

Q & A sheet for interviewers

1. **Q. As an expert in breathing, have you ever had breathing issues?**
2. **Q. What inspired you to do this work and write the book?**
3. **Q. What is so dangerous about snoring?**
4. **Q. How does snoring affect couples?**
5. **Q. What is sleep apnea?**
6. **Q. 18 million Americans have sleep apnea. Why is it so common today?**
7. **Q. What is CPAP?**
8. **Q. How successful is CPAP?**
9. **Q. Why shut your mouth and save your life? What's the connection?**
10. **Q. How about children who mouth-breathe?**
11. **Q. What are the issues in the workplace arising from sleep-disorders?**
12. **Q. We all know how to breathe don't we?**
13. **Q. Why are there so many bad breathers today?**
14. **Q. How is your approach different from others who teach breathing exercises?**
15. **Q. What are the nine healthy breathing habits?**
16. **Q. How soon can people notice a change?**
17. **Q. What can you do for asthma and anxiety attacks?**
18. **Q. 25% of children are snoring these days. Should we be worried?**
19. **Q. What can you teach our viewers/listeners/readers?**
20. **Q. Any new developments?**

Q.1. As an expert in breathing, have you ever had breathing issues?

In my 30s, I had quite severe hayfever and sinusitis. That was bad enough, but what really worried me were the increasingly frequent asthma attacks two of my children were having, and the growing list of medications they needed to control it.

Q.2. What inspired you to do this work and write the book?

Because of the amazing turnaround in health that breathing retraining meant for all of us, I made the decision to study and teach it so that I could offer others a way out of breathing difficulties that did not involve drugs, surgery or appliances - an approach that got to the real cause the problem. In

a 20 year period, I was able to help over 5000 people, the majority of whom had snoring and sleep apnea. I then wrote the book in order to reach far more people than I could in clinical practice.

Q. 3. What is so dangerous about snoring?

A. Snoring is far more than just a bad noise that drives your partner crazy and perhaps the neighbors. It is associated with an increased risk of high blood pressure, stroke, heart attack and diabetes. And heavy snoring can lead to the far more serious condition, sleep apnea.

Q.4. How does snoring affect couples?

A. Over 50% of adults snore and many couples have to sleep in separate bedrooms because of it. Both partners suffer sleep deprivation. Snoring is behind the growing trend in home building for there to be two master bedrooms. Snoring is not good for relationships - it is said to be third on the list of causes for divorce. And it's not just the men who snore – women and children too.

Q.5. What is sleep apnea?

A. This is a serious breathing condition where, usually after a period of heavy snoring, your breathing stops for up to 2 minutes at a time in severe cases. This can happen hundreds of times a night and leaves the sufferer exhausted, unproductive and sleepy the next day. Untreated sleep apnea increases the risk for high blood pressure, heart attack, stroke, diabetes and road accidents.

Q.6. 18 million Americans have sleep apnea. Why is it so common today?

A. One thing all people with sleep apnea have in common is that they don't breathe properly - during the day **and** the night. They unconsciously develop faulty breathing habits, often because of stress, and end up breathing too fast and too deeply and/or doing a lot of sighing. Research shows people with obstructive sleep apnea breathe around 3 times more air during the day than they should. This sets them up for fast, heavy and noisy breathing (snoring) at night. The air passages get inflamed and swollen and if the air travels through fast enough, the airway can collapse, and obstruct or stop breathing temporarily. Not unlike sucking too hard on a straw. Breathing can also stop because the brain signal can temporarily fail if heavy breathing significantly changes the blood chemistry.

Q.7. What is CPAP?

A. CPAP stands for continuous positive airway pressure and it's the gold standard treatment for sleep apnea today. People on CPAP therapy wear a mask to bed that is attached via tubing to an air compressor which delivers air under pressure to stop their throat collapsing while they sleep.

Q.8. How successful is CPAP?

It's a very successful treatment if it is used properly - that means you have to leave it on for more than four hours every night - usually for the rest of your life. However, more than 50% of people who are prescribed CPAP reject it. This can be for various reasons, including they feel claustrophobic, they can't get a mask that is comfortable, they or their partner can't sleep with the noise, it's socially unacceptable for them or for some it simply doesn't work.

Q. 9. Why shut your mouth and save your life? What's the connection?

A. Undoubtedly, the number-one breathing fault today, in incidence and the trouble it causes, is mouth-breathing. It is well recognized that asthma, snoring and sleep apnea are worse in people who use their mouth to breathe. Not only are these conditions serious enough in themselves, they also increase your risk for other conditions. For example, snoring and sleep apnea significantly increase your risk of high blood pressure, heart conditions, stroke, diabetes, sexual dysfunction and even dementia and depression. Sleeping with your mouth shut is protective against asthma, snoring and sleep apnea.

Q. 10. How about children who mouth-breathe?

Not only is there the higher incidence of snoring, sleep apnea, asthma, chronic nasal problems and allergy, habitual mouth-breathing in children causes problems in the way the jaws and facial bones develop. It can result in crowded and crooked teeth, a less aesthetically-pleasing face and large orthodontic bills for parents.

Q. 11. What are the issues in the workplace arising from sleep-disorders?

A. For employers, it's an expensive problem. Sleep deprivation can result in physical and mental health problems, absenteeism, irritability, poor concentration, low productivity and greater risk of workplace accidents. Driver fatigue from poor sleep is a factor in up to 40% of road accidents.

Q.12. We all know how to breathe don't we?

A. Well, no. Improper breathing is the single most-overlooked contributor to poor health, yet when's the last time you were screened for proper breathing? Unfortunately, checking breathing pattern is not part of standard medical assessment so the problem is more often than not overlooked.

Q. 13. Why are there so many bad breathers today?

First of all, no one pays much attention to breathing because it is automatic. We can develop bad habits without even knowing, and checking someone's breathing pattern is not part of standard medical practice. Second, there is a lot of damaging misinformation on breathing. The worst of that is the myth that deep breathing - meaning taking large breaths, filling your lungs fully and fully exhaling is good for you. The correct amount of air to breathe, unless you are exercising, is little more than 1/10th of your full lung capacity. Use more than this, and you create imbalance in your blood gases and throw out your body chemistry. You'll pay for this in some manner or other. Unfortunately many people are instructed incorrectly in breathing, and consciously or unconsciously breathe too much most of the time.

We are told that taking big deep breaths gets us more oxygen, yet many experience getting dizzy when they do so, or blow up balloons - a sign of lack of oxygen to the brain! It seems to be a paradox, but easily explained if you know basic physiology.

Q14. How is your approach different from others who teach breathing exercises?

I teach *physiologically* normal breathing – the way we are meant to breathe, awake and asleep, when we walk, talk and run. Everyday normal, healthy breathing – not the 'big-deep-breathing' and 'full-inhale/exhale breathing' exercises that are so commonly taught and which can disturb the balance in the blood gases. The aim of the training I do is to establish a correct breathing pattern that then becomes the new habit - it becomes automatic.

I also teach it simply. No gadgets, no apps, and show you how to blend better breathing into your normal daily life. It's comfortable, it's pleasant, and it's doable for busy people. The changes are fast, stable and profound. "The best sleep in decades" is the most frequently heard comment the morning after beginning to implement better breathing habits.

Q.15. What are the nine healthy breathing habits?

A. The nine healthy breathing habits are what you see in someone with perfect breathing and no snoring, apnea, asthma or blocked nose or panic attacks. Number 1 is '*awareness*' - they know what correct breathing is and they are aware enough to know if they're not matching that. Number 2 is '*nose breathing*' -the way it should be all day and all night. Healthy habit 3 is having '*upright posture*' which helps keep your breathing right; habit 4 is '*regular breathing*' without any sighing, yawning, throat clearing or coughing; habit 5 is '*diaphragm-breathing*', not your upper chest; habit 6 is breathing '*8 to 12 breaths*' a minute which is about half what the average sleep apnea sufferer and asthmatic does. Habit 7 is '*silent invisible breathing*' -what optimal breathing looks and sounds like

day and night; habit 8 is *'breathing control during speech'* which means no gasping inhales when you talk and habit 9 is controlling your *'breathing well during exercise'*. When you have these habits in place it is most unlikely that you could snore or have sleep apnea. You would likely suffer far less, if at all, from nasal problems, asthma and panic attacks.

Q.16. How soon can people notice a change?

Most people breathe around 20,000 times a day so there's lots of an opportunity to do things differently. People start making changes even during seminars and when we chat when they call to book a consultation. Most people notice significant improvement within 48 hours - just establishing habits 1 and 2 produces on average a 40% reduction in overall symptoms. Over 90% of my clients report significantly less or no snoring within 5 days on a breathing program. The first differences may even be noticed within 10 min of changing the way they breathe – like their nose being clearer. It's as simple as taking your next breath differently.

Q. 17. What can you do for asthma and anxiety attacks?

A. Both these conditions are directly related to overbreathing and a heavy loss of carbon dioxide from the lungs and the bloodstream. With asthma, the result can be bronchospasm - tightening and narrowing of the airways making it difficult to breathe. You see, carbon dioxide is a 'bronchodilator'. Keep the right amount of it in your lungs rather than blowing too much out, and you can prevent asthma symptoms occurring.

With a panic attack, a significant drop in carbon dioxide puts the body into fight or flight state with many scary symptoms like heart palpitations, dizziness, diarrhea, and feeling spaced out. Again, you can relieve a panic attack or even prevent it in the first place, by maintaining the correct balance between oxygen and carbon dioxide by learning to breathe at the correct rate, volume and rhythm.

Q.18. 25% of children are snoring these days. Should we be worried?

A. Yes we should- it's not cute to snore. When kids don't breathe right during sleep, not only can they wake up grumpy and tired, but they won't be releasing the right amount of growth hormone during the night. Also, their concentration will be affected and therefore their learning and also behavior. Children as young as three are developing sleep apnea and being prescribed CPAP machines. Research also shows a link between sleep-breathing problems and ADHD.

We have to get the message to parents to tackle the fundamental problem here - faulty breathing, in particular the mouth-breathing habit. A breathing educator can help a child unblock their nose and breathe through it with great all-round benefits. When do we see a change? It can be in less than 24 hours. Parents can also save themselves thousands of dollars of orthodontic work if they get a mouth-breathing problem fixed early enough.

Q.19. What can you teach our viewers/listeners/readers?

A. I can teach them 3 simple strategies they can apply today, to breathe easier and sleep better tonight. Firstly, to pay attention to breathing through their nose whenever they comfortably can. Secondly, whether they are breathing through their mouth or nose, they try to breathe more gently than usual, that is taking in a bit less air than usual, but still being comfortable. Finally, try to sleep on the side at night and breathing through the nose. Elevating the head end of the bed about 10 cm can make it big difference in making this easier in the beginning.

Q.20. Any new developments?

A. We have developed an online better breathing course. In this way we can reach people who otherwise would not have access to breathing retraining.