

# WAKE-UP CALL

FROM THE AMERICAN SLEEP APNEA ASSOCIATION

W I N T E R 2 0 0 9

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

The leaders of **Western Pennsylvania A.W.A.K.E.** retired from office at the close of 2008 after 17 years of service. Carl Lanker, president, Bob Morovich, vice president, Pat Morovich, secretary, and Henry Cringle, treasurer, had led the Pittsburgh-based organization since its inception in early 1992 as the first A.W.A.K.E. group. "It's time for younger folks to take over," said Pat Morovich, in announcing the retirements. Western Pennsylvania has been one of the largest members of the A.W.A.K.E. network, sometimes attracting as many as 100 participants to its monthly meetings. Pittsburgh is home to Phillips Respironics, one of the major CPAP device manufacturers. The area also boasts 17 independent sleep laboratories, according to Pat Morovich ... **Pennsylvania's Hanover A.W.A.K.E. Network** celebrated its ninth anniversary last fall and the fourth issue of its four-color quarterly newsletter. The issue featured a discussion of what makes for healthy sleep ... **Central Ohio Sleep Disorders Support Group** in Columbus, OH, uses its meeting notices as an opportunity to provide tips on sound sleeping. One recent suggestion: "Use your bedroom only for sleep and intimacy. Take work materials, computers and televisions out of the sleeping environment." ... **Carroll Hospital Center A.W.A.K.E.** of Westminster, MD, had to turn people away from its 12th anniversary celebration last fall after the meeting room reached its 80-person capacity. Three physicians spoke on diabetes and heart disease, and their relation to sleep apnea. ... Two speakers at the November meeting of **Southwest Mississippi A.W.A.K.E.** of McComb, MS, summarized the findings reported in recent studies on sleep apnea.

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

## IS BMI A USEFUL APNEA INDICATOR? Truckers Challenge Tying Sleep Tests to the Fat Index

By Bob Stanton



The problems of undiagnosed sleep apnea among commercial motor vehicle operators have long been a topic of governmental regulation. Mainstream media coverage of the Government Accountability Office report on medically unfit drivers also pointed out problems with undiagnosed sleep apnea among truckers. Recently the Federal Motor Carrier Safety Administration, acting through its Medical Review Board, recommended requiring that all CMV operators with a body mass index greater than 30 be tested for sleep apnea.

The body mass index, also known as the Quetelet index, is a measurement that compares a person's weight and height. It's generally considered a useful tool for identifying a healthy body weight relative to an individual's height, and is widely used for an initial diagnosis of obesity.

At the meeting at which the Medical Review Board of the FMCSA recommended adoption of the rule requiring sleep apnea testing for overweight drivers, board member Dr. Barbara Phillips, former chair of the National Sleep Foundation, declared "The data do indicate the more you weigh, the more likely you are to crash," according to an article in *Land Lines*, the magazine of the Owner-Operator Independent Drivers Association.

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AMERICAN  
SLEEP  
APNEA  
ASSOCIATION

# A LETTER TO THE PRESIDENT AND THE CONGRESS



The task of reforming the health care system in the United States will be a major effort. As you work together with the stakeholders on the

needed changes, the American Sleep Apnea Association urges you to keep in mind the following points.

Sleep apnea is a serious medical disorder that leads to or exacerbates other potentially life-threatening medical conditions among a significant portion of the population, both children and adults.

Although we don't have recent prevalence data from an institution like the Centers for Disease Control and Prevention, a major study published in the *New England Journal of Medicine* in 1993 reported that 4 percent of men between 30 and 60 suffered from sleep apnea severe enough to require treatment. The study reported that 2 percent of women of the same ages were similarly affected.

Of the risk factors that predispose individuals to sleep apnea, obesity has been identified as one of the most significant. There is a strong direct correlation between body mass index (BMI) and sleep apnea. With the advance of the current obesity epidemic and the direct link between obesity and sleep apnea, the prevalence of sleep apnea is expected to expand significantly.

Current medical research has

demonstrated that untreated sleep apnea is a risk factor for most of the medical conditions driving the increase in health care costs in the United States—heart disease, type 2 diabetes, and depression. In October 2007, the Milken Institute released a report estimating that seven of the most common chronic diseases in the United States cost the economy more than \$1 trillion annually. Five of the seven are related to sleep apnea. The economic burden of these chronic diseases is projected to increase roughly threefold in the next 20 years.

Since sleep apnea was first identified in 1965, the means of diagnosing and treating the condition have improved greatly. Originally the only treatment was to insert a tube into the throat of the apnea patient and bypass the upper airway. While this treatment option is still used in some extreme circumstances, for most people effective, life-saving treatment can be administered by modifying the position in which the patient sleeps, by use of an oral appliance that pulls the jaw forward and thus expands the opening to the upper airway, and by use of a device that pressurizes room air and delivers it through a mask that stents open the airway.

Diagnosis of sleep apnea no longer requires an overnight stay in a sleep laboratory. New technology enables the conducting of adequate testing in the comfort of one's own home.

As you consider the options for health care reform we urge that you:

- Take into account the prevalence of sleep apnea in the adult population.
- Recognize that proper diagnosis and successful treatment of sleep apnea will save the health care system money by reducing outlays for treatment of heart disease, diabetes and depression.
- Understand that the cost of diagnosing and treating sleep apnea is considerably less than what is currently being spent on health care by the millions who are undiagnosed and untreated.

I wish you courage in your efforts to help the American people get the health care they deserve and need. Let me conclude with a familiar bit of wisdom from Benjamin Franklin that is particularly appropriate here: An ounce of prevention is worth a pound of cure.

Sincerely,  
Edward Grandi  
Executive Director  
American Sleep Apnea Association

*I encourage all members of the American Sleep Apnea Association to open this letter on the ASAA web site ([www.sleepapnea.org/advocacy](http://www.sleepapnea.org/advocacy)), add some of your own words, and send it to your members of Congress and the President. Tell them how treatment of your sleep apnea has enriched your own life or the lives of your patients. ■*

## NEWS FROM WASHINGTON

The Omnibus Appropriations Act signed by President Obama on March 11 included \$900,000 for the **Centers for Disease Control** to monitor sleep disorders and to support the National Sleep Awareness Roundtable.

This money, to be spent during the current fiscal year that ends September 30, is in addition to the \$880,000 appropriated for this purpose last year, thanks to lobbying efforts by a number of our members. The ASAA is a founding member of the Roundtable.

Prospects for additional money to expand the monitoring and further

strengthen the Roundtable's work remain uncertain, however. You can follow developments on CDC funding and other legislative and regulatory issues on the ASAA web site.

The **Federal Motor Carrier Safety Administration** is developing a rule that would create a national registry of certified medical examiners. Under the proposed rule, interstate truck drivers, who are required to pass an annual physical in order to retain their commercial vehicle operator's licenses, would be compelled to select their medical examiner from the registry. Untreated obstructive sleep apnea is one of the conditions that bar truck drivers from the road.

In the comment period the Owner-Operator Independent Drivers Association, which claims 160,000 members, gave quali-

fied support to the pending requirement. But controversy erupted over the rule's proposal that examination of truckers with diabetes or with two or more diseases be limited to physicians and osteopaths.

Jan Towers, a representative of the **American Academy of Nurse Practitioners**, commented that nurse practitioners have been conducting truckers' medical examinations without problems since 1992, including examinations of truckers with complex health problems. Stan Roberts of the **American Academy of Physician Assistants** offered similar comments and urged the FMCSA to drop the limitation, which was proposed by its Medical Review Board, a group composed entirely of physicians. ■

Dr. Matthew Rizzo, the dissenter in the board's four-to-one vote, explained his "no" by pointing out that while the evidence is strong that BMI is related to sleep apnea and that BMI alone may be a factor in truck crashes, the evidence supporting the 30 cutoff is less solid and deserves further study.

This latest proposal from the FMCSA has sparked a sharp controversy within the trucking community. Currently CMV operators are required to undergo regular medical certification examinations. FMCSA regulations list several medical conditions, including sleep apnea, that if not currently being treated effectively disqualify a person from operating a truck or other commercial vehicle in interstate commerce. At present, however, whether or how to test for sleep apnea is left up to the medical professional conducting the trucker's medical examination. Many larger trucking companies use newer internet-based screening questionnaires developed specifically for the trucking industry to flag potential sleep apnea among other things.

The controversy over the pending requirement has raised the level of awareness of sleep apnea among truck drivers. Recent articles in industry publications touching on the subject have ranged from assessments of battery-operated CPAP machines for use in sleeper berth-equipped trucks to technical comparisons of modified and pure sine wave invertors needed to power auto-titrating CPAP machines through 12-volt power supplies in trucks. Free or low-cost in-home sleep apnea testing for truck drivers offered by medical providers at truck stops—Professional Drivers Medical Depots is a typical example—has led to larger numbers of truck drivers being voluntarily tested for sleep apnea.

There is a downside to the controversy, however. Some critics charge that the FMCSA did not give sufficient weight in its deliberations to studies that tended not to support the proposal. The BMI cutoff point of 30 for testing, for example, is not well supported by the literature, as Medical Review Board member Rizzo pointed out. The use of BMI alone as a screening trigger for sleep apnea testing appears to lack both accuracy and specificity.

Many truck drivers are obese. Unpublished results from a study of the

## ABOUT THE AUTHOR



**B**ob Stanton, 52, a resident of Batavia, IL, who sometimes spends the night there, covers the nation behind the steering wheel of a big truck.

Last year, he reports, he spent 305 nights away from home and earned \$46,000.

Stanton was diagnosed with obstructive sleep apnea in 2002. Off work for a month following his diagnosis, a major blow to the family pocketbook that year, Stanton

learned the use of a CPAP device and began sleeping with one in place.

These days in his truck sleeping berth, Stanton uses a CPAP model equipped with use compliance data recording capabilities. He downloads data to a memory card and mails it to his physician on request.

Since the software system is a proprietary one available only to physicians and Stanton is unable to alter the data encoded on the card, his compliance reports qualify under the enforcement requirements that the Federal Motor Carrier Safety Administration imposes on truck drivers.

database of the 15,000 CMV drivers employed by Schneider National, Inc., suggests that relying on BMI alone as the trigger for testing will require 46 percent of the 3.5 million current CMV operators to undergo a full night sleep work-up. The study was conducted for Schneider

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*Under the proposed guidelines, many drivers with OSA would be missed and remain untreated behind the wheel.*

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National by Precision Pulmonary Diagnostics. The report goes on to predict that at least 25 percent of those required to be tested will test as negative (25 percent of those with BMIs of more than 30 screened as high risk using a multivariable questionnaire still tested negative for sleep apnea). In addition, at least 50 percent of the CMV operators screened as high risk for sleep apnea using other indicators and found positive for sleep apnea had BMIs of less than 30. Under the proposed guidelines, these drivers would be missed and not required to be tested for sleep apnea.

The huge number of CMV operators who would be required to schedule

polysomnography work-ups might well overwhelm the ability of sleep centers to meet the demand. One of the Medical Review Board's experts conceded that full sleep studies frequently cannot be scheduled in less than a month already. Conversely, to the extent the demand could be met, the cost to drivers would be substantial, both in working time lost and in the cost of the tests themselves, which generally cost \$2,000 and up.

And as the trucking industry press has muttered darkly on more than one occasion, the profits to the testers will be considerable—for administering tests of debatable usefulness.

This negative image of sleep medicine may in the long run hurt educational efforts to get CMV operators to voluntarily seek testing and treatment. This is further compounded by the fact that truck drivers are often part of the "working poor"—people employed and earning money, thus not eligible for indigent health care coverage, but at the same time not insured by their employers and unable to afford private insurance.

Several American Sleep Apnea Association physician members have been active in educating the trucking industry about the diagnosis and management of sleep apnea among CMV operators. Big rig drivers are more aware than they were a few years ago of the advisability of being tested for sleep apnea. Still more awareness will further benefit both them and those with whom they share the nation's highways. But the current FMCSA proposal is backed up neither by good science and nor by practical reality. ■

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