

Central Sleep Apnea

In This Issue

Two Types of Apnea

Message From Dr. Whitney

Cell Phones and Sleep Quality

CPAP Talk

About Whitney Sleep Diagnostics & Consultants

Two Types of Apnea

As you can read in Dr Whitney's article below, there are two types of sleep apnea, Obstructive (OSA) and Central (CSA). Sometimes a sleeper has both types, which is called complex sleep apnea.

Both OSA and CSA rob the sleeper of quality sleep because with each arousal from apnea, their sleep is disrupted. Apneas and their subsequent arousals take a toll on the circulatory system in that they produce swings in heart rate and oxygen saturation. Apneas can occur up to 100 times an hour and some can last over a minute. Very often the sleeper is unaware they are happening.

The good news is that your hospital has the same capabilities as a metro area sleep center when it comes to diagnosing and treating sleep disorders. Patients in the area are able to have their sleep study, their follow up from a sleep specialist, and the option to have their CPAP and supplies provided all right in town at the local hospital.

If you or someone you care about is having trouble getting to sleep, staying asleep or is not waking up refreshed, please talk with your healthcare provider about your sleep. A referral is required for a sleep study.

A Message From Dr. Whitney By Dr Courtney Whitney, Board Certified Sleep Physician, Owner, Medical Director WSDC Obstructive vs Central Sleep Apnea

When people refer to Sleep Apnea, they are predominately discussing **Obstructive Sleep Apnea (OSA)**. A less common but equally important form of sleep apnea is referred to as **Central Sleep Apnea (CSA)**. In OSA, airflow is impeded by a reduction in the airway's dimension. With CSA, the airway is open but the brainstem is not sending the appropriate message to the muscles to breathe. CSA can be due to a brainstem abnormality, heart disease, opioid-based pain pills (i.e. Morphine, OxyContin), high altitudes (lower oxygen level), and at times can be termed idiopathic (an unknown cause). Its presenting symptoms are similar to those of OSA but snoring is a less prevalent feature. Common presenting signs and symptoms include witnessed apnea, abrupt awakenings, difficulty staying asleep, morning headaches, and daytime sleepiness. It often responds to management of an underlying cause, CPAP, supplemental oxygen, and at times a sophisticated BiPAP machine called an Adaptive Servo-Ventilator (ASV).

If you have concerns about your breathing during sleep it may require an overnight sleep study. In the sleep lab at your local hospital we can differentiate between a central and obstructive event, and also identify abnormalities in brain waves and heart rhythms before we initiate treatment. If interested in an analysis of your sleep, or have equipment needs for an existing sleep disorder, feel free to contact us or discuss with your local health care provider.

Do you Think You Might Have A Sleep Disorder?

Yes No

- Do you snore?
- Are you excessively tired during the day?
- Have you been told you stop breathing during sleep?
- Do you have a history of hypertension?
- Is your neck size > 17 inches (male) or > 16 inches (female)?
- Do you wake up to use the bathroom more than twice a night?
- Have you ever fallen asleep while driving?

Answering "yes" to two (or more) of these questions may be a positive screen for Obstructive Sleep Apnea. Patient should consider talking with their Health Care Provider about a referral for a sleep evaluation.

We Can Help!

Discover real solutions to your sleep problems by talking with your Health Care Provider about a sleep study at:

How Cell Phones / Tablets Affect Sleep

The blue light emitted by screens on cell phones, computers, tablets, and televisions restrain the production of melatonin, the hormone that controls your sleep/wake cycle or circadian rhythm. Reducing melatonin makes it harder to fall and stay asleep. Most Americans admit to using electronics a few nights a week within an hour before bedtime. But to make sure technology isn't harming your slumber, give yourself at least 30 minutes of gadget-free transition time before hitting the hay.

source: sleep.org

CPAP Talk

By Susan Gunwall, LPN, WSDC Clinical Coordinator and Director of Operations

CPAP Supply Replacement

The success of your treatment and the proper functioning of the CPAP machine depends to a large extent on the timely replacement of your CPAP supplies. CPAP supplies include CPAP headgear (including CPAP nasal masks and other apnea masks), CPAP nasal pillows (apnea pillows) and CPAP chin straps.

Masks, headgear, tubing, filters, nasal cushions, nasal pillows and other supplies have a limited lifespan and should be replaced on a regular basis. Even with routine proper cleaning, normal usage results in the breakdown of these supplies and may lead to health problems.

For example, the action of normal facial oils on the silicone may cause the soft mask seal to deteriorate over time and lose its effective seal. This can cause leaks that are irritating and may result in loss of effectiveness. As a result, patients may try to tighten the straps, which can lead to further irritation and soreness of the nose and upper lip. Continual replacement of the CPAP mask will help to minimize this problem.

Another concern is infection prevention. Regular replacement of disposable supplies, along with proper cleaning according to your provider's instructions, will minimize the possibility of germ and bacteria development in the mask and tubing. A potentially dangerous respiratory infection can be avoided by the appropriate cleaning and replacement of consumables of your CPAP device. To learn more about how to properly care for your equipment please contact one of our clinical specialists at (877) 844-6150.

Most insurers follow the Medicare Approved Replacement Schedules detailed below

Mask	1 per 3 months
Nasal Replacement Cushion	2 per month
Pillows Replacement Cushion	2 per month
Full Face Cushion	1 per month
Headgear	1 per 6 months
Chinstrap	1 per 6 months
Tubing	1 per 3 months
Filter, Fine Disposable	2 per month
Filter, Gross Particle Foam	1 per 6 months
CPAP Machine	5 years

Sleep Fact:

CPAP stands for Continuous Positive Airway Pressure. CPAP machines help keep the airway open during sleep

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About Whitney Sleep Diagnostics & Consultants

Founded in 2008, Whitney Sleep Diagnostics & Consultants (WSDC) was created to serve patients living in areas where access to comprehensive sleep medicine has not been available. WSDC is owned and operated by Dr Courtney Whitney, who is Board Certified in Sleep Medicine.

Instead of making patients drive to the next larger town, or settling for diagnostic-only sleep testing services, we partner with hospitals in smaller towns to provide the same level of sleep medicine care that would be found in a major metro market.

Hospitals that partner with WSDC, are able to offer a high quality, AASM accredited sleep medicine program to their patients right at their home town hospital. WSDC diagnoses and treats all 84 known sleep disorders. **If you are reading this in a waiting room or clinic lobby, your hospital partners with WSDC.**

Patients who feel they may have a sleep disorder are encouraged to talk to their healthcare provider about their symptoms. The seven screening questions on the other side of this newsletter can help determine the need for an overnight sleep study, or at a minimum, a conversation with your provider about your sleep.