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Biography

Dr. Yoshihiro Ishikawa has received his MD and PhD in Yokohama City University. Currently he is working as Chair of the Cardiovascular Research Institute of Yokohama City University School of Medicine. He also served as Professor of Cell Biology & Molecular Medicine and Medicine as well as Attending Physician at University of Medicine and Dentistry of New Jersey for many years. He has successfully completed his Administrative responsibilities as Dean at Yokohama. He is serving as an editorial member of several reputed journals like Pharmacological Reviews, Cardiovascular Research, or Journal of Physiological Sciences. He has authored more than 150 research articles/books. He is a member of numerous international societies such as American Heart Association, American College of Physicians, American Society of Biochemistry and Molecular Biology, Royal Society of Medicine or Japanese Society of Physiology. He has been honored as Established Investigator of American Heart Association, Fellow of American College of Physician, American College of Cardiology, American Heart Association.



Research Interests

Dr. Yoshihiro Ishikawa research interests are centered in drug development in cardiovascular and cancer therapy, cardiovascular physiology, sleep apnea and cardiovascular diseases.



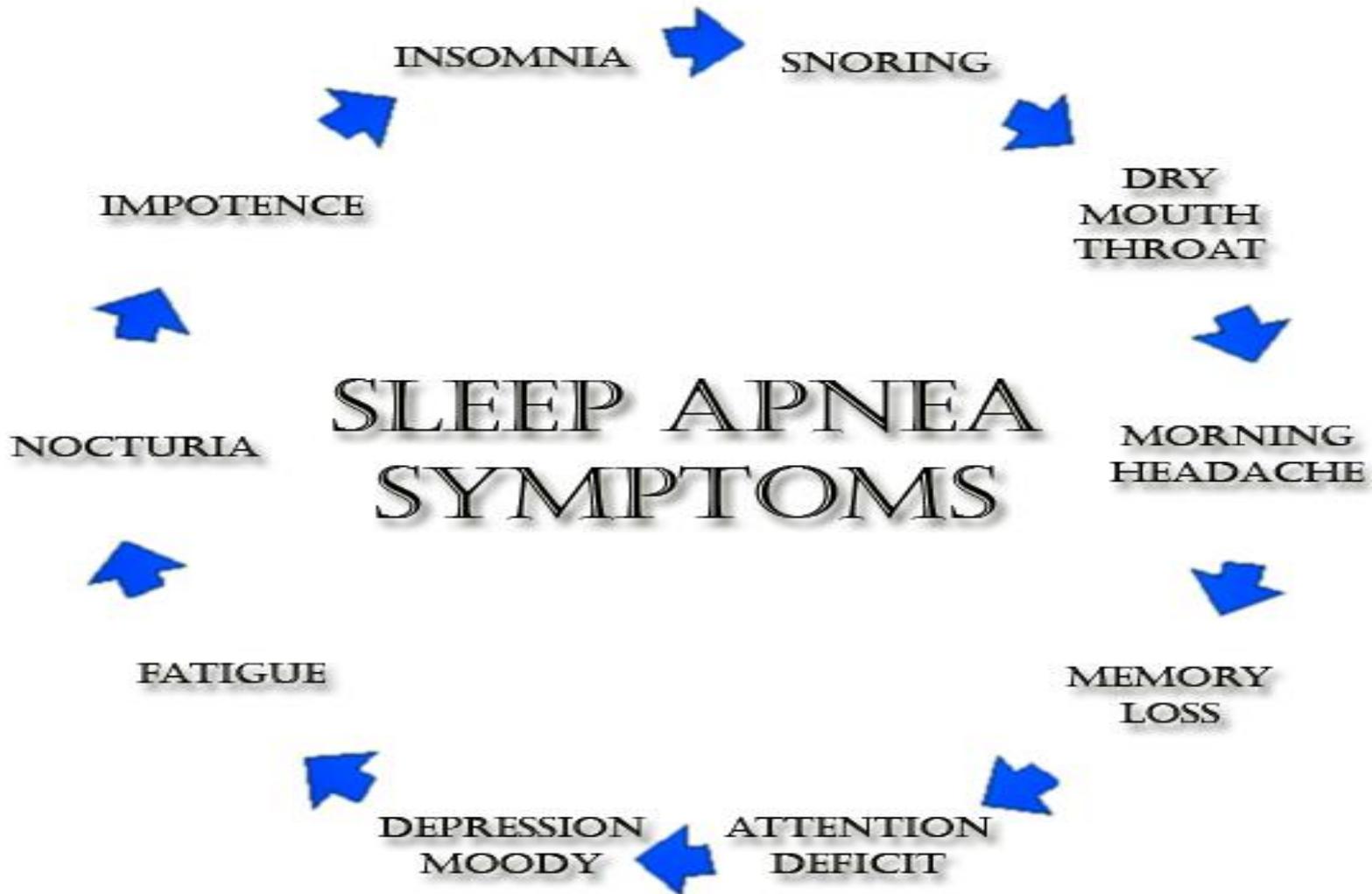
Publications

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3. Kawabe J, Okumura S, Lee MC, Sadoshima J, Ishikawa Y (2004) Translocation of caveolin regulates stretch-induced ERK activity in vascular smooth muscle cells. *Am J Physiol Heart Circ Physiol* 286: H1845-1852.
4. Okumura S, Suzuki S, Ishikawa Y (2009) New aspects for the treatment of cardiac diseases based on the diversity of functional controls on cardiac muscles: effects of targeted disruption of the type 5 adenylyl cyclase gene. *J Pharmacol Sci* 109: 354-359.
5. Bai Y, Tsunematsu T, Jiao Q, Ohnuki Y, Mototani Y, et al. (2012) Pharmacological stimulation of type 5 adenylyl cyclase stabilizes heart rate under both microgravity and hypergravity induced by parabolic flight. *J Pharmacol Sci* 119: 381-389.
6. Ulucan C, Wang X, Baljinnyam E, Bai Y, Okumura S, et al. (2007) Developmental changes in gene expression of Epac and its upregulation in myocardial hypertrophy. *Am J Physiol Heart Circ Physiol* 293: H1662-1672.
7. Ichikawa Y, Yokoyama U, Iwamoto M, Oshikawa J, Okumura S, et al. (2012) Inhibition of phosphodiesterase type 3 dilates the rat ductus arteriosus without inducing intimal thickening. *Circ J* 76: 2456-2464.



Sleep apnea

- Sleep apnea is a potentially serious sleep disorder in which breathing repeatedly stops and starts. One may have sleep apnea if snore loudly and feels tired even after a full night sleep.
- Sleep apnea usually is a chronic (ongoing) condition that disrupts sleep. When breathing pauses or becomes shallow, one often move out of deep sleep and into light sleep. As a result, the quality of sleep become poor, which makes a person tired during the day. Sleep apnea is a leading cause of excessive daytime sleepiness.



Types of Sleep Apnea

- There are two main types of sleep apnea:
- **Obstructive sleep apnea:** The more common form that occurs when throat muscles relax.
- **Central sleep apnea:** Which occurs when brain doesn't send proper signals to the muscles that control breathing



Type of Sleep Apnea	The Problem	Site of Problem	Major Causes
<u>Obstructive</u>	Airflow is blocked. Air cannot enter lungs.	Airway	Weight (adults), Tonsils (children), Jaw anatomy.
<u>Central</u>	The drive to breathe is reduced.	Brain	Heart failure.



Treatment & Management

- Treatments for central and complex sleep apnea usually include:
- Treating the underlying medical condition causing the apnea, such as a heart or neuromuscular disorder
- Using supplemental oxygen while sleeping
- Using breathing devices that will also manage obstructive sleep apnea
- Medications are only available to treat the sleepiness associated with sleep apnea, not the apnea itself, so they should only be used in conjunction with other proven sleep apnea treatments.



CPAP for sleep apnea

- Continuous Positive Airflow Pressure (CPAP) is the most common treatment for moderate to severe obstructive sleep apnea. In many cases, immediate symptom relief and a huge boost in mental and physical energy can be experienced. The CPAP device is a mask-like machine that provides a constant stream of air that keeps breathing passages open while sleep. Most CPAP devices are the size of a tissue box.



Dental devices for sleep apnea

- Most dental devices are acrylic and fit inside the mouth, much like an athletic mouth guard. Others fit around the head and chin to adjust the position of lower jaw. Two common oral devices are the mandibular repositioning device and the tongue retaining device. These devices open airway by bringing lower jaw or tongue forward during sleep.



Surgery as treatment for sleep apnea

- Surgery can increase the size of the airway, thus reducing the episodes of sleep apnea.
- The surgeon may remove tonsils, adenoids, or excess tissue at the back of the throat or inside the nose. Or the surgeon may reconstruct the jaw to enlarge the upper airway. Surgery carries risks of complications and infections, and in some rare cases, symptoms can become worse after surgery.

Sleep disorders and therapy Related Journals

- Alzheimer's Disease & Parkinsonism
- Brain Disorders & Therapy



Sleep disorders and therapy Related Conferences

- Annual Summit on Sleep Disorders and Medicine August 10-12, 2015 San Francisco, USA
- 2nd International Conference on Alzheimer's Disease and Dementia *September 23-25, 2014 Valencia, Spain*



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