

WAKE-UP CALL

FROM THE AMERICAN SLEEP APNEA ASSOCIATION

S P R I N G 2 0 0 5

ASAA A.W.A.K.E. NETWORK NEWS

The WAKE-UP CALL was scooped by the recently formed **Sleepy Tule A.W.A.K.E.** group of Tulare, Calif., whose February meeting was on traveling with CPAP. The presentation was by Brian Bailey.... Using a dryer vent hose and a metal pot rack as props, Marlene Roetzer was able to breathe some humor into her story of her struggle with sleep apnea, at the February meeting of **A.W.A.K.E. on the Bay** in Marinette, Wis.... The weighty topic of nutrition was discussed by a couple of groups. **Capital District A.W.A.K.E.** in Albany, N.Y., offered a presentation by dietician Kathleen Callahan entitled "Learn How To Change a Fat-Storing Machine Into a Fat-Burning Machine." Diet consultant Carolyn Caskey was the speaker at **Acadiana A.W.A.K.E.** in Lafayette, La.... Sixty-seven people turned out for the February meeting of **The Pacific Sleep Disorder Center A.W.A.K.E.** group in Stockton, Calif. Kirit B. Patel, M.D., spoke about the mechanics of sleep apnea.... **A.W.A.K.E.** in Harrisonburg, Va., had its annual vendor fare, featuring Lewis Smith of Respironics and Michelle Leonard from Fisher & Paykel.... Hypersomnia was the topic at the February meeting of the **Northern Michigan Hospital Sleep Center A.W.A.K.E.** group in Petosky, Michigan. Dwaney Griffin, D.O., and Trudy Day, N.P., provided an overview.... Since the winter newsletter, 11 new A.W.A.K.E. groups have been formed in the South and Midwest. The ASAA's website can help you locate the group closest to you.

A.W.A.K.E. - ALERT, WELL, AND KEEPING ENERGETIC

TAKE ME ALONG

A Guide To Traveling With CPAP

As any CPAP wearer can attest, it's tempting to take a night off. That's particularly true when it comes to traveling. Faced with the prospect of transporting the equipment and hooking it up in an unfamiliar setting, many a faithful user has thought, "It's only one night (or two or three). What can it hurt if I take a little vacation from the machine?"

But the fact is, even one night off the machine *can* hurt. Bill Peters, a longtime CPAP user and member of the Board of Polysomnographic Technicians, still remembers the trip he took eight years ago. It was supposed to be a three-day visit with family—but he forgot to bring his equipment. "I woke up the first day feeling bad, and I knew it was only going to get worse," says Mr. Peters. "I had to go home."

It's not a mistake that Mr. Peters ever made again, and it's not one you should make. Whether you're away for a night or a month, traveling for business or for pleasure, take your CPAP with you.

Here are some of Mr. Peters' suggestions for making the process easier.

LONG-RANGE PLANNING

If you're likely to do any traveling, even if you don't have a specific trip scheduled, you should do some advance preparation. That way, you won't be frantic when you're faced with a last-minute business trip or a family emergency – or if you happen to win an all-expenses-paid luxury cruise.

- ▶ Begin by reviewing your CPAP user's manual, particularly the section on traveling with the machine.
- ▶ Decide how you're going to transport the machine. Most CPAP's come with adequate carrying cases, but you'll probably want something larger that can accommodate the additional gear you'll need to pack – but not so large that you can't take it on a plane. Don't, under any circumstances, check this case. If you do and the machine is lost or damaged, you won't be reimbursed for its full value. Note: The CPAP is an assistive medical device that airlines are not permitted to count toward your allotment of carry-on luggage. You can read more about this at www.sleepapnea.org/travel.
- ▶ Obtain a copy of your CPAP prescription, including your

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AMERICAN
S L E E P
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LETTER FROM EXECUTIVE DIRECTOR ED GRANDI

May 1st will mark my first anniversary as executive director of the American Sleep Apnea Association. The year has presented me with many challenges, but it has also brought many rewards. I am especially grateful for all your phone calls and e-mails. These have taught me so much about sleep apnea, and have inspired me in my work to make the Association more responsive to your needs and concerns.

As I finish my first year -- and as this issue of the WAKE-UP CALL goes to press -- I am engrossed in one of the most ambitious initiatives the Association has ever undertaken. As part of our March 31st observation of Sleep Apnea Awareness Day during National Sleep Awareness Week, we set as a goal the distribution of 100,000 of our snore score flyers, in an attempt to reach out to the millions of people with undiagnosed sleep apnea.

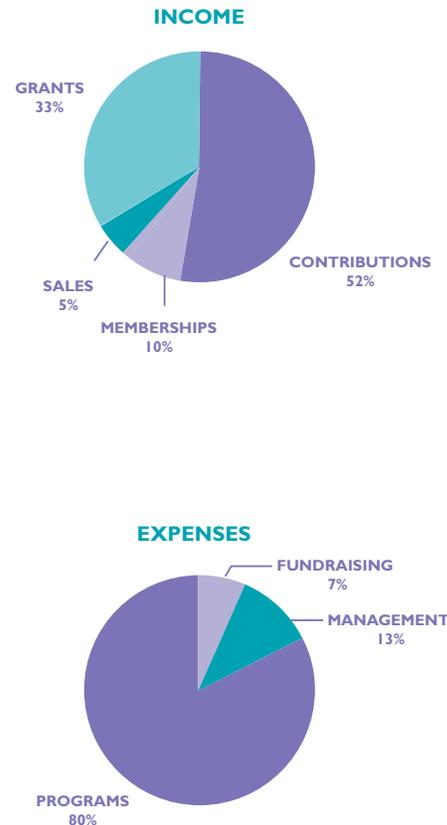
In the summer newsletter, we will report on the success of this initiative, and provide highlights of the first-ever Sleep Apnea Awareness Day lecture. Entitled "Catching Our Breath: Reflections on the Diagnosis and Treatment of Obstructive

Sleep Apnea," the lecture was scheduled to be delivered at the prestigious Carnegie Institution by Dr. David M. Rapoport, director of the Sleep Medicine Program at the NYU School of Medicine. Funding for it was generously provided by our co-sponsor, the American College of Chest Physicians Sleep Institute.

In this newsletter, I'd like to share with you the results of a financial audit that took place in December. The audit -- required for us to participate in the Combined Federal Campaign -- shows that our books are in good order and that we are on a solid financial footing. Our revenues exceeded our expenses, which helped decrease the amount of loss carried over from the prior year.

Our funds come from four sources: individual and corporate contributions (52%), grants (33%), membership dues (10%), and sales of publications and videos (5%).

We are pleased to report that 80 cents of each dollar we raise goes to pay for member services and only 20 cents for administrative overhead. A copy of our audited statement is available on our web site. ■



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pressure settings or ranges, and make a duplicate of it. One copy should be kept in your wallet, the other in your equipment case.

- ▶ Write down the name, address, and phone number of your sleep physician's office, as well as those of your home care company. Many home care companies have 800 numbers; find out if yours does. If your CPAP machine is lost or malfunctions during your travels, you can find a supplier by calling the home care company. Keep one copy of this information in your wallet, another in the equipment case.
- ▶ Since the electrical outlets in hotels are not always convenient to the beds, you should purchase and pack a heavy-duty extension cord (six feet should be adequate). You should also bring some adapters. A lamp holder adapter with pull chain will allow you to use your bedside lamp -- assuming

there is one -- to power your CPAP, as well as provide reading light. A wall-hugger triple adapter will give you multiple outlets, as will a power strip. You should also buy a grounding adapter that can convert your equipment's three-prong plug to work in older hotels with two-prong outlets.

- ▶ If you don't have an extra mask, get one. That way you're covered if you leave your mask behind when you change hotels, or if the mask breaks. And speaking of breakage, pack duct tape for emergency repairs.
- ▶ Lay in a stash of nasal saline spray, gel, or decongestant -- whatever you use.

WHEN YOU'RE READY TO GO

Once you know that you'll be traveling -- and where you'll be traveling to -- you can complete your preparations.

- ▶ If you're going overseas, do some advance research in case you run

into equipment problems. Check your CPAP manufacturer's website for distributors in the countries you're visiting, make a printout of the list, and pack it with your other papers.

- ▶ Planning an extended rail, cruise, or air trip? Contact the carrier to see what accommodations are possible. Airlines generally do not allow CPAP use, because of lack of power and possible interference with the plane's systems. Most railroad sleeper cars and cruise ship cabins have adequate power, but you should check on the voltage and plug adapter requirements. If you're using a travel agent, get him or her involved.
- ▶ Voltage issues are paramount if you're going overseas. Standard voltage in North America is 110 volts, while most other nations use 220. Some facilities abroad offer 110-volt outlets for their American guests, but these

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may work for your hair dryer but not your CPAP. Many newer CPAP's automatically adjust to voltage variations. If your machine does not, consult with your home care company on how to make the adjustment manually.

- ▶ A caveat: A few countries (India, Brazil, South Africa) use direct (DC) rather than the alternating current (OC) that is the standard in the United States and most of the world. The CPAP will not work in these countries without modifications that are beyond the scope of this article. Similarly, there are ways to manage if you're off the grid entirely, but these are too complex to go into here.
- ▶ Be aware that the electrical plugs in most other countries are different from the ones we have here in the States, so you'll need to bring adapters. You can purchase a kit with a variety of adapters from Radio Shack and other electronics stores, or online at www.magellans.com, which has a good section on electricity issues under Travel Advice
- ▶ If you're traveling to a substantially different altitude, especially for an extended period, your CPAP may not provide the proper pressure. Newer machines adjust automatically to altitude changes, but if yours does not (check your manual to be sure), you'll need to have your home care company make the adjustment before you leave and when you return.

ADDITIONAL TIPS

- ▶ When you arrive at your lodging, take the time to connect your CPAP. It's easier to solve problems when you first arrive than when it's bedtime and you're tired.
- ▶ Unplug your CPAP every morning and put the attachments back in the case. Don't give anyone a chance to become entangled in the cord and fall or pull your CPAP off the bedside stand.
- ▶ It's still important to clean your equipment while you're traveling. That may mean leaving your mask or hose out to dry. Be sure that you pack all your equipment and accessories before you depart.
- ▶ Enjoy your trip! ■

An important component of our mission is educating the medical community about the diagnosis and treatment of sleep apnea.

Throughout the year, representatives of the Association attend medical conferences. At these conferences, we set up exhibition booths where we distribute copies of our educational bulletins and answer questions from doctors and others in the health field.

We are scheduled to attend the following medical conferences. We will provide highlights from some of these meetings in future issues of the WAKE-UP CALL.

American Thoracic Society	San Diego, Calif.	May 22 – 25, 2005
Associated Professional Sleep Societies	Denver, Colo.	June 18 – 25, 2005
American Academy Of Family Physicians	San Francisco, Calif.	Sept. 29 – Oct. 1, 2005
American College Of Chest Physicians	Montreal, Canada	Oct. 29 – Nov. 3, 2005
American Association For Respiratory Care	San Antonio, Texas	Dec. 3 – 6, 2005

ASK THE DOCTOR

Q Is there any correlation between sleep apnea and depression? I have been taking Lexapro to treat depression and I don't feel much better.

According to my doctor, I have low levels of serotonin. So my main question is this: What role if any does serotonin play in sleep and can a low level affect sleep apnea? I thank you for any information you can provide me.

S.T.
Michigan City, Ind.

A This is a fairly complicated question. There are links between sleep apnea and the serotonergic system. Serotonin is believed to be an important sleep-promoting substance. It also has excitatory influences on the muscles of the upper airway, although there is no evidence at this point that low serotonin is a causal factor in sleep apnea. The hypoxia of sleep apnea can suppress the production of serotonin.

Sleep apnea syndrome has been shown to cause or worsen depression, and treatment of the sleep apnea can improve the depression in some individuals. One can have both sleep apnea and depression, and treatment of both is needed even though the symptoms of both -- poor sleep, low energy state, lack

of interest in other people, and sleep disturbances – can overlap.

Some doctors who specialize in treating patients diagnosed with both sleep and mood disorders (these are double-board-certified psychiatrists) suggest that people with obvious signs of depression as well as nighttime symptoms of sleep apnea undergo diagnostic testing and treatment for sleep apnea in addition to starting treatment for depression. One does not wait for the other treatment to first take effect, although the choice of medications for depression might be a bit different than if one thought there were only one disease. This is a judgment call and there is no best practice approach.

Studies are under way to determine if antidepressants such as Prozac that increase serotonin levels can ameliorate the symptoms of sleep apnea. Unfortunately, this research has a long way to go toward possibly providing us with an effective treatment for sleep apnea.

Kathe Henke, Ph.D., A.B.S.M.
The Sleep Disorders Center of Virginia

Kingman Strohl, M.D.
Case Western Reserve University

WAKE-UP CALL welcomes questions from readers, and will publish them as space permits. Letters may be edited for length and clarity. We regret that it is not possible to provide personal replies to all questions. ■

In the fall issue of the WAKE-UP CALL we reported on two issues before the Centers for Medicare and Medicaid Services (CMS) that are of particular interest to those in the sleep apnea community: reimbursement for positive airway pressure (PAP) devices prescribed on the basis of an unattended or home study and the assignment of a unique reimbursement code for automatically adjusting positive airway pressure (APAP) devices.

In both cases the CMS has declined to revise its guidelines, citing a lack of

evidence to support the changes.

A Medicare Coverage Advisory Committee (MCAC), which had been established to collect information on home testing, held a public hearing in September of 2004. Though the ASAA does not have an official position on this matter, we did testify at this hearing in support of greater access to diagnosis. (The executive director's testimony is available on the ASAA web site in the archive section.)

In January, CMS made a preliminary decision not to change the current policy, stating that "the evidence is not adequate to conclude that the use of unattended portable multi-channel sleep testing ... is reasonable and necessary in the diagnosis of Obstructive Sleep Apnea (OSA), and

these tests will remain non-covered for this purpose."

This decision is a setback for those who favor portable monitoring as a means of diagnosing a greater number of those with symptoms of OSA.

Efforts to secure a unique reimbursement code for APAP failed because the CMS believed there was insufficient clinical evidence that this device is qualitatively different from CPAP or BiPAP. The APAP manufacturers, which are advocates for the unique code – as is the ASAA – were encouraged by CMS to do additional research to support their claim that this is both reasonable and necessary.

Representatives of the manufacturers indicated that they think the evidence exists and that they would pursue the issue. ■

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Enclosed is a check for \$25 (one-year membership). I would like a medical-alert style

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