

WAKE-UP CALL

FROM THE AMERICAN SLEEP APNEA ASSOCIATION

W I N T E R 2 0 0 5

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

With more than 180 members, **A.W.A.K.E. in Modesto, Calif.**, is one of the largest of the 276 self-help groups sponsored by the American Sleep Apnea Association. It is coordinated by Greg Richie, a polysomnographic technologist and himself a CPAP user, and Denise Hark, a respiratory therapist.

"It's just the best possible group," says Alva Poulson, a member diagnosed five years ago after she stopped breathing during a routine eye operation. Poulson, an EKG/EEG technician at a local hospital, frequently refers patients that she sees to the group.

Bill Selee, a self-described "sleep apnea survivor," has been a member for five years. Before his OSA was treated, he says, his wife would come to pick him up at the school where he taught and find him asleep with his head on his desk. Now that he's on CPAP, he can enjoy reading and other hobbies he was too sleepy to do before.

Supporting people in their CPAP use is crucial, says Richie, who comes early to the meetings and stays late so that people can talk with him about their specific concerns.

"The biggest challenge in sleep apnea therapy is helping the individual adapt to the equipment," Richie explains. "People will tell me that they threw the machine across the room after four hours and that they've failed. I'll tell them that at least they got four hours of sleep and that should be considered a success rather than a failure. Maybe the next night, they'll go five hours and eventually work up to all night."

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

STILL TIRED?

Managing Residual Daytime Sleepiness

For many users of CPAP, the therapy can work wonders in improving both the quality of sleep and the quality of life. However, some people on CPAP continue to suffer from daytime sleepiness, with its concomitant irritability and problems with memory and concentration. While this phenomenon is not entirely understood, scientists have identified some of the factors that contribute to residual sleepiness.

In some cases, writes ASAA President Dr. Rochelle Goldberg in *Advance for Managers of Respiratory Care*, "years of sleep disturbance prior to diagnosis and treatment may have permanently altered sleep-generating mechanisms or waking drive, resulting in shorter sleep times and residual daytime sleepiness."

Other patients, according to Dr. Goldberg, may have abnormalities in the upper airway that interrupt their sleep despite the use of CPAP. Still others may have a co-existing sleep disorder, such as narcolepsy or hypersomnia, or a co-morbid medical condition that affects sleep, such as depression.

If you are a CPAP user who suffers from daytime sleepiness, you should be evaluated to see if you are getting the maximum benefit from the therapy. Your sleep specialist may need to re-titrate the machine, or modify the pressure. According to Dr. Goldberg, "Pressure requirements for different patients can range from 5 to 20,

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AMERICAN
SLEEP
APNEA
ASSOCIATION

**SLEEP APNEA
AWARENESS DAY**
Thursday, March 31

FROM THE EXECUTIVE DIRECTOR



BILL SANDA

ED GRANDI

Welcome to the winter 2005 issue of the WAKE-UP CALL.

The response to our fall newsletter, which went out to former as well as current members of the American

Sleep Apnea Association, has been heartening. More than 350 former members responded to our invitation to renew their support, and I thank them one and all.

From the phone calls, letters, and email messages I receive from you, I know you are eager for news on developments in the treatment of

sleep apnea. In this WAKE-UP CALL, we offer reports on:

- ▶ Dealing with residual daytime sleepiness.
- ▶ The Pillar Procedure, an implantable device recently cleared by the FDA for treatment of mild to moderate sleep apnea.

I hope you find this information helpful, and welcome your responses to these articles and your suggestions for future ones. I am particularly interested in hearing from you if you use an auto-titrating PAP. I am collecting impressions of this device for an upcoming article.

In this newsletter, I also announce the beginning of an exciting campaign. In the weeks to come, we will distribute

100,000 of our “snore score” flyers in an effort to reach out to the millions of Americans with undiagnosed and untreated sleep apnea. If you are in a position to help get the flyers and the word out, please contact our office.

This campaign will culminate in a special event on March 31, designated as Sleep Apnea Awareness Day. We plan to present a lecture by sleep expert Dr. David Rapoport at the Carnegie Institution in Washington, D.C.

As we approach Sleep Apnea Awareness Day, please consider making a special gift to the ASAA to support this campaign, and all the work we do throughout the year to educate, support, and advocate for those with sleep apnea. ■

A.W.A.K.E. NEWS, cont. from p. 1

A meeting on the history of CPAP -- complete with an exhibit of first-generation equipment -- held by the **West Metro A.W.A.K.E.** group in St. Louis Park, Minnesota, was attended by 232 people. “People really got a kick out of how noisy/heavy the equipment was back then,” writes coordinator Colleen Bazzani.... The **Hanover A.W.A.K.E.** group in Pennsylvania celebrated its fifth anniversary in October. The A.S.A.A. congratulates the group on its longevity, and on its informative newsletter.... **A.W.A.K.E. in the Hudson Valley** (Kingston, New York) is not one of the larger groups, but it has some of the most ambitious and imaginative programming. Subjects addressed at its fall meetings included “Sleep Apnea and Hypertension” and “Anesthesia and Sleep Apnea”.... Since the fall issue of the WAKE-UP CALL, four new A.W.A.K.E. groups have been formed, including the first in **Montana**. The new groups are in Bozeman, Montana; Dothan, Alabama; Plattsburg, New York; and Ruthton, Minnesota. However, a few states -- Nebraska, Hawaii, New Mexico, and Utah -- and many major cities, including the District of Columbia, are still awaiting their first groups. Anyone can establish an A.W.A.K.E. group in an unserved area. Our website provides information on how to begin the process. ■

ASK THE DOCTOR

Q I was diagnosed with sleep apnea and am using a CPAP device. Now, even when I have the mask on, my wife says that I still stop breathing periodically. My brain doesn't seem to be doing a good job of multi-tasking in this respect. I notice that as I drift off to sleep, I simply “forget” to breathe. Is this an indication of central sleep apnea? If so, how is this form of apnea generally treated?

Jeff Neiblum,
Evergreen, Colorado

A The first and most important question is, “Does your wife hear you snore when you are wearing the CPAP?” If you are not snoring, it is unlikely that you are having obstructive apneas. If you still snore with the CPAP on, you should consult your sleep specialist to determine if you need your pressure increased or perhaps a better-fitting mask. Having said that, there are a number of reasons that a person may have a “central apnea” during sleep. Central apneas occur when there is no effort to breathe (no movement of the chest or abdomen). Most of the time these central apneas—not to be confused with central sleep apnea—are normal physiologic events. They often occur after we sigh or when we take a larger than

normal breath and lower the level of carbon dioxide in our blood. They are more apparent when we are sleeping because there are fewer overriding factors controlling breathing when we sleep. We frequently see central apneas in the period of transition between being awake and being asleep, either when you first fall asleep or after any awakening during the night. It would not be unusual for you or your wife to notice apneas at these times.

In central sleep apnea, an uncommon form of sleep apnea most often seen in individuals with heart failure or stroke, the central apneas occur frequently throughout the night. In addition, there are some individuals who have what is termed “idiopathic central sleep apnea” because their breathing center is overly sensitive to slight changes in carbon dioxide in their blood.

If you are sleeping well and are not sleepy during the day, and if your “apneas” occur only occasionally, it is unlikely that you have anything to worry about. If you have any concerns, however, you should follow up with your sleep specialist.

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

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. ■

Continued from p. 1

and they may change over time as a result of aging or changes in weight. Laboratory-based CPAP re-titration should include careful inspection of flow signals that may indicate persistent airflow restriction.”

And needless to say, CPAP machines are not effective if they sit on the nightstand. If discomfort with the device is making you use it only intermittently (or not at all), you and your sleep therapist should seek ways to make the treatment more tolerable.

For example, Dr. Goldberg recommends that patients with significant nasal obstruction try a full-face mask, which allows air pressure to be delivered through both the nose and mouth. If nasal dryness or congestion is the problem, writes Dr. Goldberg, you might benefit from an in-line heated humidifier or nasal steroids. Those CPAP users who have difficulty exhaling against the pressure might benefit from a “ramp” time that allows for a gradual pressure increase.

Ironically, the very efficacy of CPAP treatment can sometimes lead to problems. Some patients who begin to feel more rested may shift to a later bedtime, with the result, not surprisingly, that they once again find themselves feeling sleepy during the day.

Finally, there are pharmacologic options for treating residual sleepiness, though Dr. Goldberg stresses that these should be considered only after CPAP therapy has been optimized and sleep hygiene improved. One medication that can be used is modafinil, a treatment for narcolepsy that recently received FDA approval for sleepiness in the OSA patient population. Unlike previously prescribed central nervous system stimulants such as methylphenidate, modafinil is unlikely to affect a patient’s ability to sleep at night, has a low potential for abuse, and a low incidence of cardiovascular complications.

“Patients may have dramatic improvements in daytime wakefulness when modafinil is added to their CPAP treatment regimen,” writes Dr. Goldberg. “Many patients also report additional benefits in function, with improved attention span, overall clinical condition, and quality of life.” ■

The American Sleep Apnea Association (ASAA) staffed an educational booth at the 2004 annual meeting of the **American Society of Anesthesiology (ASA)**, held in late October at the Las Vegas Convention Center. Respironics sponsored our attendance at the meeting.

The ASAA booth offered a reprint of a journal article on apnea and anesthesia, a copy of an *Advance* article on anesthesia and apnea, and a copy of the apnea screening protocol developed by Memorial Hospital in Colorado Springs, Colorado. We also provided our educational handouts, featuring the position paper on Apnea and Same Day Surgery, and copies of our fall newsletter.

There was a high level of interest in our materials on the part of the anesthesiologists,

who are increasingly aware of and concerned about the post-operative risks of anesthesia among the OSA patient population, and of the necessity of identifying at-risk patients. Several anesthesiologists indicated that they had made changes in their hospitals environments to improve the OSA screening process.

Dr. Jonathan Benumof of San Diego, California, presented a talk on “Obesity, Sleep Apnea, the Airway and Anesthesia.” Dr. Benumof pointed out that there were three main issues with an obese or apneic patient: 1) How to Intubate 2) How to Extubate (awake or asleep) and 3) How to monitor patients post-operatively. He said the American Society of Anesthesiology has a working committee developing guidelines for screening patients for possible OSA. ■

A PALATABLE OPTION

Deploying an arsenal of scalpels, lasers, caustic chemicals, and heat-generating radiation, doctors for decades have done battle with the soft palate, a culprit in approximately three-quarters of the cases of Obstructive Sleep Apnea (OSA).

Now, there is a kinder, gentler way of dealing with a problematic palate: the **PILLAR PROCEDURE**. In use since 2003 as a treatment for snoring, the Pillar Procedure recently won FDA approval as a treatment for mild to moderate sleep apnea.

In the procedure, developed and marketed by Restore Medical, Inc., three small bars made of a soft polyester material are implanted into the roof of the mouth. After a month or two, as the body responds to the foreign substance by forming fibrous tissue around it, the palate becomes stiffer, making it less likely to collapse into the airway during sleep.

“The Pillar Procedure is a simple, minimally invasive, effective treatment for those looking for an alternative to surgery or sleeping with a mask,” says Susan Critzer, president and chief executive officer of Restore Medical.

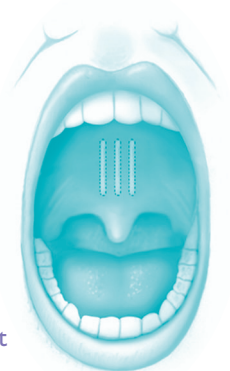
The procedure, which takes about 15 minutes, is done in a doctor’s office, using local anesthesia. Recovery time is brief—patients can usually resume their normal diets the same day—and discomfort is mild.

The implants are invisible and, in most cases, undetectable to the patient after an initial adjustment period. Speech and swallowing are unaffected. About 1 percent of patients experience complications that necessitate the removal of the implants.

Since the mechanics of sleep apnea are complicated, involving the uvula, pharynx, tonsils, and tongue as well as the palate, the Pillar is not a cure-all. It is not indicated for use in the severely obese, defined as people with a Body Mass Index over 30. People who meet the weight criteria still might not be good candidates for the procedure, depending on their oral anatomy.

But for appropriate patients, the Pillar Procedure shows great promise. Data from the clinical trials prior to FDA approval indicate that in about half of the cases of mild to moderate OSA, the procedure results in a cure. Another quarter of patients experience a significant reduction in apneas.

For more information, visit www.Pillarprocedure.com, or call 1-866-869-7237. ■



SLEEP APNEA AWARENESS DAY IS MARCH 31

Mark Your Calendars!

Get diagnosed, get treated, and feel great. This is the message that the American Sleep Apnea Association will be working to communicate in the weeks leading up to March 31, which has been designated as Sleep Apnea Awareness Day. In an attempt to raise awareness of the condition among the estimated 16 million Americans afflicted by Obstructive Sleep Apnea but not currently receiving treatment, ASAA will be distributing 100,000 "snore score" flyers around the country.

This ambitious campaign is a collaboration with the National Sleep

Foundation, which is sponsoring National Sleep Awareness Week® from March 28 to April 3. The flyers, which include a quiz to help people determine whether they suffer from OSA, will be distributed through our national network of A.W.A.K.E. support groups, the National Sleep Foundation's Community Sleep Awareness Partners, and community organizations interested in participating in the campaign.

The flyer will list a toll-free hot line that people can call to get additional information, as well as an email address that will link to the

general-information section of the ASAA web site.

We urge you to participate in the flyer distribution. If you contact the ASAA at (202) 293-3650, we can provide you with flyers to share with friends, co-workers and acquaintances.

Also planned for March 31: A lecture by ASAA board member Dr. David Rappaport, associate professor of medicine at New York University. Details of the lecture, which will be held in Washington, D.C., were still being finalized at press time. For information, call the ASAA or visit www.sleepapnea.org ■

SUPPORT YOUR AMERICAN SLEEP APNEA ASSOCIATION

I'd like to be enrolled as a member of the ASAA, and receive a subscription to WAKE-UP CALL.

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

Bracelet Necklace

I'd like to enroll my friend/family member in the ASAA and subscribe him/her to WAKE-UP CALL.

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WINTER 2005

Published by
the American Sleep Apnea Association

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