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What's in a Name?

There is a new name for University of California, Irvine's efforts to bring world-class medical care to patients. It is University of California, Irvine Healthcare. Or UC Irvine Healthcare.

UC Irvine Healthcare represents the patient care services of UC Irvine. It comprises UC Irvine Medical Center, University Children's Hospital and University Physicians & Surgeons, the group of nearly 450 doctors that practices medicine at the medical center, ambulatory or outpatient locations, and physicians' offices. At the helm of UC Irvine Healthcare is **Dr. David N. Bailey**, UC Irvine vice chancellor for health affairs.

UC Irvine Medical Center is Orange County's only academic medical center. Currently under construction is a \$382 million new university hospital, located on the northern perimeter of the medical center grounds, that will provide a patient-centered environment while enhancing UC Irvine's medical services, education and research. Located in Orange, the medical center also has affiliated doctors' offices throughout Orange County and in Long Beach.

What is an academic medical center? It is where leading-edge patient care comes together with research and the education of tomorrow's doctors. Top physicians and surgeons with years of specialty training provide care to patients, while passing their knowledge and skills to young doctors in training. Academic medical centers provide highly specialized services not available at community hospitals, such as UC Irvine's Level I trauma center, regional burn center, Level III neonatal center, and the only National Cancer Institute-designated comprehensive cancer center in Orange County. In addition, patients at an academic medical center have first access to the advances that come from research, with the opportunity to enroll in clinical trials that test new methods that can lead to better treatments.

Compassionate care, cutting-edge services and a first-class medical center are at the heart of our new name. Welcome to UC Irvine Healthcare.

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Seniors: Ask the Doctor

A Good Night's Sleep

Sleep problems are an ongoing concern for many seniors. But with proper medical care, older people can sleep the entire night and wake up rested. Join Dr. Marcel Hungs, a neurologist and director of University of California, Irvine Healthcare's Center for Sleep Medicine, as he discusses seniors and sleep.

Q How much sleep should older people get?

A Most people 65 and older need 7 to 9 hours of sleep. But about 50 percent of seniors get far less. Sleep deprivation can lead to daytime sleepiness, difficulty concentrating, irritability and accidents. It can also put people at risk for memory loss, heart disease and stroke.

Q What causes sleep problems?

A There are dozens of different types of sleep disorders that can affect the quality or quantity of a person's sleep. Stress, depression, poor sleep habits and a shift in the sleep-wake cycle contribute to some sleep difficulties. So do certain medications, nicotine, caffeine, alcohol and a host of physical problems. Unfortunately, many people take sleeping pills that are not adjusted to their age and weight, making them so drowsy they're at risk for falls.

Q Is it normal for older people to have trouble sleeping?

A It's a fact that seniors get an average of 1.3 fewer hours of sleep each night than when they were 20, and they experience about half the amount of deep sleep. But sleep disorders aren't a part of normal aging.

Q What are some of the most common sleep disorders?

A Insomnia is probably the most widespread. But others such as obstructive sleep apnea are also common. This condition involves excessive snoring, interspersed by periods of silence when breathing stops, followed by loud gasps as the person struggles to breathe again. The sleeper doesn't wake up during these episodes, but is exhausted the next day. Restless leg syndrome is another frequent sleep disorder. It involves crawling or twitching sensations inside the legs, sometimes keeping people awake for hours.

Q How are sleep problems diagnosed?

A At the Center for Sleep Medicine at UC Irvine Medical Center, a sleep evaluation includes a physical exam, sleep history and sleep log kept by the patient. It may also involve an overnight sleep study and daytime nap assessment to monitor a patient's brain activity, sleep states, heart rate, breathing, oxygen levels, and leg and eye movements. Once this information is compiled, the reason for most sleep disorders is usually evident.

Q What's the next step?

A The treatment for a sleep disorder depends on the cause. Insomnia can be addressed by lifestyle changes, behavioral modification, pain management and medications. Sleep apnea may be treated with minor surgery, a breathing device called a C-PAP mask or other methods. And restless leg syndrome responds well to drug therapy. The important point, however, is that there's help for all sleep disorders. No one should have to suffer in silence.



Dr. Marcel Hungs is a board-certified neurologist and sleep disorders specialist. He is an expert in sleep disorders affecting children, older adults, and people with stroke, sleep apnea and Parkinson's disease.