

Snore Centre Patient eNewsletter

December 2011

Snore Centre to Open Harley Street Clinic in the New Year

In January 2012 the Snore Centre is opening a new clinic at the prestigious location of 150 Harley Street in London. This new clinic will increase treatment capacity in the London area, save existing South East based patients a long journey to Lincolnshire for treatment, and will also cater for overseas patients.

150 Harley Street houses a cluster of ENT specialists, providing a comprehensive range of ENT consultations, investigations, treatment and surgery for ear, nose and throat complaints and facial plastics. My own clinic will be focusing on treating sleep apnoea and other sleeping disorders.

Please check the website in January for more information on the new clinic's dates and hours www.snorecentre.com



Raising Awareness of Dangers of Driving with Sleep Apnoea in the UAE

While I was out in Abu Dhabi speaking at the World Health Care Congress in December I spoke to a journalist from the region's leading daily, Gulf News, about the dangers of sleep apnoea for drivers.

Levels of awareness about the prevalence and fatal consequences of sleeping disorders are

worryingly low, and judging by the comments of Dr Yousuf Al Tigani, a psychiatry specialist at Al Noor Hospital – that he had only seen one case in seven years – suggest that people do not know they are suffering from the condition. Given that around 10% of the population in the UAE are believed to have sleep apnoea, this situation requires urgent action.

During my visit to Abu Dhabi I was also presented with a Middle East Hospital magazine award recognising my efforts to raise awareness about sleep apnoea in the region by Riz Khan of Al Jazeera. Hopefully this award will help towards increasing knowledge about sleep apnoea and its dangers, and result in more people seeking treatment.

Visit our website at www.snorecentre.com

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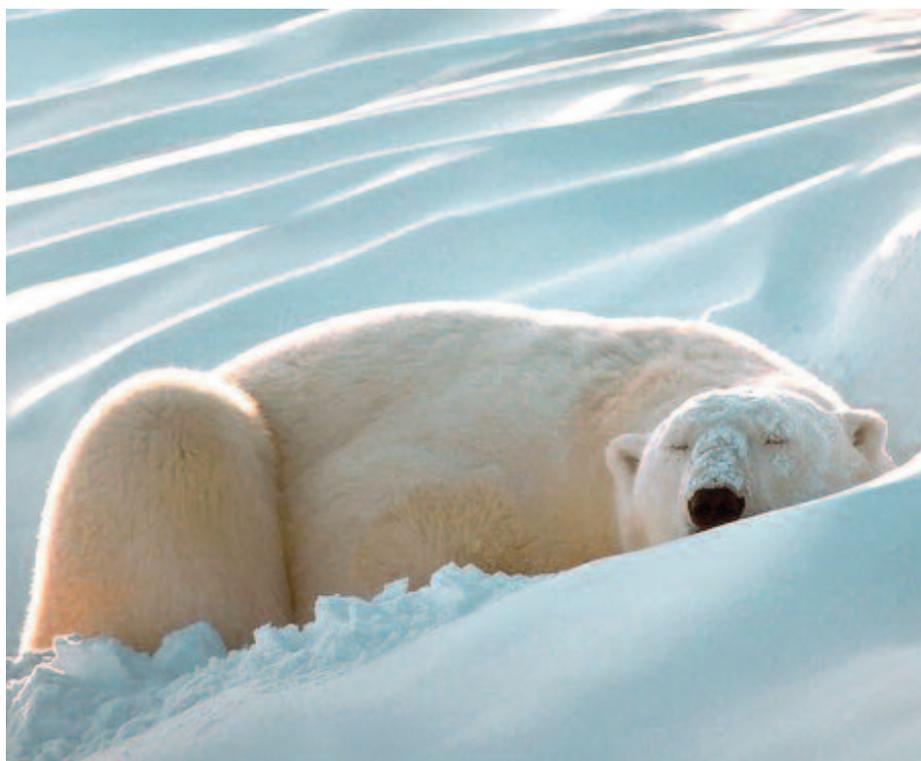
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Does Sleep Apnoea Trigger a Hibernation Reflex in Humans?

We know that some birds and mammals hibernate, but what is not known is whether humans have ever had this ability. There is evidence that humans tend to sleep longer and move around less in winter, in response to the cold and the need to conserve energy.

A fascinating article on the subject- [The Biology of Hibernation: Can Humans Hibernate?](#) -argues that it may be possible given the correct circumstances and training:

“While we don’t have the need to hibernate for protection against the elements as animals do, did we once have the biological mechanisms to regulate our metabolic activity and temperature for long periods of time? Do we still have those mechanisms—and just not use them? The closest most humans come to hibernation these days seems be through meditation, sleep, and starvation. All three states are characterized by many



of the same things as hibernation—decreased metabolic activity, decreased oxygen consumption, muscle relaxation, and decreased hormone production.”

Of particular interest to me as a sleep disorder specialist is the fact that restricted oxygen intake is a factor in hibernation, given that sleep apnoea causes exactly this problem for sufferers. Could there be an increased hibernation reflex in sleep apnoea patients?

According to Wikipedia there are many research projects currently investigating how to achieve

“induced hibernation” in humans for medical and other purposes:

“The ability for humans to hibernate would be useful for a number of reasons, such as saving the lives of seriously ill or injured people by temporarily putting them in a state of hibernation until treatment can be given (compare induced coma). In addition, hibernation would be useful for humans during various proposed plans for interstellar travel in the future. Similar to human hibernation, suspended animation deals with the slowing of life processes in general, by external means and without termination.”

**The Snore Centre
treated over 400 pa-
tients in the past year**

**96% were very
satisfied with the
service they received**

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