

The **SOUND SLEEPER**

The quarterly newsletter of the Sleep Apnea Patient Support Group of Central Contra Costa County
~ our 16th 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. 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 and as a .pdf). To be placed on the distribution list please contact "Amy" at the offices of the Contra Costa Sleep Center: 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?

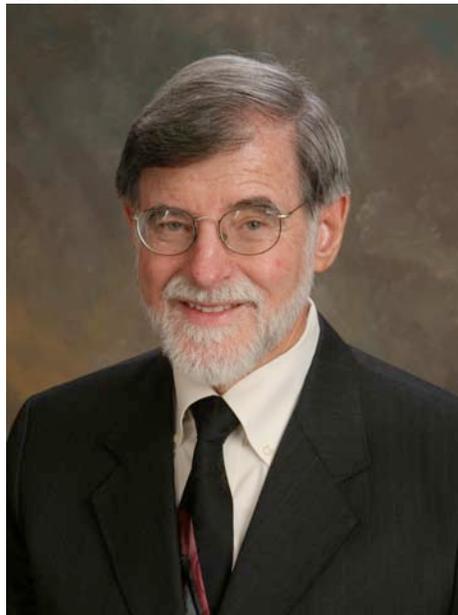
Sleep Apnea is a physical disorder that causes some people to frequently cease breathing while sleeping. Sleep Apnea is a very serious health problem if left untreated!

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 >

Dr. MacDannald TALKS ON "SLEEP IN REVIEW"

Although marred by an electronic failure of a video projector, Dr. MacDannald rose to the occasion at the October Support Group meeting and gave a comprehensive review (without lecture notes) of the history of sleep apnea and current treatment methods followed by an extensive question and answer session.



Harry J. MacDannald, MD

Pointing out that the Support Group (of Central Contra Costa County) was formed in 1994, just 7 years after Dr. Colin Sullivan in Australia had identified Sleep Apnea, he commented that in the beginning there was only one mask and one big noisy CPAP machine. During the mid-1980s there were only two sleep labs in Northern California; one in San Francisco

and one at Stanford University. In 1991 John Muir Medical Center established a sleep study program

Measuring Hypopnias and Apneas. By 1994 (when your editor was studied) this program had expanded to measure airflow at the nose and mouth, movements of the chest and abdomen, arterial oxygen saturation, heart rate and body position.

In 1999 the Contra Costa Sleep Center was formed to conduct "state of the art" detailed sleep studies including brain wave studies.

Items of information gleaned from the balance of Dr. MacDannald's talk and from the Q&A session that followed are covered below:

- Bed partners are frequently the initial diagnosticians of sleep apnea noting their partner's interrupted sleep, snoring, gasping and teeth grinding. But, Dr. MacDannald cautioned, a full sleep study is still required to determine the underlying cause of the problem.

- Juvenile sleep apnea can be caused by tonsils or adenoids. However, unlike adult sleep apnea, which manifests itself in daytime sleepiness, the juvenile displays just the opposite – hyperactivity!

- There is not a direct correlation between snoring and sleep apnea. 50% of people snore, but of the general population only 5% of males have sleep apnea and 2.5% of females.

- Snoring is caused by vibrations of the soft pallet whereas most Sleep Apnea emanates from the area of the throat below the soft pallet. There are surgical and dental corrective measures that can reposition the tongue and can, in many cases, eliminate mild sleep apnea.

- If a person has Sleep Apnea weight gain will generally worsen the problem. Conversely, weight loss will improve it.

NEXT SUPPORT GROUP MEETING - 7PM, THURSDAY, JANUARY 15TH

- A Hypopnea index of 5 or less per hour without CPAP is considered normal. 5 to 15 Hypopnea is considered "mild sleep apnea."

- The problem with Sleep Apnea is the brain arousals when re-breathing which fragments sleep and causes daytime tiredness.

- Untreated Sleep Apnea can also cause low oxygen levels and cause the right side of the heart to be stressed, swelling in the legs and bloating in the belly.

- The most important sleep occurs in Stage 3 & 4. Roughly 20% of the night is spent in these two stages. Every 90 minutes you have a "burst" of REM (Rapid Eye Movement) sleep – this is the dreaming stage. In REM sleep you cannot move anything but your eyes and your diaphragm. REM is not essential for life but stage 3 & 4 sleep is!

- Nasal sprays can aid in keeping the air passages clear during CPAP. Plain saline spray (e.g. "Ocean") can help. If more relief is needed ask your doctor for a prescription for *ASTELIN Nasal Spray*. Avoid using nasal sprays designed to relieve allergies containing phenylephrine due to the "rebound" effect of requiring more and more to be used in order to achieve relief.

- A question was posed regarding how often CPAP masks and nasal pillows should be replaced. The below article provides the Medicare reimbursement schedule which can be used as a guide.

SCHEDULE FOR CPAP EQUIPMENT REPLACEMENT

Medicare will reimburse your Durable Medical Equipment (DME) supplier for CPAP equipment as follows;

- Nasal pillows – 2 per month
- Mask cushions – 1 every 3 mo
- Headgear – 1 every 6 months
- Hoses – 1 per month
- Filters (disposable) – 2 per mo
- Filters (washable) – 1 every 6 mo
- CPAP machines and humidifiers are assumed to have a life of five years or when repair is uneconomical or parts are no longer available to return it to service.

(Note: with proper cleaning and handling care you may not need to replace on this schedule. For any clarification or questions regarding replacement contact your DME provider.)



THE PHYSICIAN'S CORNER

by Harry J MacDannald MD

Drowsy Driving

While there are many hazardous conditions that we cannot avoid, driving while drowsy or sleepy is not one of them. Getting behind the wheel of your automobile when you're in this condition is just plain dangerous. Drowsy driving results in **slower reaction time, decreased awareness, impaired judgment** and an increased risk of getting involved in an accident.

Nearly nine out of every ten police officers responding to an AAA Foundation for Traffic Safety Internet survey reported they had stopped a driver who they believed was drunk, but turned out to be drowsy.

Each year tens of thousands of accidents are the result of someone falling asleep behind the wheel. About half of them occur from the hours of 11 p.m. to 8 a.m. Young men from the ages of 16 to 24 are also likely culprits

Drowsy driving is the direct cause of approximately 100,000 police-reported crashes annually, resulting in an estimated 1,550 deaths, 71,000 injuries and \$12.5 billion in monetary losses.

Here are some signs that should tell a driver to stop and rest:

- Your eyes close or go out of focus by themselves
- You have trouble keeping your head up
- You can't stop yawning
- You have wandering thoughts and daydreams
- You don't remember driving the past few miles
- You drift between lanes, tailgate, or miss signs
- You have drifted off the road and narrowly missed crashing

There are three main causes of drowsy driving:

1. Sleep restriction: Persons getting less than the recommended seven-to-eight hours of sleep each night are more likely to feel tired the following day, which can ultimately affect their cognizance behind the wheel. Not getting enough sleep on a consistent basis can create "sleep debt" and

lead to chronic sleepiness over time.

2. Sleep fragmentation: causes an inadequate amount of sleep and can negatively affect a person's functioning during the daytime. Sleep fragmentation can have internal and external causes. The primary internal cause is sickness, including untreated sleep disorders. External factors that can prevent a person's ability to have a full, refreshing night of sleep include noise, children, bright lights and a restless bed partner.

3. Undiagnosed Sleep Disorders Sufferers- A surprising number of people are tired because they have a sleep disorder. Disorders such as chronic insomnia, sleep apnea, narcolepsy, and restless leg syndrome- all of which lead to excessive daytime sleepiness- afflict an estimated 50 million Americans.

The American Academy of Sleep Medicine (AASM) offers the following ways to avoid becoming drowsy while driving:

Get enough sleep - adults need seven-to-eight hours of sleep each night in order to maintain good health and optimum performance.

Take breaks while driving --If you become drowsy while driving, pull off to a rest area and take a short nap, preferably 15-20 minutes in length.

Do not drink alcohol --Alcohol can further impair a person's ability to stay awake and make good decisions. Taking the wheel after having just one glass of alcohol can affect your level of fatigue while driving.

Do not drive late at night --Avoid driving after midnight, which is a natural period of sleepiness.

Unfortunately, It is a fact that your body CANNOT predict sleep onset. Now, we have all experienced that buzz behind the eyes that makes us say...."I just need to close my eyes for ONE SECOND"....but did you know that even though you may have every conscious intention of re-opening your eyes, the body may feel different. . If you have ever fallen asleep at the wheel and lived to tell the tale, don't EVER say you are an unlucky person!

Next issue we will have a quiz testing your knowledge of some the myths about drowsy driving and what YOU can do about it.

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