

# Rise & Shine!

June/July 2007

The Newsletter of the Chronic Fatigue & Fibromyalgia  
Support Group of SW Florida [www.CFS-FMS-FL.org](http://www.CFS-FMS-FL.org)

## THIS & THAT

As you can see, we have a new format and design prepared by new member **Michael Golding**. E-mail comments or suggestions to [michaelgolding@earthlink.net](mailto:michaelgolding@earthlink.net).

We all wish to thank **Roxy Barber** for her hard work and dedication in producing our previous newsletters.

It has been suggested that the **support group consider meeting twice a month**. However, it will be difficult for Bonnie Dewar to commit to this, and an alternate person may have to lead another session. E-mail Michael Golding with your comments.

Starting with this newsletter, we intend to **excerpt items of interest** from *Chronicle*, the magazine published by the CFIDS Association of America Inc. We thank CFIDS for permission to excerpt these articles.

At a recent support group meeting, the question was asked, "**What time of day do you feel best?**" The consensus was "between 7:00 p.m. and bedtime." Please let us know what times are best for you.

Our own Ken Schneider was featured in a Fort Myers News-Press article on **uninsured Americans**. Because of the debilitating nature of CFS, we urge all members to contact their Senators and Representatives to fight for a national health insurance program.

We meet the **third Saturday of each month** at Cape Coral Hospital, Room C, 10:30 a.m. to Noon.

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## Do You Have CFS or Sleep Apnea...or Both?

We all know that disturbed sleep is one of the constants in Chronic Fatigue Syndrome (CFS) and Fibromyalgia. Many of us take sleep aids to help achieve the restorative sleep we all need. But even with a sleep aid, many of us still awaken unrefreshed and tired. It may be CFS, but it may be Sleep Apnea...or both!

The Greek word "apnea" literally means "without breath." There are three types of apnea: obstructive, central, and mixed; of the three, obstructive is the most common. Despite the difference in the root cause of each type, in all three, people with untreated sleep apnea stop breathing repeatedly during their sleep, sometimes hundreds of times during the night and often for a minute or longer.

Obstructive sleep apnea (OSA) is caused by a blockage of the airway, usually when the soft tissue in the rear of the throat collapses and closes during sleep. In central sleep apnea, the airway is not blocked, but the brain fails to signal the muscles to breathe. Mixed apnea, as the name implies, is a combination of the two. With each apnea event, the brain briefly arouses people with sleep apnea in order for them to resume breathing, but

consequently sleep is extremely fragmented and of poor quality.

Do you snore loudly? Do you sometimes wake up gasping for breath? Has your sleep partner observed periods where you stop breathing for a few seconds? These are symptomatic of Sleep Apnea.

You need to make an appointment with a Sleep Specialist, who will order a "Sleep Study." This involves an overnight stay in a Sleep Lab. You are hooked up to a computer that measures your night's sleep. You also wear a mask that titrates air (not oxygen) through your nose during the night.

The results are sent to your doctor who will then prescribe a course of treatment. This usually means that you will have to use a CPAP (Continuous Positive Airway Pressure) machine each night to ensure that you receive the right amount of air. If your obstruction is caused by enlarged tonsils or other nasal problem, surgery might be an option, but only your doctor can tell for sure.

Sleep Apnea treatment, including the study and the machine, is covered by most health insurance plans. Do yourself a favor...have it checked out, especially if you have the symptoms described.

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## Disclaimer

The Chronic Fatigue & Fibromyalgia Support Group is a self-help program to present ideas and exchanges with the members. None are to be construed as professional medical advice or counsel, nor is any endorsement of any treatment or product intended or implied. The Support Group assumes no responsibility for any specific medical hypothesis, product, or treatment undertaken by readers. All questions about medications and treatments must be referred to your health care professional.

# Treatments for CFS: Medications

Each issue, we will bring you an excerpt from "The CFIDS Chronicle." The following material from the 2005-2006 special issue of the journal lists drugs commonly prescribed by physicians for treating CFS patients. It's not intended to be comprehensive, and patients should keep in mind that what works for one person may not work for them.

Physicians and patients may need to systematically try various drug interventions to determine what works best. People with CFS are highly sensitive to medications, so dosages are generally started out at a fraction of the normal dose, and then adjusted to levels that are both well tolerated and therapeutic.

## Sleep Improvement

### **Sleep initiators**

Xanax (alprazolam)  
Restoril (temazepam)  
Klonopin (clonazepam)

### **Sleep sustainers**

Elavil, Endep (amitriptyline)  
Sinequan (doxepin)  
Desyrel (trazodone)  
Remeron (mirtazapine)  
Zanaflex (tizanidine)  
Flexeril (cyclobenzaprine)  
Neurontin (gabapentin)

### **Sleep initiators & sustainers**

Ambien (zolpidem)  
Sonata (zaleplon)  
Lunesta (eszopiclone)  
ProSom (estazolam)

## Anticonvulsants

Used in CFS as mood stabilizers or for pain relief and sleep

Lamictal (lamotrigine)  
Depakote (divalproex sodium)  
Neurontin (gabapentin)  
Topamax (topiramate)  
Lyrica (pregabalin)

## Stimulants

Used in CFS for wakefulness and mental acuity

Provigil (modafinil)  
Aderall (amphetamine salts)  
Ritalin (methylphenidate)  
Strattera (atomoxetine)

## Muscle Relaxants

Used in CFS for pain, sleep

Zanaflex (tizanidine)  
Flexeril (cyclobenzaprine)  
Skelaxin (metaxalone)  
Robaxin (methocarbamol)  
Norflex (orphenadrine)

## Antidepressants

### **SSRI class of antidepressants**

Prozac (fluoxetine)  
Zoloft (sertraline)  
Paxil (paroxetine)  
Celexa (citalopram)  
Lexapro (escitalopram)

### **SNRI class of antidepressants**

Effexor (venlafaxine)  
Cymbalta (duloxetine)  
Wellbutrin (bupropion)

## Tricyclic class of antidepressants

Treats Multiple symptoms; may help with mood, sleep and pain

Elavil, Endep (amitriptyline)  
Sinequan (doxepin)  
Norpramin (desipramine)

### **Receptor antagonist class of antidepressants**

Desyrel (trazodone)  
Remeron (mirtazapine)

## Restless Legs Syndrome

Requip (ropinirole)  
Mirapex (pramipexole)  
Sinemet (carbidopa-levodopa)

## Orthostatic Intolerance

Florinef (fludrocortisone)  
ProAmatine (midodrine)  
Tenormin (atenolol)

## Analgesics (Pain Relief)

### **Nonsteroidal anti-inflammatory**

Advil/Motrin (ibuprofen)  
Aleve (naproxen)  
Mobic (meloxicam)

### **Cox II inhibitors**

Celebrex (celecoxib)

### **Analgesic**

Tylenol (acetaminophen)

### **Short-acting narcotics/opiates**

Darvocet-N (propoxyphene)  
Various brands containing oxycodone, codeine or hydrocodone

### **Long-acting narcotics/opiates**

MS Contin (morphine sulfate)  
Kadian (morphine sulfate)  
Avinza (morphine sulfate)  
Duragesic (fentanyl transdermal patch)

### **Narcotic-like analgesics**

Ultram (tramadol)  
Ultracet (tramadol with acetaminophen)

### **Topical**

Lidoderm (lidocaine transdermal patch)

## Are Antidepressants Making You Even More Fatigued?

There is a blood test to help your doctor make the right decision as to what antidepressant, if any, is right for you. Mayo Clinic psychiatrists, in partnership with laboratory medicine specialists, have developed the cytochrome P450 test that helps pinpoint genetic factors that play a role in a person's response to various drugs, including most antidepressant medications.

The cytochrome P450 test represents a major advance in the ability to provide the best care possible for depression. This blood test provides information about how a person's body metabolizes (breaks down) drugs. One person may metabolize an antidepressant slowly. This can cause side effects or even a toxic reaction, which might lead the person to stop taking the drug. Other people may metabolize the drug quickly, eliminating the drug from the

body before benefiting from it. The cytochrome P450 test gives the doctor information to help choose the right antidepressant and the correct dosage to reduce side effects.

Your doctor must order the test, and the good news is that Cape Coral Hospital is affiliated with the Mayo Clinic. Blood is drawn in the normal way, and the hospital sends it to the Mayo clinic for assessment. The results are then returned to your doctor. Check first whether your insurance will cover the test. (This writer was placed on one antidepressant after another, all with the same results...bad. Then, I discovered the test and had it done; it revealed that I could not metabolize the medications properly.)

Many doctors are not aware of this test, so you may have to go to the Mayo Clinic web site and print out the details. Good luck! – Michael Golding