



IS THE OLD HAG A SYMPTOM OF OSAHS?

by Steven Grenard RRT, RPSGT

The Old Hag, a witch or demon-like entity that visits some of us at night while we are asleep has been around for millennia. The visitation has been reported and recorded for thousands of years up to the present which makes it one of the most enduring dream-based myths ever known. How prevalent it is in modern times is not known as those who see the Old Hag may or may not remember their encounter or may be reluctant to report it. Enough people do report it and the symptoms that accompany the Hag's appearance to allow us to realize that there is nothing real about the Old Hag and that she is simply a dream-like vision

The Old Hag is a dream-like vision that has been reported for thousands of years

that the recesses of the mind constructs to account for the symptoms of isolated sleep paralysis and REM related OSA syndrome. And while most psychologists have astutely linked the sleep paralysis that sometimes lingers after one awakes from REM, another

constellation of symptoms is often overlooked, these include the feeling that there is a heavy weight on the chest making it difficult to breathe and that this weight is the Old Hag sitting on the chest. A variation has the Old Hag stealing the breathe from one's nostrils along with similar mythologies that cats have this physiologically unlikely if not impossible ability.

It is no coincidence that the inability to breathe is a component of the Old Hag myth. Breaking down what we know about this phenomenon, the evidence is obvious if not overwhelming: Reported after awaking from REM so is REM-associated, Isolated sleep paralysis – inability to move upon awakening, A heavy weight on the chest making it impossible to breathe and The presence of a vision of a witch-like person, the Old Hag.

In a subset of sleep apnea patients the greatest desats and most respiratory incidents of sleep disordered breathing occur during REM when the anatomical structures of the posterior oropharynx are the most relaxed and thus the floppiest. These events are, according to the "rules" counted only if accompanied by an arousal from REM diagnosed by a chin arousal. The chin is normally relaxed and quiescent during REM.

Here is one description from an anonymous writer who may be an experient: "My room is dark and peaceful. I remember going

to sleep but suddenly find myself awake and alert, eyes open. Suddenly the ambience of the room changes and I sense someone else in the room with me. I try to move but realize it is impossible to do so. My entire body is powerless. Even though the room is dark I am able to see what is causing a sensation of heavy weight on my chest making it difficult for me to catch my breath. A horrible witch like person has mounted my chest and is evilly staring into my eyes. She is an old hag and I am completely helpless to fight her in less than a minute, sometimes in five or ten seconds the event has passed, I can breathe, and I can move my arms and legs."

Amazingly, over almost all of history some victims of the above circumstance aver that The Old Hag actually appears to them with long gray hair and a witch or demon-like face. Since this vision occurs to countless people all over the world, the phenomenon also seems to be trans-cultural and not necessarily tied up with any particular group or belief system. There are variations, as well, with some cultures seeing the Old Hag as there to steal their soul or their breath. Some have suggested that a modern version of the Old Hag mythos has found a niche in alien abduction scenarios and reports. The point is, they all appear to us at night, in association with sleep and as far as we can tell in association with REM sleep, although night terrors from other equally as mysterious reasons also occur during Delta sleep most commonly in children. The difference may be that when the disorder occurs around REM, it is a dream accompanied by the symptoms of sleep paralysis and obstructive sleep apnea, whereas when it occurs in Delta or deep Slow Wave Sleep they may involve hallucinations.

The Old Hag phenomenon occurs both to males and females and seems to span all age ranges. Some researchers feel that it happens to 15% of the population at least once in a lifetime and always occurs when the victim is asleep whether it is day or night. However, some individuals may have repeated attacks over many years. In the 2nd Century AD the great Greek physician Galen blamed the phenomenon on indigestion and this may not be so far off the mark as I have had patients tell me certain foods cause them to have bad dreams!

In spite of all the seemingly rational explanations, sleep specialists don't know why the brain tends to prolong sleep paralysis for a minute or so after an individual wakes up from REM nor do we understand why some people, labeled "imagi-

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native" experience the problem more than others or why some of us don't experience it at all. However, there are theories and hypotheses being put forward. One author, Florence Cardinal in her book "The Terror of Sleep Paralysis" writes: "Episodes of paralysis can occur when the body is in any position, but happen most frequently when the sleeper is lying flat on his or her back." So here is another clue that the disorder and the Old Hag may be related to sleep apnea. As all sleep specialists and techs know REM supine is the most likely position and sleep state that favors greater oxygen desaturations respiratory event counts. Cardinal goes on to say: "Intense fear is common, but sometimes other strong emotions such as sadness or anger are present." Lack of restful sleep associated with OSA often causes such emotions including stress, irritability, inability to focus and depression. Sleep paralysis (SP) also occurs in individuals who don't get enough sleep or folks that have disruptive sleep schedules and circadian rhythm disorders. And it may be no coincidence it also shows up more frequently in those with severe anxiety or bipolar disorder.

Researchers have discovered that statistically SP is five times more likely to occur in those who are prescribed anti-anxiety or anti-depressants such as Xanax or Valium. Another clue, as these drugs may also make some more prone to OSAHS. Another study found that 35% of the subjects with identifiable isolated SP report a history of panic attacks while awake.

So does the available evidence such as it is, weigh in favor of adding the Old Hag to the symptoms that suggest the possibility of OSAHS? It would seem that way.

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the lack of safety data regarding long term use, the lack of knowledge regarding potential drug to drug interactions, and more importantly evidence based research regarding the best dose, formulation, timing, and duration of treatment using melatonin.

In October 2005, Rozerem (ramelteon) was approved by the FDA as the first and only non-scheduled prescription medication for insomnia. At this time it is important that the author declare a potential conflict of interest as a member of the Speakers Bureau for Takeda Pharmaceuticals. Rozerem is different than the benzodiazepines and non-benzodiazepines hypnotic agents that we have become accustomed to. Rozerem is a unique molecule with high selectivity for the MT1/MT2 receptors in the suprachiasmatic nucleus. It is FDA approved for sleep onset insomnia. Compared to melatonin, Rozerem has an approximately 3-5 time times greater affinity for human MT1/MT2 receptors and is up to 17 times more potent. In vitro studies, Rozerem demonstrated no significant ligand binding to GABA receptor complex, dopamine, serotonin, acetylcholine, glutamate, noradrenaline, cytokines, or opiates. Of special interest is Rozerem is not expected to exhibit rebound insomnia, memory impairment, respiratory depression, drug abuse, dependence, and withdrawal as by some of the benzodiazepine receptor agonists.

Research still is required in this area. Space constraints limit the amount of meaningful analysis of this topic. The reader is strongly encouraged to investigate further and formulate his or her own conclusions regarding this treatment modality.

Frank Roman MD is a diplomat of the American Board of Sleep Medicine and a Partner, Neurosurgery & Neurology Associates of Massillon, OH. He received his law degree from the Univ of Akron Law School.

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