce them, writes **Linda Vergnani**



health

On investigation, however, some of these super-snorers turn out not to be inconsiderate slobbers but to have life-threatening sleep apnea, where they literally stop breathing for short periods. The causes range from obesity to tumours on the pituitary gland.

Professor Ron Grunstein, Head of Sleep and Circadian Research at the Woolcock Institute of Medical Research at the University of Sydney, recalls: "We had a patient whose snoring was so bad that when he moored his boat on the Hawkesbury river this guy came over from a nearby inlet and said: 'You've got to turn off your engine at night!'"

An international authority on management of sleep apnea, Grunstein is president of the World Federation of Sleep Research and Sleep Medicine Societies, a body representing 10,000 sleep scientists, doctors and trainees from 60 countries

He heads the Sleep Investigation Unit at Royal Prince Alfred Hospital and the Sleep and Circadian Research Group. Grunstein is fascinated by sleep medicine, which has become popular because of technological advances and the fact that we now live in a 24-hour society.

"There is a big problem of people choosing to sleep less and suffering the consequences," says Grunstein. In developed countries 15-25 per cent of accidents are due to lack of sleep.

"Often it's young people who are over-represented in fall-asleep crashes," says Grunstein. The biggest sleep-related accident was Britain's

Selby train disaster in 2001 in which 10 people were killed and 70 injured. It happened when Gary Hart fell asleep at the wheel of his Land Rover that plunged down an embankment onto the railway line, causing two trains to crash. Hart was jailed for five years for causing the £60 million accident.

One of Grunstein's concerns is errors that doctors may make while working overtime. "The longer you work, the more at risk you are of falling asleep on the job." Among the most vulnerable are trainee specialist surgeons who are constantly on call.

Son of two Holocaust survivors, Grunstein admits that if he had his way he probably would have become a historian. Studying medicine at Sydney University was a concession to his Hungarian mother, who urged him to become a doctor.

obscure field of sleep studies as a possible option. "I probably thought it was very funny, the impact sleep had on people's lives."

Allocated to the sleep laboratory, he "fell in love with sleep. It's very fascinating and involves all different aspects of medicine. I saw how much sleep affected the quality of people's lives."

As a registrar he worked at the Royal Prince Alfred hospital under Colin Sullivan, then senior lecturer in respiratory medicine, who had just published his first paper on Continuous Positive Airway Pressure (CPAP) treatment for sleep apnea in *The Lancet*.

We talk in a small hospital boardroom, its shelves lined with sleep journals and a collection of old equipment. On the top shelf is an archaic CPAP machine, a contraption about the size of an old fashioned portable typewriter with cloudy plastic tubes emerging from it.

Grunstein recalls how use of this machine in the early 1980s revolutionised the treatment of patients with sleep apnea. "We used to get patients with severe sleep apnea – they snore, they develop respiratory failure and stop breathing. The cases then were far more severe than those we see now. Some of our patients were blue, they had high blood pressure, heart problems and were moribund. After a night on the machine, their colour became normal, they were alert and able to stay awake. The transformation was almost miraculous."

Grunstein was the first staff specialist appointed to run the sleep clinic at the Royal Prince Alfred Hospital. At that stage it had four beds and a two-year waiting list. "I don't think anyone realised how big sleep medicine would become."

Now patients are referred far earlier and most teaching hospitals have sleep clinics. With the private sector offering sleep treatment, Grunstein is concerned that miniaturised CPAP machines are being marketed too aggressively without consideration being given to other forms of treatment.

The Royal Prince Alfred Hospital clinic now focuses especially on respiratory failure and manages patients with chronic conditions such as cystic fibrosis. As Grunstein walks through the clinic he gets cheerful greetings from staff and from a grey-haired woman in pajamas, carrying a monitor attached to multiple electrodes wired to her skull.

"I work as a marriage counsellor, often," Grunstein says. "People laugh, but there's a seriousness underlying it. We had this study in Sweden which

found if you are an obese snorer you are far more likely to get divorced than an obese non-snorers."

More than that, he says, people say: "My partner snores. If you don't do anything I will leave them or kill them." Snorers living in units have sometimes been reported to the body corporate by neighbours, who would like them evicted because of the racket. "It's pretty embarrassing," says Grunstein.

The Woolcock Institute is starting an interdisciplinary, "one-stop shop" for people with sleep disorders. Patients will be treated by ear, nose and throat specialists, dentists, sleep physicians, surgeons and weight control experts.

Grunstein says while people can get away with sleeping less than the average eight hours, "the longer your sleep debt builds up, the more errors you make. While everyone cheats on sleep, we are all keen to punish people who fall asleep."

A report written by Grunstein on judicial dozers made international news. One of the cases he described was that of NSW Judge Ian Dodd, nicknamed Judge Nod because he fell asleep and snored during certain trials. The judge retired in 2005 after a public outcry. "He was pilloried because he had a treatable sleep disorder," says Grunstein.

What about leaders such as Nelson Mandela, who apparently thrives on five hours of sleep a night? Grunstein is sceptical. He notes that while some politicians claim to get by with minimal sleep, in reality leaders such as Churchill took naps when they pleased.

He delights in collecting photographs of politicians, such as Margaret Thatcher, sleeping on the job. He has just ordered a copy of a photograph showing deputy prime minister Julia Gillard and treasurer Wayne Swan apparently sleeping as prime minister Kevin Rudd addresses a cabinet meeting. "It's going up on the wall," he says gleefully.

His advice to insomniacs is not to try too hard to get an early night. "They get performance anxiety. The paradox is that you can't lengthen the time you have in bed." Instead of lying in bed awake, he advises insomniacs to get up after 20 minutes and: "do something boring. The main thing you need to do is uncouple the conditioning you have between bed and non-sleeping. Bed has got to be the place where the brain is conditioned to sleep." **SAM**

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Professor Ron Grunstein, Head of Sleep and Circadian Research at the Woolcock Institute of Medical Research at the University of Sydney
Photo: Karl Schwerdtfeger