

The

SOUND SLEEPER

The quarterly newsletter of the Sleep Apnea Patient Support Group of Central Contra Costa County
~ our 15th year ~

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The "Sound Sleeper" is the newsletter of the Central Contra Costa County Sleep Apnea Patient Support Group. The name "Sound Sleeper" comes from the euphoric sensation of awaking from a sound night's sleep once Sleep Apnea treatment has commenced. It furnishes information and items of educational interest to those who have Obstructive Sleep Apnea (OSA) and is available by mail or via e-mail (as a Word.doc). To be placed on the distribution list please contact "Amy" at Contra Costa Sleep Center. Telephone (925) 935-7667 or at: < contracostasleepcenter@hotmail.com >. To offer editorial comment please contact Dick Griffiths at: 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." 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?

Sleep Apnea is a physical disorder that causes some people to frequently cease breathing while sleeping. Sleep Apnea is a very serious health problem if left untreated!

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 on the web at: < www.sleepapnea.org > or e-mail at: asaa@sleepapnea.org.

CPAP REDUCED SYMPTOMS OF ATHEROSCLEROSIS

(Source: NewsMax.com, Sept 28, 2007)

Medical Researchers in Brazil have found that patients who suffer from obstructive sleep apnea (OSA) and are undergoing treatment with CPAP dramatically reduced, in as little as four months, the early indications of atherosclerosis. This links OSA directly to the hardening or narrowing of the arteries. Until now, no study has demonstrated such a direct relationship between the two.

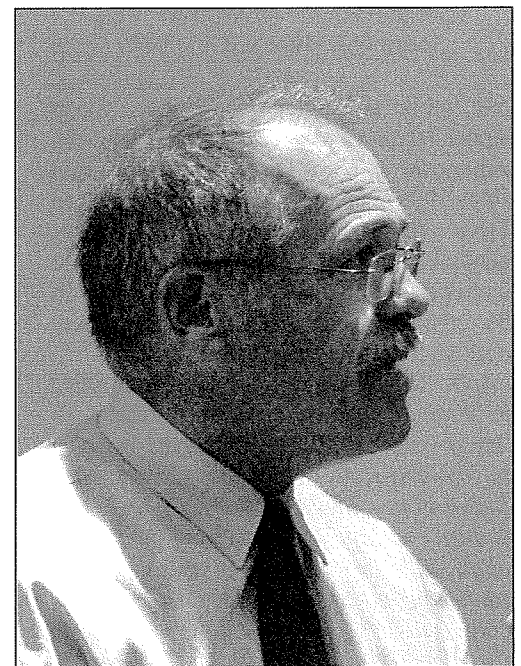
"Obstructive sleep apnea (OSA) is independently associated with increased risk of a fatal cardiovascular event that can be reversed by treatment with CPAP," wrote Luciano Drager, M.D., of the University of São Paulo Medical School in Brazil.

The research was published in the first issue of the American Journal of Respiratory and Critical Care Medicine for October of 2007, published by the American Thoracic Society.

After only four months of CPAP therapy, carotid intima-media thickness (*i.e. thickening of the vascular walls*) declined by 9%, which is remarkable in light of the fact that in a large-scale study, patients undergoing cholesterol-lowering statin pravastatin therapy saw carotid intima-media thickness decline by 12% after a full year. Other indicators showed similar magnitudes of improvement.

The researchers put forth a number of potential pathways whereby OSA could contribute to atherosclerosis progression, including: inflammation, oxidative stress, lymphocyte activation, and high-density lipoprotein dysfunction. CPAP treatment could reverse several of these pathways," they wrote.

DR PETER CHASE ON DENTAL APPLIANCES AND SLEEP APNEA



Dr. Peter Chase, D.D.S., MA

Of the five options for treating Obstructive Sleep Apnea (Behavioral, Medicinal, Mechanical, Postural and Surgical) the option of postural changes in the upper airway through dental appliances is the least understood by the patient community.

Dr. Chase is Director of the Pacific Orofacial Disorders Center at the University of the Pacific, is on the staff of the California Pacific Medical Center and is a member of the Sleep Disorder Dental Society. He is eminently qualified to address the subject of dental appliance applications for the treatment of Sleep Apnea.

Oral Appliances (recognized by the FDA as "medical devices") have their use in treating excessive snoring - when it is not responsive to

COME TO THE NEXT SUPPORT GROUP MEETING - 7PM, THURSDAY, JANUARY 17th

behavioral changes or over-the-counter medications, in cases of mild or moderate Obstructive Sleep Apnea - defined as 5 to 39 AHI (Apnea/ Hypopnea Index), where nasal CPAP treatment has failed or as an adjunct to aid in CPAP treatment.

Speaking to the Fall Support Group meeting Dr. Chase said, Clinical findings indicate; seven conditions which support the use of Oral Appliances in Sleep Apnea treatment, three or four appliances have been proven effective, and a significant numbers of patients have shown improvement in AHI:

<p>IMPROVEMENT IN AHI THROUGH USE OF ORAL APPLIANCES (% of patients studied):</p> <p>Mild OSA (5-19 AHI/hr) = 76%</p> <p>Moderate OSA (20-39 AHI/hr) = 61%</p> <p>Severe OSA (40 + AHI/hr) = 40%</p>

Not unlike any other treatment for Sleep Apnea, Oral Appliances (endorsed by the American Sleep Disorder Association since 1995), are not a universal solution to Sleep Apnea but there is significant clinical evidence that under the right circumstances they should certainly should be considered as one of the treatment options for Obstructive Sleep Apnea.

Note: Dr. Chase opened a branch office in Walnut Creek in November 2007 (one day a week initially) and will be working in conjunction with the John Muir Respiratory Medical Group and the Contra Costa Sleep Center on the application of oral appliances in the treatment of Sleep Apnea. He may be contacted by your physician's referral to the John Muir Respiratory Medical Group.



**VIAL OF LIFE
COULD SAVE
YOURS!**

One of our Support Group members drew to my attention the "Vial of Life" project. The Vial of Life is designed to speak for you when you can't speak for yourself. The vial contains important medical information that could assist emergency medical personnel in administering treatment.

You can make your own "Vial of Life" by going to: <http://www.vialoflife.com>
Then:

1. Fill out the medical information form and place it in a baggie
2. Place the Vial of Life emblem on the front of a plastic baggie
3. Place the baggie on the front or side of your refrigerator
4. Place the second decal on your front door

Or contact your local emergency medical response organization. In Contra Costa County call American Medical Response of Contra Costa County at (925) 602-1300 for a "Vial of Life" kit.

**IS IT TIME TO
CLEAN YOUR
CPAP ?**



Daily: Wipe mask with damp cloth to remove body oils Store mask in clean bag.

Weekly: Wash mask, tubing and headgear in warm soapy water (e.g. Ivory liquid). Rinse thoroughly, air dry (tubing dries well over door). Don't expose to sunlight!

Maintenance: Filters should be replaced every 3 months. Mask, headgear and tubing should be changed every 6 months

Humidifier (if used as part of your CPAP) Remove humidifier daily. Drain water and wash unit in warm soapy H₂O (e.g. Ivory Liquid) Rinse and air dry.



**THE
PHYSICIAN'S
CORNER**

by Harry J MacDannald MD

**How much CPAP is
enough?**

(reprinted from the Spring 2002 "Sound Sleeper")
Why is it that individuals are diagnosed with sleep apnea syndrome? Is it a person's own complaint of morning fatigue and excessive daytime drowsiness? Is it because the individual has become depressed without any other explanation? Is it the high blood pressure that keeps on getting worse despite treatment? Is it the

awakenings from sleep gasping for air or awakening with panic states. Family members or friends note most often suspect sleep apnea, since sleep is an altered state and no one is aware of what they do during sleep. The family may be concerned that the person may quit breathing and die. The family may be frustrated or angry that the person makes so much noise or is so restless during sleep and the family is affected.

The family member may not get any rest and may leave the bedroom. Adequate CPAP therapy prevents the airway collapse during sleep, and as a result, patients stop having apneas. They Stop having hypopneas, stop having the biological stress of a blocked airway, stop experiencing sleep fragmentation, stop snoring. Depression may improve, energy level improves, they may start awakening feeling refreshed and rested, and they may no longer experience daytime drowsiness.

- Sleep studies achieve two goals:
1. Establishes the diagnosis and the severity for this individual.
 2. Establishes a sufficient unique CPAP treatment pressure

The treatment pressure is unique for each individual as the CPAP must overcome anatomical and functional airway blockages. Generally this treatment pressure does not change over time. Only great changes in body weight (20% or more) can result in needing a revised treatment pressure. Neurological disease may change treatment pressure such as with paralysis or neuro-muscular disease.

Inadequate CPAP is manifested by the same symptoms as in the original diagnosis, for example, morning tiredness, excessive daytime drowsiness, break through snoring and witness apneas and hypopneas by the family.

Excessive CPAP may cause mask and air leakage problems. If these symptoms arise, then you need to discuss them with your treating physician. Discontinuing the use of CPAP is not the solution!