

The

# SOUND SLEEPER

The quarterly newsletter of the Sleep Apnea Patient Support Group of Central Contra Costa County  
~ our 16<sup>th</sup> year ~

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## THE SOUND SLEEPER

The "Sound Sleeper" is the newsletter of the Central Contra Costa County Sleep Apnea Patient Support Group founded in 1994. The name "Sound Sleeper" comes from the euphoric sensation of awaking from a sound night's sleep once Sleep Apnea treatment has commenced. It is available as a .pdf document via e-mail or by "snail-mail." To be placed on the mailing list call "Amy" at: [contracostasleepcenter@hotmail.com](mailto:contracostasleepcenter@hotmail.com) To offer editorial comment contact Dick Griffiths at: [r.b.griff@sbcglobal.net](mailto:r.b.griff@sbcglobal.net)

## THE SUPPORT GROUP

The Sleep Apnea support group provides to those diagnosed as having Sleep Apnea, a variety of services in the areas of education and patient support so that the full health benefits of their prescribed individual treatment may be achieved through "compliance" with prescribed treatment. The support group is open to all patients and their families in Central Contra Costa County.

## SUPPORT GROUP MEETINGS

There is no membership fee for participation in the Support Group meetings held in the Ball Auditorium, John Muir Medical Center, 1601 Ygnacio Valley Road, Walnut Creek from 7:00 - 8:30 PM on the 3rd Thursday in January, April, July and October. These meetings are sponsored by: the John Muir Medical Center and the Contra Costa Sleep Center.

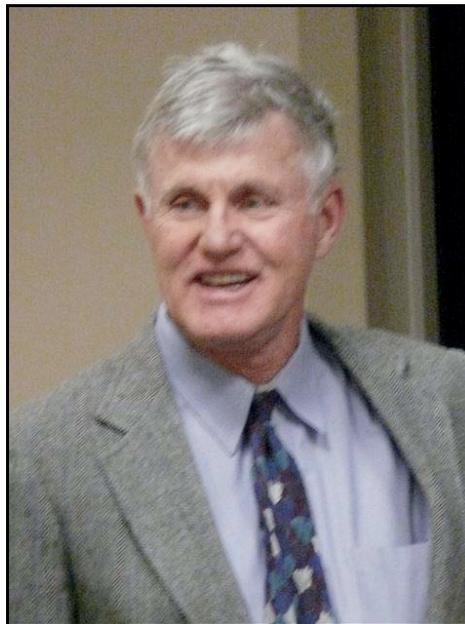
## WHAT IS SLEEP APNEA?

Simply stated, Sleep Apnea is a very common physical disorder that causes some people to frequently cease breathing while sleeping. Sleep Apnea is a very serious health problem if left untreated! It has been estimated that 90% of people who have Sleep Apnea don't know they have it!

## YOU COULD SAVE A LIFE!

Do you know someone who you think may have Sleep Apnea? If so, suggest they contact a Respiratory Physician or the American Sleep Apnea Association at: 1424 K Street, NW, Suite 302, Washington, DC 20005 and they will send a packet of information. You may also call them at (202) 293-3650, FAX at (202) 293-3656, or via the internet at: [www.sleepapnea.org](http://www.sleepapnea.org)

## Q & A AT APRIL SUPPORT GROUP MEETING



Dr. Fred Nachtway fields a question

Dr. Fred Nachtway, a Pulmonary Disease specialist in the John Muir Physician Network led an evening of Questions & Answers at the Spring (April) Support Group meeting. One of the advantages of the Sleep Apnea Support Group is interfacing in an informal setting with specialists in the field. Questions ranged from CPAP equipment to the four sleep stages to the advantages and disadvantages alternative treatments for Sleep Apnea.

## Link Between Acid Reflux and Sleep Apnea Challenged

*ScienceDaily* (Apr. 13, 2010) — New research in Wisconsin suggests that a link

between Gastroesophageal Reflux (GER) and obstructive sleep apnea (OSA) may not exist. Researchers from the Medical College of Wisconsin studied the sleep events of nine patients with GER without OSA, six patients with OSA but without GER, 11 patients with OSA and GER, and 15 control subjects. Although GER is thought to be induced by decreasing intra-esophageal pressure during OSA, study results showed that esophageal pressures progressively increased during OSA. The incidence of GER during sleep in patients with OSA and GER did not differ from the remaining three groups.

Researchers speculate that OSA may not induce GER or other reflux events

## "WHAT'S NEW" AT SUPPORT GROUP MEETING



Matt Chirco of Oxygen Plus

Matt Chirco, the owner of Oxygen Plus, Inc. presented to the Support Group some of the

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**Ball Auditorium, John Muir Medical Center, Walnut Creek**

latest in CPAP technology. Here he illustrates the new Respironics “EasyLife” CPAP mask to the Support Group. Matt said, “The ‘EasyLife’ is ideal for avoiding irritation at the bridge of the nose. (see article below).

## CPAP REPLACEMENT RECOMMENDATIONS

Item	Medicare Schedule	“Conventional Wisdom” *
CPAP Mask Assembly	90 days	3-6 mo.
Full Face Cushion	30 days	3-6 mo.
Nasal Cushion	30 days	3-6 mo.
Nasal Pillow	30 days	3-6 mo.
CPAP Headgear	180 days	4-6 mo.
CPAP Chinstrap	180 days	4-6 mo.
CPAP Tubing	30 days	1-2 yrs.
Disposable Filter	30 days	2-3 mo.
Non-disposable Filters	180 days	6 mo.
Heated Humidifier	5 Years	5 yrs.
CPAP Machine	5 Years	5 yrs.

The Medicare schedule is the minimum period allowed for reimbursement.

\* “Conventional Wisdom” is based on widely accepted Patient/DME experience assuming proper care of the equipment.

## RESPIRONICS NEW “EASY LIFE” MASK



Respironics “Easy Life” CPAP Mask

Philips Respironics named their new mask “EasyLife.” The “EasyLife” nasal mask nearly eliminates the need for manual mask adjustments. Its lightweight design features a unique dual-cushion construction – the inner cushion creates an instant, self-adjusting seal, while the outer cushion

provides comfortable support. The only manual steps necessary are the headgear adjustments. The Forehead pad adjusts automatically - eliminating a fitting step - and requiring minimal headgear force. Only four parts: mask frame, headgear, outer support cushion, inner seal cushion. Angled exhalation micro ports make operation quieter and redirect exhaust air away from the bed partner. Outer support cushion lets the mask rest lightly and comfortably against the face, eliminating the risk of over-tightening the headgear. Inner seal cushion creates an instant, self-adjusting seal.

If you are using an “EasyLife” or have tried it and would like to offer a “first-person review” please e-mail me your comments at; [r.b.griff@sbcglobal.net](mailto:r.b.griff@sbcglobal.net). If you wish to remain anonymous I will print your comments and credit them to “Sleepless in Walnut Creek.”



## THE PHYSICIAN'S CORNER

by Harry J MacDannald MD

### WHAT IS CENTRAL SLEEP APNEA?

An Apnea occurs when a person has no airflow at the nose or mouth for 10 seconds or longer. The most common form of Sleep Apnea is Obstructive Sleep Apnea and a person has interrupted breathing due to airway blockage in the back of the throat, and usually the obstruction is behind the tongue. The person never stops trying to breathe during these breathing interruptions, and sometimes there is gasping. In contrast, Central Sleep Apnea occurs when a person does not even try to breathe, but lies motionless until a breathing pattern begins again. One such type is called Cheyne-Stokes Breathing (CSB) pattern and notable by alternating cycles of deep breathing and cessation of breathing and is usually associated with such conditions as congestive heart failure, kidney failure, stroke or other brain disorders.

Central sleep apnea (CSA) occurs when the brain does not send the signal to breathe to the muscles of breathing. This usually occurs in infants or in adults with heart disease, cerebrovascular disease, or congenital diseases, but it also can be caused by some medications and high altitudes. Under normal circumstances, the brain monitors several things to determine how often to breathe. If it senses a lack of oxygen or an excess of carbon dioxide in the blood it will speed up breathing. The increase in breathing increases the oxygen

and decreases the carbon dioxide in blood. Some people with heart or lung disease have an increase in carbon dioxide in their blood at all times.

If present, treatment of the underlying disorder often improves central sleep apnea. For example, descending to a low altitude is effective in treating high-altitude periodic breathing. Similarly, instituting dialysis is often effective for Cheyne-Stokes breathing-central sleep apnea (CSB-CSA) due to kidney failure or optimizing medical treatment for heart failure. Heart transplantation will resolve CSB-CSA due to end-stage heart disease.

Up to 20% of central sleep apnea cases have been suggested to resolve spontaneously. If the patient is not symptomatic, observation may be the only appropriate step. This may be the case in patients who have central sleep apnea during sleep-wake transition, patients without significant oxygen desaturation, or in those who experience central sleep apnea during continuous positive airway pressure (CPAP) treatment of obstructive sleep apnea.

No clear guidelines are available on when or whether to treat central sleep apnea in the absence of symptoms, particularly when central sleep apnea is discovered after an overnight sleep study (polysomnography - PSG) is performed for another reason. Clearly, when the symptoms are present, treatment is warranted. The decision to treat should be made on an individual basis.

Central sleep apnea may occur in premature infants (born before 37 weeks of gestation) or in full term infants. It is defined as apneas lasting more than 20 seconds, usually with a change in the heart rate, a reduction in blood oxygen, or hypotonia (general relaxation of the body's muscles). In infants CSA usually occurs with prematurity or other congenital disorders. Central sleep apnea can be diagnosed with a sleep study or overnight monitoring while the patient is in the hospital. Central sleep apnea in children is not the same thing as sudden infant death syndrome (SIDS).

In infants, central sleep apnea is treated with an apnea alarm. This alarm monitors the infant's breathing with sensors and sounds a loud noise when the infant experiences an apnea. The alarm usually wakes the infant and the parents. Most infants usually "out-grow" the central apnea episodes, so the alarm monitoring is stopped after the episodes resolve. In infants with other congenital problems, apnea monitoring may be needed for a longer period.

Since Central Sleep Apnea usually occurs in adults with other medical problems, it is best to discuss this with your doctor.

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