

Sleep Apnea Awareness Newsletter

SPRING 2010

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CPAP Success Group

Maximize Your CPAP Experience with Rick Clerici, Relaxation Therapist

Learn to use CPAP more easily and effectively, receive clear information and useful tips to improve your CPAP experience, learn simple relaxation techniques to help you breathe normally during sleep and reclaim sleep, energy and overall health. Attend as often as you like.

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Welcome!

Welcome to the Sleep Apnea Awareness Spring E-Newsletter! We created this newsletter to provide education about sleep apnea, inform you about the latest treatments and to share with you our patient experiences. Please feel free to forward this newsletter to family and friends. Enjoy!

Treating Obstructive Sleep Apnea: You Can't Afford Not To



Margaret Trussler, APRN, BC

Adult Nurse Practitioner
Sleep HealthCenters

Jack is a 42-year-old gentleman who comes to the sleep clinic at the insistence of his wife. While he has been snoring for at least 10 years, over the last 6 to 7 months she has noted long episodes where he stops breathing in his sleep. These episodes have progressed to the point that she is not sleeping well herself because she is afraid Jack will stop breathing in his sleep. He is quite adamant that he sleeps well and feels great during the day. In fact, he reports that he goes to bed at 10 pm, falls asleep "instantly" and gets up in the morning at 6 am. In the morning he feels "fine" and reports a good degree of overall energy "for a guy my age". He denies any daytime sleepiness and reports a good degree of productivity in his job as a bank executive. Even though Jack feels well, in light of his wife's reports of his stopped breathing, a sleep study is performed. Jack reluctantly agrees to the sleep study, mostly to pacify his wife.

A sleep study reveals a respiratory disturbance index (number of apneas per hour) of 50 per hour, indicating a severe degree of obstructive sleep apnea (OSA). In addition, during the study, Jack's oxygen levels drop alarmingly low. After a lengthy consultation with a sleep clinician, recommendations are made for treatment of his OSA with a trial of continuous positive airway pressure (CPAP) therapy. Because he feels fine during the day and believes that he is sleeping well at night, Jack decides to forgo treatment at this point. He jokes that he will "just have to sleep in the garage" so that his wife can get a good night's sleep. When he is leaving the clinic, the clinician presses him to make a six-month follow-up appointment. He says he will call when he gets a chance and the clinician gets the clear impression that she will not see Jack again.

The above scenario is all too familiar. Severity or degree of apnea, as determined by a sleep study, is a poor predictor of clinical symptoms. It is not unusual for some people such as Jack to have a severe degree of apnea and yet report little-to-no daytime consequences or night-time sleep impairment. In addition, it is equally possible for someone to have a relatively mild degree of apnea but report incapacitating symptoms of sleepiness and significant sleep disruption. Of special concern is the fact that many people with OSA acclimate or adjust to their symptoms over time and are not fully aware of how sleepy or impaired they have actually become. If they do have symptoms, they tend to minimize them or attribute them to other factors such as age, stress or poor diet. For many OSA sufferers, it is not until after they are successfully treated that they fully appreciate the degree of sleepiness they were experiencing.

Since untreated OSA poses significant risks to overall cardiovascular and metabolic health as well as general well being, the absence of clinical symptoms should not be the sole determinant driving the decision to treat. Absence of symptoms is not the same as absence of disease. For example, most of us recognize that high cholesterol and high blood pressure are diseases without symptoms. Few would argue the serious consequences of untreated high cholesterol or hypertension.

Insomnia Workshops

Do you or someone you know suffer from Insomnia?



Insomnia Treatment Workshops are now forming at Sleep HealthCenters' Framingham location at 125 Newbury Street, Suite 200. The Insomnia Workshop consists of (7) 60-minute sessions across 8-9 weeks. There are approximately 6-8 patients enrolled in each workshop.

Sessions include treatment modules to:

- Educate you about factors that regulate your sleep
- Equip you with specific skills to improve your ability to quiet your mind at night
- Change your current ingrained poor sleeping patterns

The goal of treatment is to help develop a stable and more satisfactory sleeping pattern.

The treatment you will receive is called Cognitive Behavioral Therapy for Insomnia (CBT-I), which is a skill-based multi-component treatment program. Many research studies demonstrate that CBT-I is effective and produces long-lasting results.

The total cost of the workshop is \$175. For more information, call 508-270-6020.

When making decisions regarding treatment of OSA, it is recommended that both the patient and the clinician use a long lens view. Not only do the immediate consequences of the sleep disturbance need to be addressed, but considerations need to be given to possible cardiovascular risk factors, as well as safety, mental health, and quality of life issues. The clinician and patient together need to ask the following questions: What will happen if I don't treat my OSA? What are my risks for developing heart disease or a stroke? What is the likelihood that I will be involved in a motor vehicle accident or an occupational accident as a result of untreated OSA? Could there be any long term consequences to my mental health or cognitive abilities if I don't treat the OSA? Are there any financial ramifications if I don't treat the apnea? Here are a few facts to help you answer these questions and rethink the decision to treat your apnea.

Risk for accident and injury:

Drivers with untreated OSA have about a threefold increased risk for a motor vehicle accident, whereas drivers treated with CPAP have no increased risk (Rodenstein, 2009). In the year 2000, 810,000 American drivers were involved in motor vehicle collisions related to OSA; of the 810,000 collisions, 1,400 involved fatalities. The estimated cost of these crashes was approximately \$16 billion dollars (Sassani et al, 2004). In addition, compared with individuals without OSA, men with untreated OSA have about a twofold increase in being involved in an occupational accident due to reduced wakefulness, vigilance, and attention (Ulfberg et al, 2000).

Mental health and cognitive impairment:

The incidence of depression in the general population is reported as between 1.8% to 3.3%. In some studies the prevalence of depression in individuals with untreated sleep apnea is as high as 20 to 40% (Sharafkhaneh et al, 2005; Hashmi et al, 2006). Another study demonstrated that even people with a mild degree of apnea were 60% more likely to become depressed than people without apnea (Peppard et al, 2006). In addition, executive function such as memory, learning and decision making can be affected by OSA. Several researchers have demonstrated an association between "occupational and social failures related to poor planning, disorganization, diminished judgment, rigid thinking, poor motivation and mood instability (Beebe and Gozal, 2002)". A significant finding is that these symptoms are believed to be associated not necessarily with daytime sleepiness but repeated nighttime drops in blood oxygen levels. Repeated drops in oxygen levels, known as chronic intermittent hypoxia, may induce biochemical and cellular alterations that effect mental performance and functioning.

Hypertension, heart disease, and stroke:

OSA is associated with the development of hypertension. The Joint National Committee on Prevention, Detection, Evaluation and Treatment of Hypertension (JNC 7) now recommends screening for sleep apnea in patients diagnosed with hypertension and especially for those individuals with hypertension that has not responded to standard care measures (Chobanian, 2003). The degree of apnea seems to correlate significantly with the likelihood of developing apnea. For example, one study demonstrated an increased risk of developing hypertension in those individuals with only a mild degree of apnea (respiratory disturbance index of 15 per hour) while individuals with a severe degree of apnea (respiratory disturbance index of 30 per hour or more) were 1.5 times more likely to develop hypertension (Peppard et al, 2000).

The serious nature of hypertension cannot be underestimated. Hypertension is the number one cause of heart disease, congestive heart failure, stroke and renal failure in the United States. Indeed, when considering the relationship between heart disease, stroke, and OSA, hypertension may prove to be one of the common pathways by which vascular disease develops. Repeatedly low nighttime oxygen levels cause surges in blood pressure and pulse, causing an over stimulation of the nervous system and release of inflammatory markers that cause damage to the lining of the blood vessels. This damage to the vessels results in the development of plaque buildup within the vessels and hence the increase risk for heart attack and stroke.

Financial burden of untreated OSA:

Finally, if the health and safety consequences of untreated OSA are not enough to convince you to treat apnea then consider the financial burdens. While the exact costs are difficult to gauge, it is estimated that the economic burden of untreated OSA costs the US about \$132 billion dollars per year; a cost similar to diabetes (AlGhanim, 2008). This figure represents estimated costs from the diagnosis and treatment of OSA, treatment of related medical conditions, costs associated with accident and injury, loss of work and livelihood, and diminished quality of life. More tangible is a recent study by Banno (2009) showing an increase in physician visits and fees (co-pays) in clinically diagnosed obese women with OSA compared to obese and normal weight population controls. On average, individuals with untreated OSA were seen 13 times by their primary care physician compared to 7 times for individuals without OSA in the year before a formal diagnosis of OSA was made. This translates into more time out of work attending doctor appointments, paying higher co-pays with each visit, and have more diagnostic tests and procedures performed.

Sleep Education



Does sleep affect heart health? Increase risk of stroke? Learn about the importance of sleep and the effect sleep disorders can have throughout your life.

[Log on today!](#)

What's New in CPAP

NEW! The new **EasyLife** nasal mask from **Respironics** is so easy that it practically fits itself.

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Everest® Integrated CPAP System from AEIOMed Enjoy freedom and flexibility with the integrated Everest system in place of conventional, component separated CPAP systems.

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Jack never returned for a follow up appointment. The likelihood that his OSA resolved or improved is highly unlikely. The risks to health, safety and quality of life for those individuals with untreated OSA are enormous. Talk with your physician or nurse practitioner regarding your treatment options. Effective treatment for apnea is available and multiple studies have demonstrated its effect on improving daytime sleepiness, depression, reduction of cardiovascular risk, and improving quality of life and well being. You can't afford not to.

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CPAP Counselor's Corner

Don Ordway, CRT

Manager of Ancillary Services and CPAP Counselor, Sleep HealthCenters



Having worked in the field of sleep medicine for as long as I have, I have encountered many excuses for patients not adhering to sleep apnea treatment. Some excuses have seemed trivial to me while others have been more profound.

The hardest excuses to deal with come from those who have been diagnosed with sleep apnea but have no significant symptoms. The patient snores, but it doesn't bother them and they don't feel they should worry. The "I Can't" patient generally has some mild irritation to the whole process of having to wear a mask to sleep at night. I hear "the mask is uncomfortable" or "it leaks" or "it makes my nose dry". Many of these complaints can easily be corrected. I am able to change the "I Can't" patient to the "I Will" patient.

The hardest patients to help are the ones who "won't." The ones who don't think they have a problem because they "feel fine". They may hit that "wall" around four in the afternoon but "who doesn't when they are working hard all day?" They may fall asleep in front of the TV after dinner, but "who doesn't after a long day?"

I tell them, "People who are compliant with their treatment don't."

Unfortunately, these patients won't accept treatment until something serious develops. I had a case a number of years ago that illustrates the importance of listening to a professional. The patient was a 38-year-old male who was sent for a sleep study after family members witnessed snoring and apneic events. His study revealed a serious sleep apnea with an average of 109 obstructive events per hour. The degree of drops lowered the oxygen levels in his blood down to a sustained low of 55% (normal is 95%).

During the study, he was placed on CPAP to eliminate the closure of his airway and he was able to sleep. Afterwards, he met with a sleep physician who stressed the seriousness of his condition with the recommendation that he start using CPAP nightly. I met with him after, as well, and instructed him on the use of his CPAP with a comfortable mask. He revealed some reluctance but agreed to take the equipment home with him. He returned in a week for his scheduled appointment and I asked him how he was doing. He had tried it for a few hours the first night, decided he did not like it and told me he did not intend to ever wear it again. I tried to emphasize the seriousness of his diagnosis but he was adamant that he would not use it even if I insisted that he take it home. I accepted his refusal but encouraged him to seek alternative treatment and strongly suggested he have a follow-up visit. He claimed he "would think about it" but at this time did not feel bad enough to worry about it.

Locations

Massachusetts

Bedford
Beverly
Boston
Brighton
Framingham
Jamaica Plain
Marlborough
Medford
Milton
North Dartmouth
Stoughton
Weymouth
Worcester

Rhode Island

Cumberland

Connecticut

Bridgeport
Glastonbury
Guilford
Hartford
North Haven
Trumbull

New York

Manhattan

Arizona

Mesa
Phoenix
Scottsdale
Tucson

Sleep HealthCenters is a network of specialized sleep medicine centers, staffed by board-certified sleep specialists. Sleep HealthCenters' comprehensive care services include diagnosis, evaluation and treatment of patients with all types of sleep disorders including obstructive sleep apnea, insomnia, narcolepsy and restless legs syndrome. Please visit our website at www.sleephealth.com to learn more about Sleep HealthCenters or contact us at 877-SLEEPHC (877-753-3742) to schedule an appointment.

About 4 years later, this same patient returned to our clinic to visit with his sleep physician. Over this time, he had gained 40 pounds and had started to become symptomatic. His blood pressure, which 4 years ago had been normal, was now elevated and required treatment. What really brought him back was the fact that he had fallen asleep while driving and had crashed his car into a tree. Fortunately, he was not hurt and no one else was involved. He also started to "nod" off during meetings at work and his manager was starting to get concerned. He finally agreed to restart CPAP and although it took him a few months to become compliant, he eventually admitted that he did feel better.

So even some patients who "Won't" eventually "Can".

If you are diagnosed with sleep apnea, it is important that it be treated. Even if you choose not to do CPAP, doing something is better, and safer, than not doing anything at all.

CEO Spotlight



Paul S. Valentine

President and CEO
Sleep HealthCenters

We are three months into the new year and proud to say it has been a solid beginning to a great 2010 for Sleep HealthCenters. I assume you also join me in celebrating the longer days and the beginning of spring. It's been a busy winter. We'd like to take this opportunity to provide a short summary of activities.

In November, we began a relationship with Gaylord Sleep Medicine in Connecticut. Gaylord is the largest single provider of sleep medicine services in the state of Connecticut. We will provide management services for Gaylord's sleep centers in Connecticut, which includes facilities in Hartford, Glastonbury, Guilford, North Haven, Trumbull and Bridgeport. Gaylord and SHC share similar models of care and hope to grow the existing program through new services, locations and affiliations. Last year, Sleep Review magazine highlighted Sleep HealthCenters' management role in helping Brigham and Women's receive the Adams's Academic Program of Distinction in an article titled, "A Serious Approach to Sleep".

We also recently entered into a partnership with Milton Hospital to develop and manage a comprehensive sleep medicine program on the Milton Hospital campus. Beginning in March, we will provide diagnostic sleep studies, followed by the opening of a CPAP Clinic in the near future. We are pleased to bring sleep medicine to Milton Hospital's patients and referring provider network and look forward to providing the highest level of sleep medicine care.

In January, our own Chief Medical Officer, Dr. Lawrence Epstein, appeared on the Boston radio show "Dan Rea's Nightside" to talk about sleep and sleep disorders. The listeners' response clearly demonstrated the need for sleep education in the consumer marketplace.

Also in the news, Sleep HealthCenters' Regional Medical Director, Sandra Horowitz, M.D., was named President of the Massachusetts Sleep Society. This society unites the state's sleep professionals in order to promote communication, understanding and management of sleep disorders through education programs, support of scientific research and other scientific activities.

We are happy to continue to provide sleep medicine services to your patients. Please do not hesitate to contact us if you have any questions. For more information about Sleep HealthCenters, please visit www.sleephealth.com.

