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Ray Eng
Publicity Layout



"They make that noise when they're content."

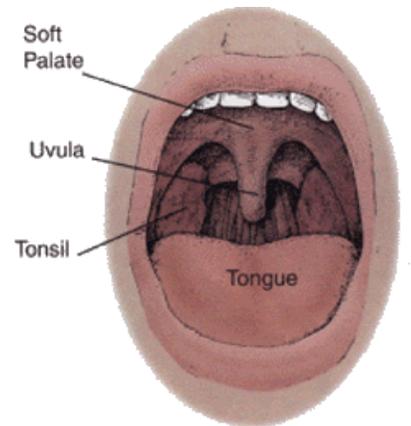
**Obstructive Sleep Apnea:
Extreme Snoring**

By Kathy Mellstrom

Unlike the mechanism that produces a cat's purr, the physical causes of snoring are well understood. When you fall asleep, the muscles relax that support the soft tissue in the back of the throat. Snoring results when these tissues sag and constrict the airway, causing turbulence which makes the uvula and the soft palate vibrate, producing noise. If the airway becomes completely blocked, breathing stops until the sleeper gasps, awakening or nearly awakening, and breathes again. This is called Obstructive Sleep Apnea (OSA). It is by far the most common form of apnea, and the cessation of breathing may occur from five to over thirty times per hour. The other kind of apnea is

Central Sleep Apnea (CSA), caused by the failure of the brain to send signals to the breathing apparatus. This is rare, and may be caused by various health conditions or neurological factors. It is not related to snoring.

A look at the risk factors for OSA reveals why it is so common. These include such ordinary features as: male gender, being over age forty, being overweight (and/or large neck size), large tonsils or deviated septum, and family history of apnea. The tricky thing about OSA is that the sufferer is not usually aware of the night's events, not remembering the small interruptions in sleep. It is the observant bed partner or daytime symptoms related to inadequate sleep that point to the problem. Excessive daytime sleepiness, memory trouble, moodiness, or morning headaches and/or dry or sore throat may be results of OSA. If symptoms are noticed, it is a good idea to visit your primary care doctor to determine whether you should see a sleep specialist for tests or treatment.



The consequences of untreated OSA can be far more serious than being exiled to the guest bedroom for the night. They include potentially fatal arrhythmias and other cardiovascular problems, hypertension and increased risk of stroke, irritability or depression-like symptoms, impaired performance at work or at school, and driving and industrial accidents caused by sleepiness. CSA has similar effects, and may have greater risk of serious cardiovascular events.

(continued on page 3)

2010 Winter Term -- Class Schedule

January 4—February 26, 2010

<u>Class Title</u>	<u>Instructor</u>
World Religions Monday 1:30 – 3:30 pm	John Hagen Kildahl Park Pointe
J. S. Bach: The Fifth Evangelist Tuesday 9:30 - 11:30 am	Richard Collman United Methodist Church
Is it ‘just a dream’? Tuesday 1:30 - 3:30 pm	Mary Flaten Kildahl Park Pointe
A Virtual Tour of the Holy Land Tuesday 1:30 - 3:30 pm	Ruth Hansen NRC Theatre
The Science of Miracles Wednesday 9:30 - 11:30 am	Azna Amira Northfield Senior Center Room 106
Going Places: The Literary Traveler Wednesday 1:30 - 3:30 pm	Barbara Evans Village on the Cannon
Global Cinema II Wednesday 1:30 - 3:30 pm	J. Eric Nelson NRC Theatre & Fireside Room
Image and Word Thursday 9:30 - 11:30 am	Riki Nelson & Jane McDonnell Millstream Commons
“Going by the Book” – A Survey of the Book of Psalms Thursday 9:30 - 11:30 am	David Quarberg Kildahl Park Pointe
Theological Reflections on Musical Meaning Thursday 1:30 - 3:30 pm	Phillip Stoltzfus Village on the Cannon
Let Us Find Hope Thursday 1:30 - 3:30 pm	Bob Bruce NRC Fireside Lounge
The Roots of Economic Globalization Friday 9:30 - 11:30 am	Bill Carlson Village on the Cannon

NRC Northfield Retirement Community

NOTE: For a description of the courses, go to the CVEC web page (www.cvec.org).

From the Director

We are beginning our 13th year with a term enrollment of 200, which is even higher than last fall term when we had a record enrollment of 180. This points to our success in providing exciting courses for both students and teachers. All classes met minimum enrollment and a number are full. We thank the Senior Center, Village on the Cannon, Kildahl Park Pointe and the Northfield Retirement Community for providing great venues for our classes.



Bill Carlson

On July 15 the Senior Center and CVEC sponsored the third annual trip to the Great Rivers Shakespeare Festival to see *The Tempest*. The trip included lunch on the way down and a bit of wine on the return trip. But the matinee performance followed by dinner with some of the actors was the real highlight. We saw a high level performance by an outstanding cast of equity actors from across the nation who love to perform Shakespeare. Our participants have been very enthusiastic.

We look forward to our **CVEC Annual Fall Meeting** on October 18. Ruth Hansen, a long time teacher, will be our keynote speaker. Ruth has led groups to Palestine and Israel and participated in archeological work in the Holy Land. From this experience she has designed courses, and will offer yet another this winter term. As testimony to her credentials, when I was traveling in Palestine and meeting key leaders, I had much better interaction after I told people that "I know Ruth Hansen!" Her scholarship is an example of the quality and experiences of our many teachers.

The new web page (www.cvec.org) is generating excitement as it presents more information and pictures in an impressive format. We can now e-mail information on a timely basis without waiting for the slow print and mail cycle. Our newsletters, course brochures, and other materials can reach you at least 10 days earlier. And e-mailing can save us printing and mailing costs. Please send an e-mail to elufkin7@yahoo.com if you are willing to receive publications via the internet. Thanks to Ed Lufkin and Ray Eng for their fine work in developing the new web page. +++

Bill

Obstructive Sleep Apnea: Extreme Snoring (continued from front page)

At a sleep study center, both CSA and OSA are detected through monitoring brain and muscle activity, eye movement, and blood oxygen levels throughout the night.

Treatment for OSA ranges from "do try this at home" to use of specialized devices to surgery. If you are overweight, start with a weight loss plan. OSA frequently disappears with the pounds. Sleep on your side or your stomach rather than your back. Quit smoking, which may cause irritation of soft tissues, and avoid alcohol or sedatives before bed, as they may contribute to excessive relaxation of supporting muscles. Get enough sleep – deprivation increases snoring. Use a saline nasal spray to soothe your nasal passages and help keep them open. Also note that taking Viagra before bedtime may increase apnea.

Beyond these self-help approaches, treatment may include a Continuous Positive Airway Pressure (CPAP) system, which requires wearing a mask over the nose, and works by pumping air into the airways. This increases the air pressure and keeps the passages open. Dental devices similar to a mouth guard, which force the lower jaw forward, can open airways for some people. Surgery, including laser surgery, to remove the uvula and extra soft tissue at the back of the throat requires full anesthesia with its associated risks. Tonsils and adenoids may also be removed, but while this is effective for children in treating OSA, it rarely helps adults. A new procedure called Pillar Palatal Implant reduces movement of the soft palate by stiffening it. Three pieces of polyester mesh are inserted into the palate using a special needle. It takes about ten minutes and requires only local anesthetic, but insurers at this point will not cover the \$2000 price tag. It may be covered in the next couple years as more studies are completed.

So: if you might have OSA, wake up! It is more than just an annoyance. It can be a major factor in physical and mental health – in other words, your QL (quality of life) may be on the line. +++

CVEC ANNUAL FALL MEETING

Cannon Valley Elder Collegium
Annual Fall Meeting
Northfield United Methodist Church
October 18, 2009

2:00 pm – Coffee and Social

2:20 pm – Meeting

Keynote Address: Ruth Hansen

Hunting for Herod's Tomb & Other Holy Land Artifacts

Introductions to Winter Term 2010 Classes

New Announcements of Collegium Activities

Update on New Web Page Developments

Good Friends and Fellowship