Patient Education: Sleep Apnea

A Guide to Diagnosis and Successful Treatment

- Sick and Tired of Feeling Tired: Could your snoozing issues be warning signs of sleep apnea?

- There's No Place Like Home: You may find what spawns your yawns with a home sleep study.

- Partnering With Your Partner: Help your significant other adjust to positive airway pressure therapy

- Save Your Sleep: More treatment choices and mask options exist for patients with OSA

- Out With the Old, In With the New: Is it time to replace your CPAP mask and accessories?
PATIENT EDUCATION IS CRITICAL for acceptance and compliance to therapy for obstructive sleep apnea. Unless patients understand what they are being asked to do to effectively treat their OSA, they will have a hard time succeeding.

Sleep medicine professionals, in the sleep lab and the home care company, make every effort to share important information with patients and their families at the time of diagnosis and initial treatment. But often it is an anxious time for the person who has a sleep disorder or their family member, and it may be difficult for them to focus on or retain information.

The editors at ADVANCE for Respiratory Care & Sleep Medicine have assembled a valuable collection of patient education handouts to share with patients. The five articles cover a wide range of issues related to using positive airway pressure therapy — from making the most of your sleep study to making positive airway pressure therapy work for you. Like the originals published in the magazine, they have a place for the patient and/or family members to make their own notes.

Ensuring compliance to therapy cannot be guaranteed, but providing educational resources based on information from authoritative sources will give your patients a better chance of succeeding with positive airway pressure.

— Ed Grandi is executive director of the American Sleep Apnea Association
Sick and Tired of Feeling Tired

Could your snoozing issues be warning signs of sleep apnea?

**IF YOUR SIGNIFICANT OTHER HAS HAD IT** with your loud snoring, daytime napping, and frequent irritability, visit your doctor before you visit a couples’ therapist. These problems could be signs of a health condition called obstructive sleep apnea (OSA).

While it’s not the only sleep disorder, OSA is one of the most common — it’s estimated to affect more than 12 million Americans. If it’s not treated, it can increase your risk for high blood pressure, heart attack, stroke, obesity, diabetes, and other health problems. Even though OSA is more common in men and those who are overweight, it can affect people of any age, size, gender, or ethnicity.

A person with untreated OSA stops breathing or gasps for a few seconds or minutes while sleeping. These interruptions could happen five to 30 times an hour. A blocked or narrow airway is usually the cause. Frequent, loud snoring is one of the most common signs. Other symptoms include morning headaches, problems concentrating or remembering things, feeling irritable or depressed, and falling asleep during the day.

The American Sleep Apnea Association has developed a short quiz to determine if you may be at a higher risk for OSA. You can find it at www.sleepapnea.org/resources/pubs/snorescore.html. Your significant other may help to answer the questions. If any of your answers is “yes,” discuss your symptoms with your physician. He’ll also consider your physical exam and medical history before referring you to a specialist to get a sleep study. This testing, called polysomnography (PSG), will record information about your sleep to identify OSA.

Testing, testing

A PSG is the most common and accurate test for diagnosing OSA. Sensors attached to your scalp, face, chest, and limbs will gather data about your breathing, heart rate, and movement during sleep stages.

For many years, you could only be tested for OSA in a sleep lab or center, which usually required an overnight stay. New home sleep testing systems use wireless technology that can detect OSA but gather less information than a full PSG. These have been proven to work well in certain patients — those who have more obvious cases of OSA without significant health problems.

A sleep technologist will hook up the sensors either in your home or at a sleep facility. The typical setup includes a nasal cannula, finger pulse oximeter, abdominal belt, and a single-lead electrocardiogram. Some home sleep testing systems are connected to a web-based video camera so the technologist can view live data and images of the study from any computer using secure software. This also allows the technologist to help troubleshoot any difficulties that may occur during the night, such as a loose electrode.

The sleep facility’s staff will help you decide which testing method will work best for you, and they’ll meet with you afterward to discuss the results. If you are diagnosed with OSA, they also will help you to choose the best treatment option to improve your sleep and health. Soon your new energy will put your family and friends’ complaints to bed.

*Adapted from The National Heart, Lung, and Blood Institute.*
There's No Place Like Home
You May Find What Spawns Your Yawns with a Home Sleep Study

WHEN YOUR CONVERSATION is sprinkled with gaping yawns or your bedroom invaded by wood-sawing sounds of snoring, it's possible you have a sleep disorder. Best route to better sleep? Sleep testing.

A study can determine if you have obstructive sleep apnea (OSA), a common disorder (among over 80 recognized sleep disorders), affecting more than 12 million Americans across all ages, sizes, genders, and ethnicities. But being "common" doesn't mean it's unimportant. Untreated OSA can do more than ruin a good night's sleep — it can increase risk for high blood pressure, heart attack, stroke, diabetes and other health problems.

A routine test called polysomnography (PSG) is an able predictor of snoring, restless sleep, daytime sleepiness, difficulty concentrating, anxiety and/or depression — and OSA. This low-risk assessment of sleep cycles and stages is achieved by recording and analyzing brain waves, muscle activity, eye movement and respiratory rate.

PSG was once routinely done at a medical facility or sleep center. But there's good news for consumers: Many medical insurers (including Medicare and Aetna) now cover the cost of OSA home testing.

Are you a candidate?
The American Academy of Sleep Medicine (AASM) notes on its website (www.sleepeducation.com) that a home test is most effective for those with a high risk of OSA, but is not for everyone because it will not detect other sleep disorders. The academy has devised a quick quiz to determine if home testing is right for you:

- Do you have a snoring problem and snore almost every night?
- Has someone complained about your loud snoring?
- Do you feel tired after a full night's sleep?
- Do you fight daytime sleepiness and feel unusually sleepy?
- Are you overweight?
- Has anyone told you that you stop breathing while you sleep?
- Are you free of other sleep disorders?
- Are you free of other medical problems that might disrupt sleep?

If you answered "yes" to most of these questions, you may be a candidate.

Getting the test
There are a couple ways home testing can play out. A “do-it-yourself” version goes like this: With a signed order from your physician, a home testing company will deliver a monitoring system to your home, with an instructional video and directions on how to apply sensors under the nose and on a finger.

Around-the-clock phone access to sleep technologists will be provided to answer any questions. The day after you self-administer the test, you drop the device into a mailbox, and within days your doctor receives the test results for analysis.

However, AASM suggests testing with minimum recording specifications and face-to-face education. This protocol requires a sleep technologist to come to your home to attach the sensors — typically including a nasal cannula, finger pulse oximeter, abdominal belt, and electrocardiogram. The monitor may be connected to a video camera allowing a technologist to view live data and images via computer.

Ready to give it a try?
On the day of testing, afternoon avoid naps, caffeine, alcohol, smoking, and excessive food or drink. Otherwise, carry on a normal routine: same medications, same bed clothes, same bedtime, and same bed.

If you do wake throughout the night, keep an eye on the sensors to be sure they are securely connected. Since they relay the information about your sleep patterns, they are vital to getting accurate results. Some monitors sound an alarm if the sensors come loose, some do not.

Think you'll be a chained captive? No worries. You can easily pull the portable monitoring device with you on bathroom calls, or simply unhook the sensors and reapply them when returning to bed.

Once testing is completed and reviewed, your doctor will compile a report and offer an appropriate care plan. And you, in turn, may be able to put your sleep concerns to rest.

Information adapted from National Heart, Lung, and Blood Institute; American Academy of Sleep Medicine; SleepQuest via www.end-your-sleep-deprivation.com/sleep-apnea-home-test.html.

EDITOR'S NOTE: Your doctor or therapist has given you this patient education handout to further explain or remind you about an issue related to your health. It is a general guide only. If you have specific questions, discuss them with your doctor or therapist.
Partnering With Your Partner
Help your significant other adjust to positive airway pressure therapy

MANY TIMES BED PARTNERS MOTIVATE PATIENTS to get sleep disorder testing, so it’s not surprising their encouragement can play an important role in treatment too. Sleep apnea patients who get support from their significant others are more likely to adhere to their continuous positive airway pressure (CPAP) therapy, according to a small study conducted last year. Working together could mean better health and better sleep for both of you.

Getting started
First of all, take the treatment seriously — it could save your partner’s life. Resist the urge to tease your significant other about the way the mask looks because the embarrassment could make him or her less likely to use it.

Schedule the initial equipment setup for a day you can both attend. The memory loss and difficulty concentrating caused by sleep apnea can sometimes make it challenging for the patient to take in all of the instructions.

Play close attention to how the mask is assembled, dissembled, and cleaned. Putting the mask together and taking it apart with the provider’s supervision can help you and your partner feel more comfortable with the process.

If you had to retreat to a separate room or bed because your significant other’s sleep apnea disrupted your sleep, now is your chance to get your spot in the bed back. Machines today are designed to be quieter and less obtrusive so that you and your partner can both get a good night’s sleep.

For at least the first week or two, try to go to bed a little later than the CPAP user. Then take note of how the CPAP is working for him, if he’s wearing his mask or nasal pillows, if he has breakthrough snoring, or if his mask has any leaks.

If the patient uses a nasal mask, see if she’s breathing through her mouth. It’s important for the doctor to know if she is because it reduces the effectiveness of the treatment, and she might need a chinstrap or full face mask to make it work better.

Adjusting to change
Try to be available for doctor’s appointments with your loved one. You have valuable information that can influence the success of his or her treatment.

Be honest with your partner and the doctor if he’s not following the treatment as prescribed. You’re not telling on him, you’re providing details the doctor needs so she can advise the patient properly about how to improve his therapy.

Finally, try to observe proper sleep hygiene to help encourage the CPAP user to do the same. This treatment is a life change for both of you, and it can take some getting used to. Be a cheerleader. Try to be patient and understanding. Sometimes it can be helpful to try on the mask for 15 minutes or a half hour, so you can better appreciate how your bed partner feels.

If you’re having a hard time adjusting, some online resources might help. Explore social networking websites such as Facebook to find or start a group where you can connect with other spouses who are experiencing similar issues.

The American Sleep Apnea Association also provides an Apnea Support Forum at www.apneasupport.org where sleep apnea patients and spouses can discuss common problems and experiences.

The changes might not be immediate, but eventually you’ll notice your partner will experience less irritability, snoring, and fatigue, which can not only improve your sleep but your relationship too.

Information provided by Laura Castricone, CRT, director of clinical services at Health Complex Medical in Waterbury, Conn.

EDITOR’S NOTE: Your doctor or therapist has given you this patient education handout to further explain or remind you about an issue related to your health. It is a general guide only. If you have specific questions, discuss them with your doctor or therapist.
Save Your Sleep

More treatment choices and mask options exist for patients with OSA

YEARS AGO, OBSTRUCTIVE SLEEP APNEA (OSA) patients only had one main treatment option: continuous positive airway pressure (CPAP). Much has changed since then, and patients today have options to help them get a good night’s sleep. Also, positive airway pressure (PAP) masks, or interfaces, now come in various styles to suit all patients’ needs.

Meet the machine

A flexible tube connects the PAP machine with a mask that’s worn over the nose or nose and mouth. The most common OSA treatment, CPAP, works by gently blowing pressurized room air through the airway passage at a continuous pressure to keep the throat open. The pressure is set according to the patient’s need.

Some people have difficulties breathing against the continuous pressure of CPAP. For those patients, doctors may suggest bi-level PAP. Here, the inspiratory and expiratory pressure can be adjusted independently, allowing for customization and, perhaps, more comfort. When a patient exhales, the pressure drops.

Another option is auto-adjusting PAP. This “smart” device will ramp itself up or down automatically throughout the night depending on the patient’s pressure requirements. Some of these types of machines have flexible lower exhalation levels. The exhalation pressure is determined partly by the machine, which responds to the user’s exhalation patterns, and partly by the patient.

Today, most machines come with heated humidification. This allows for more patient comfort and reduces drying and swelling of the airway while wearing PAP.

Interface options

The PAP mask must be comfortable and provide a proper seal for the airflow. The correct air pressure level cannot be established unless the fit is correct. Plus, a comfortable mask will make using PAP easier for the patient. Most masks are triangular in shape and are worn over the nose (or the nose and mouth, with a full-face mask for mouth breathers).

Adjustable headgear straps hold the mask in place. Many masks have a plastic body and a softer silicone seal that touches the face. Several masks are made with a gel-like material that molds to the patient’s face to alleviate pressure points. Cloth nasal masks can be an option as well.

Pad accessories for the cheeks and nose are available to increase comfort and reduce the chance of pressure sores or skin breakdown. For patients who prefer not to use a mask, nasal pillows are an alternative. Nasal pillows are two small flexible pieces inserted into the nostrils. These pieces are attached to a plastic adapter that is connected to the PAP tubing.

Remember, patients always should speak with their doctor and home care company representative when choosing a machine and mask. Keep in mind some insurance companies only will cover certain types of devices.

YOU ARE NOT ALONE Obstructive sleep apnea (OSA) is a treatable condition where the soft tissue in the rear of the throat collapses and closes the airway, forcing people to stop breathing repeatedly during sleep. More than 18 million Americans have OSA, and an estimated 10 million remain undiagnosed. The condition affects about 4 percent of middle-aged men and 2 percent of middle-aged women.

Information provided by the American Sleep Apnea Association. For more info and additional handouts on OSA, visit www.sleepapnea.org or call (202) 293-3650.

EDITOR’S NOTE: Your doctor or therapist has given you this patient education handout to further explain or remind you about an issue related to your health. It is a general guide only. If you have specific questions, discuss them with your doctor or therapist.
Out With the Old, In With the New

Is it time to replace your CPAP mask and accessories?

A LOT OF PEOPLE save a buck these days by making things last just a little longer. While it can’t hurt to wear an old shirt a few more times, it can be dangerous to wear out a continuous positive airway pressure (CPAP) mask and its accessories.

By replacing CPAP supplies regularly, you’ll save yourself more money and additional health problems in the long run.

Rules of replacement

The life of CPAP supplies depends on the brand and style you buy, how well you care for them, and how often you use them. Follow cleaning instructions carefully to keep them looking and working their best. But even if your CPAP supplies sparkle, it doesn’t mean they’ll last forever.

Even with the best cleaning, parts can eventually grow bacteria and make you sick if they’re not replaced regularly. That’s why most masks and accessories follow some general rules for replacement.

You also should check with your supplier for specific details about your mask.

Change disposable filters every two weeks and replace non-disposable filters every six months. Keep a closer eye on them in the fall and winter — they tend to get dustier when the heat is on and the windows are closed.

If your mask has removable seals, change them every other week. Replace cushions and pillows about every two weeks or when the material hardens or softens with wear. Once that happens, the seal won’t be as tight, and your treatment might not work as well.

Change your headgear at least every six months. You’ll know you need to replace it when you have to keep tightening the straps to make the headgear stay on. Overtightening can cause sores on your face and make treatment uncomfortable. You’ll also want to change the reservoir on your heated humidifier around the same time.

Replace your mask or nasal pillow system every three to six months. If it shows signs of wear, it begins to leak, there’s a tear in the cushion, or it becomes very uncomfortable, it might be time to let it go.

Who’s got you covered?

Medicare and most private insurance plans cover the replacements recommended above. Ask your provider about your specific coverage. Some equipment suppliers use automatic systems for replacement that can save you extra work and worry.

They’ll check the type of supplies your plan replaces and how often they’ll replace them, and then they’ll ship them to you automatically every three months. If your company doesn’t have a plan like this, see if they can email or call you with a reminder to replace your supplies.

If you have higher co-pays or pay out of pocket, ask your supplier about getting a mask with removable parts. It can be cheaper to replace single parts than having to replace the whole mask.

By using clean, fresh, up-to-date CPAP supplies, you’ll stay healthier, sleep deeper, and breathe easier.

Information provided by Laura Castricone, CRT, and adapted from the University of Michigan Health System’s MedEQUIP CPAP and Bilevel Team.

<table>
<thead>
<tr>
<th>Item:</th>
<th>Replace every:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cushions/pillows</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Nasal pillows</td>
<td></td>
</tr>
<tr>
<td>Disposable filters</td>
<td></td>
</tr>
<tr>
<td>Full face mask</td>
<td>3 months</td>
</tr>
<tr>
<td>Nasal pillow system</td>
<td></td>
</tr>
<tr>
<td>Tubing</td>
<td></td>
</tr>
<tr>
<td>Chinstrap</td>
<td>6 months</td>
</tr>
<tr>
<td>Headgear</td>
<td></td>
</tr>
<tr>
<td>Non-disposable filters</td>
<td></td>
</tr>
</tbody>
</table>