



# The Snore Report

Fall 2009

## National Observance

**Sleep Apnea Awareness Week**  
October 1-7

**School Bus Safety Week**  
October 18-24

**National Sleep Day**  
October 31

**Truck Driver Appreciation Week**  
November 1-7

**Drowsy Driving Prevention Week**  
November 2-8

**Great American Smoke Out**  
November 19

**Safe Driving Week**  
December 1-7

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## Sleep Apnea Solutions Holiday Office Hours

### Thanksgiving

Closed Thursday November 26, 2009

Friday November 27  
Open 8:30 AM to 1:00 PM

### Christmas

Thursday December 24  
Open 8:30 AM to 1:00 PM

Closed Friday December 25, 2009

### New Years

Thursday December 31  
Open 8:30 AM to 1:00 PM

Closed Friday January 1, 2010

## Welcome to the inaugural edition of the Sleep Apnea Solutions newsletter!

Sleep Apnea Solutions, Inc. is a family owned and operated company located in Waukesha, WI. In 2007 we opened our doors with a unique commitment to providing patients with options in determining a personalized method to identify and treat Obstructive Sleep Apnea (OSA). We were (and still are) sure that our patients would rather sleep at home than in a lab. We also knew that accurate and affordable technology to diagnose and treat obstructive sleep apnea in the home was available and constantly progressing. By offering convenient, clinically effective, and economical home sleep tests, we reach a patient population that the traditional medical model neglects.

Sleep medicine is a growing discipline that affects our entire community. We know that every person; employers and government officials, primary care doctors and sleep specialists, family members and patients,

must become aware and involved in order to decrease the staggering number of individuals suffering from undiagnosed OSA. Utilizing all available resources and technology allows the medical community to work proactively together to end the long, cumbersome process of testing and treatment by streamlining the process.

Our goal is to take care of the needs of our patients by providing effective education, the highest quality clinical evaluation, and, when appropriate, in-home testing at a fraction of the cost of an in-lab sleep study. The arrival and approval of home sleep testing allows for a paradigm shift in how OSA will be addressed in the medical community.

**Given the opportunity, we will do everything we can to offer patients a full program that offers a diagnosis, treatment option, and piece of mind. Thank you for your support. We appreciate your help in accomplishing our goal to reach as many people affected by OSA as possible.**

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## CPAP Clinic

Every Wednesday from 4 PM to 6 PM

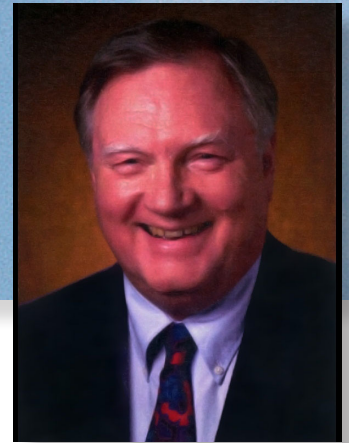
### Stop in for :

- **A free function check of your unit**
- **Inspection and replacement of supplies as needed**
- **Tips, facts, support and more!**

We are happy to inspect units from other providers. Please contact us for more information: **262.522.0606**.



# SAS Spotlight Presents: Dr. John Stevenson Q and A



**W**ith a degree from Harvard Medical School, board certification in pulmonary, sleep and internal medicine, and over 40 years experience as a practicing physician, Dr. John Stevenson is an appreciated addition to Sleep Apnea Solutions.

### How did you get into sleep medicine?

*I became aware of sleep apnea during my lung specialty training because some of my colleagues were doing research in this area. Through my years of practice, interest in this area increased as I realized the extent of the problem, and especially as I realized the medical consequences of untreated sleep apnea and the importance of treatment for preventive medicine. For the past 20 years my practice has been exclusively in sleep medicine. I have been so busy that it was necessary to train a large number of people to assist me. Seven of the physicians whose training I directed have obtained their Board Certification in sleep medicine.*

### Why home testing?

*It has become apparent to many of us in the field of sleep medicine that there will be a severe shortage of diagnostic workers and facilities in the foreseeable future. Also, there is the challenge of the cost of traditional facility-based sleep studies, made worse by the fact that so many people are without health insurance coverage, or have large deductibles and co-pays. Home testing offers the advantages of much lower cost, and the likelihood that the client will sleep better in his/her home bed. However, home testing is only appropriate for moderate to severe sleep apnea. It will miss other important sleep problems, including narcolepsy and other causes of daytime sleepiness. For this reason, careful clinical screening and follow-up are essential.*

### What is your role with SAS?

*At SAS I help develop clinical evaluation and follow-up protocols, select equipment for home testing, answer questions from clients and referring providers, and design and implement practice protocols and quality –assurance protocols.*

### Where do you see sleep medicine going/what is the future of sleep medicine?

*Sleep medicine will become more and more important as realization spreads of its importance for health and preventive medicine, and for public safety related to the risks inherent in a sleepy population.*

### What are your top initiatives regarding sleep apnea?

*My goals in this field include helping to improve the power and accuracy of home testing, and to link the home testing efforts to accredited sleep centers so that clients receive all of the care and follow-up they need.*

### Do you recommend any publications or journal articles?

*The best periodical publications for learning about new developments in sleep apnea are the journals; Chest (American College of Chest Physicians), Sleep and Journal of Clinical Sleep Medicine (American Academy of Sleep Medicine), and American Journal of Respiratory and Critical Care Medicine (American Thoracic Society). The annual Clinical Year in Review published in the Proceedings of the American Thoracic Society is particularly helpful for a review and evaluation of recent developments. The Year Books of Medicine and Pulmonary Disease are also very helpful because they review the most important literature of the past year and comment critically on the publications selected.*

***“The greatest challenges for teaching others about sleep apnea are the culturally embedded beliefs that snoring indicates that someone is sleeping well, and that snoring is humorous and of no significant health consequence.”***

*–John Stevenson, MD*



# Home Sleep Studies - What You Need To Know



## Level 1

### Attended Polysomnography (PSG)

Traditional method used to diagnose OSA, in addition to other sleep disorders; uses up to 24 channels

## Level 2

### Unattended Polysomnography

Requires a minimum of seven channels (including EEG)

## Level 3

### Unattended Portable Monitor

Worn in the patient's home; several different devices exist and have different parameters including but not limited to; ECG/HR, SPO2, airflow, and respiratory effort

## Level 4

### Unattended Portable Testing Device

Dual channel recording device, records airflow and SPO2

## Auto - Titration Study

PAP therapy with automatic adjustments in centimeters of water pressure allows for CPAP titration without split night PSG. Wireless monitoring technology allows clinicians to remotely review results within 3 days of set-up.

The regular use of portable monitors for identification of Obstructive Sleep Apnea (OSA) is a relatively recent phenomenon. There are benefits and disadvantages to each of these sleep assessments. Level 1 tests can diagnose most sleep disorders; where level 3 and 4 tests are designed specifically to recognize OSA. However, the cost of a level 3 or 4 test is often less than the co-payment for a full level 1 study. Additionally, the high demand and limited access of sleep labs exacerbates the high prevalence of undiagnosed and untreated cases of sleep apnea.

While portable monitors have been around for many years, the past two years have brought widespread acceptance of their use. This progression can be attributed to the tremendous advancement in technology and knowledge surrounding OSA. In 2007 the American Academy of Sleep Medicine published its guidelines and recommendations for the use of unattended home sleep tests (HST). These guidelines articulate:

- ***An experienced sleep technologist/technician must apply the sensors or directly educate patients in sensor application.***
- ***The PM [Portable Monitor] must allow for display of raw data with the capability of manual scoring or editing of automated scoring by a qualified sleep technician/technologist.***
- ***A board certified sleep specialist, or an individual who fulfills the eligibility criteria for the sleep medicine certification examination, must review the raw data from PM using scoring criteria consistent with current published AASM standards.***
- ***A follow-up visit to review test results should be performed for all patient undergoing PM.***

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In 2008, Medicare approved home sleep studies as a valid test for sleep apnea. In 2009, several private insurances (Aetna, Cigna, BC/BS, etc.) followed suit, and now pay for home sleep studies, giving patients an affordable option.

Patients deserve options whenever possible. Every patient, whether a candidate for an HST or in need of a full PSG, deserves and needs a thorough education session with a knowledgeable clinician to ensure future compliance and efficacy. Helping individuals make the best clinically effective choices, while remaining cost effective, is extremely important. HSTs are clinically proven to be effective in diagnosing obstructive sleep apnea in the right candidate. Individuals who exhibit signs of other sleep disorders or co-morbidities should be referred to a sleep lab. With appropriate screening, education, and use, HSTs have the potential to revolutionize sleep medicine by diagnosing OSA at home and other sleep disorders in the lab. HSTs allow the medical community to reach the vast number of people affected by sleep apnea.

## Events

10/28/09

### Wisconsin Truck Expo Alliant Energy Center Madison, WI


The Wisconsin Motor Carriers Association (WMCA), in collaboration with motor carriers throughout Wisconsin, hosts this expo as a stage for news and technology within the trucking industry. Not only is Sleep Apnea Solutions exhibiting at the show this year, but we will also be unveiling our new mobile diagnostic unit outside the front entrance to the show. We will be offering free sleep apnea risk evaluations for those who stop at either exhibit. Mention this newsletter and you'll receive a special gift. Admission is \$10.00, but we have a limited number of free tickets available through our office. Call for further details.

10/04/09 - 10/07/09

### American Trucking Associations Management Conference and Exhibition Mandalay Bay Resort and Casino Las Vegas, NV

The conference will take place in Las Vegas, NV. Sleep Apnea Solutions (SAS) along with our affiliate, Occupational Sleep Apnea Solutions (OSAS) will be providing education on home testing and treatment options for sleep apnea. Call Sleep Apnea Solutions if you would like further details.

## DOT 4-1-1



We receive a lot of calls from individuals with Commercial Driver's Licenses (CDL), trucking companies, and occupational health professionals asking for guidance on the Department of Transportation (DOT) regulations pertaining to Obstructive Sleep Apnea (OSA). Not all of the information circulating is accurate. Currently, to obtain continued certification, drivers cannot have any untreated disqualifying condition. Sleep apnea is considered a respiratory disturbance that is likely to interfere with the safe operation of a motor vehicle. The bottom line is that **untreated sleep apnea is a disqualifying medical condition for CDL drivers**. While this is the case, no standard exists for mandatory OSA testing.

In April of 2008, the Medical Review Board for the Federal Motor Carrier Safety Administration (FMCSA) accepted the recommendations of an expert panel on sleep apnea. The following is a brief overview of those recommendations:

- **Individuals will be given a temporary certification and referred for a sleep test if:**
  - They are high risk for OSA based on a Berlin Questionnaire or
  - They have a body mass index greater than 33 or
  - They are judged to be high risk for OSA based on a clinical evaluation
- **High risk drivers will be given a one month certification pending the results of a sleep test**
- **If diagnosed with OSA, a driver will be given another one month certification**
- **If the driver is compliant with PAP therapy after one month, a three month certification will be given**
- **If compliant with PAP after three months, a one year certification is given**
- **Compliance will be checked yearly thereafter**

The Medical Review Board recommendations can be found in their entirety on their website: <http://www.mrb.fmcsa.dot.gov/>. While guidance has been given, the FMCSA's standard on sleep apnea is incredibly unspecific. It has adopted no official standard on how to determine if testing for sleep apnea is required, and the protocol for individuals with diagnosed OSA is very limited. Additionally, there is no timeline for any policy modification. However, many occupational health clinics are electing to follow the new guidelines regarding sleep apnea; as preemptive measures ultimately limit the liability of the medical examiner, the motor carrier, and the driver. The FMCSA will eventually require testing for high risk individuals, so changing company protocol before any required standards emerge is highly advantageous.