



Education Bulletin

The ASAA is a non-profit organization dedicated to reducing injury, disability and death from sleep apnea and to enhancing the well-being of those affected by this common disease.

BEING EVALUATED FOR SLEEP APNEA

If you suspect that you have sleep apnea and need to see a doctor about your symptoms, we suggest that you first check your insurance policy before making any appointments. You may be required to get a referral to a sleep specialist from your primary care physician and/or you may be required to go to a certain testing facility. In some cases, your primary care physician orders the tests and receives the results for you. Keep in mind that you may be tested in a sleep center or laboratory or in your own home. Some insurance policies require specific consultation or procedures. You could undergo a “split-night” study in the sleep lab. (During a split-night study, the first half of the night is the testing phase. If the study shows you have sleep apnea, during the second half of the night you begin treatment for sleep apnea.)

Doctors who know sleep medicine may be pulmonologists (specializing in lungs), neurologists (the brain), otolaryngologists (the ears, nose, and throat), psychiatry (mental health), or primary care physicians such as internists or family practitioners. Their expertise in the field of sleep may come from having trained with other sleep specialists and/or having studied sleep medicine through a residency program, continuing medical education (CME) courses, and scientific meetings. Some have taken additional tests and are “certified” by the American Board of Sleep Medicine (ABSM). In any case, a sleep doctor may hold one of many degrees that meet the requirements of the ABSM: an MD, DO, MB (the European equivalent of an MD), a PhD, or a PsyD in a health-related field. In addition, some dentists have studied sleep apnea and, when appropriate, treat sleep apnea patients by fitting them with an oral appliance. You should ask any doctor or dentist about his/her credentials and experience. You should also be satisfied with the explanations and how it will be diagnosed and treated in your particular case.

If you are not given a list of doctors and sleep testing facilities, you can find a specialist referral from a few different sources. There is no one complete list of all such facilities, and as a non-profit organization, the American Sleep Apnea Association (ASAA) does not endorse or recommend any company, product, or health care provider. However, there is a list of physicians, sleep centers, and laboratories accredited by the American Academy of Sleep Medicine that pay their AASM membership dues. (The AASM, formerly known as the American Sleep Disorders Association or ASDA, is the professional society in the field of sleep medicine that accredits such facilities; accreditation implies adherence to a certain set of standards.) The most up-to-date list of accredited member sleep centers and laboratories appears on the AASM's web site: www.aasmnet.org. You can request a list from the ASAA as well. Remember that other centers are in the process of being accredited, have chosen not to be accredited, or do not qualify for accreditation.

You can also check with local hospitals, home health care companies, and health care professionals to find a testing facility. Neighbors, friends, and family members may have further suggestions.

Some insurance policies specifically exclude coverage for the diagnosis and/or treatment of sleep disorders and some do not cover durable medical equipment (the most common form of treatment for sleep apnea is considered durable medical equipment or DME). These are points to consider when examining your policy and whenever thinking about changing your policy (such as during your

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employer's open season). Depending upon where you live and the provider you see, the diagnosis and treatment of sleep apnea can be a significant expense, usually over \$1000, but, even without insurance coverage, when you consider the possible consequences and costs of untreated sleep apnea, being diagnosed and treated properly could be well-worth the price.

The sleep study uses several devices to record activity during sleep. These generally include an electroencephalogram (EEG) to measure brain waves and an electroculogram (EOG) to measure eye and chin movement, both to monitor the different stages of sleep; an electrocardiogram (EKG) to measure heart rate and rhythm; chest bands to measure breathing movements; and additional monitors to sense oxygen and carbon dioxide levels in the blood as well as monitors to record leg movement. None of the devices is painful and there are no needles involved.

If your sleep study is negative (i.e., if the results show that you do not have sleep apnea) but you still have symptoms of a sleep disorder, such as falling asleep easily and/or sometimes inappropriately even after obtaining enough sleep at night, you may need to be tested again. You may also need to be tested with more sophisticated equipment, equipment that is not always used in every sleep study. For more information, talk to your doctor or sleep specialist.

For more information on the difference between a home study and a in-laboratory study, you can order the reprint from the April-May 1997 issue of the newsletter: "Home Tests or In-Laboratory Studies" by sending \$2 per reprint with your request and mailing address to the ASAA. You may also want to order the reprint "Understanding a Sleep Study" (also \$2) to learn more about what information is gathered in a sleep study and what the findings mean.

Sleep apnea also occurs in children. For more information on pediatric sleep apnea, you may want to read "Having Your Child Evaluated for Obstructive Sleep Apnea."

To conduct its programs and activities, the ASAA receives support from members' dues, individual, foundations, and corporate donations, and annual contributions from members of the ASAA Industry Roundtable.

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