PENROSE-ST. FRANCIS HEALTH SERVICES

DATE OF STUDY:

IDENTIFICATION: The patient is a 43-year-old male, height 5 feet 11 inches, weight 240 pounds, body mass index (BMI) 33.5.

INDICATIONS FOR STUDY: The patient is referred in with a long history of insomnia with suspected obstructive sleep apnea with desaturations to 77% at night. The patient reports, on the questionnaire, that he is on no current medication, that he just cannot sleep sometimes. He takes a bunch of over-the-counter medications. He just cannot get to sleep. He reports a negative history of cigarette abuse, daytime somnolence sometimes affecting his driving, long periods of wakefulness during the night, symptoms for 9 months.

POLYSOMNOGRAM REPORT

Technically, the study is done on a Sandman 4.1 with tech-assisted analysis using a routine apnea montage and is considered adequate for diagnosis and treatment.

DIAGNOSTIC PORTION:

Total sleep time: 363.5 minutes. Sleep efficiency: 96.1%. Sleep latency: 2.5 minutes with 10 awakenings. Rapid eye movement (REM) latency: 108 minutes. Percentage of sleep stages of total sleep time: 23.8% stage 1, 39.6% stage 2, 11.6% stage 3, 3.0% stage 4, and 22.0% rapid eye movement sleep (REMS).

Arousal index: 22.4 per hour.

These values are abnormal in the following manner:

1. Marked increase in arousals.
2. Severe hypersomnolence.
3. Increased stage 1 for age grouping.

Apneas: The patient had 7 obstructive apneas, giving an respiratory disturbance index of 1.2. The patient had 49 hypopneas, giving an overall respiratory disturbance index of 9.2. In the supine position it is 18.8.

Mean oxygen saturation is 93.6. The patient had 97.6% of the time between 90-100% oxygen saturation. Periodic leg movement index is 0. Snores were 135 per hour.

SLEEP STUDY

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JP/tw

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FILKIN, RANDY L
73 28 25 5 DOB: 05/23/1956
ADM: 07/29/1999
ROOM: -
PENROSE HOSPITAL

CONCLUSION AND SUMMARY BASED ON DIAGNOSTIC PORTION:

The patient has a component of obstructive sleep apnea/hypopnea syndrome associated with hypersomnolence and possible upper airway resistance syndrome. His overall respiratory disturbance index is 9.2. His positional respiratory disturbance index is 18.8.

CPAP TRIAL:

Because of the patient's significant hypersomnolence and apnea, the patient was started on CPAP. Total sleep time on CPAP was 70 minutes. Sleep efficiency was 69.1% with 12 awakenings. Percentage of sleep stage of total sleep time was 30.7% stage 1, 45% stage 2, no stage 3 or 4, and 24.3% REMS. Arousals dropped to 0.9 per hour. Mean oxygen saturation is 94.6. No apneas or hypopneas are noted, and arousals dropped markedly. Best setting is at 7 cm of water where respiratory disturbance index is 0 and mean oxygen saturation is 94.4.

CONCLUSION AND SUMMARY BASED ON CPAP TRIAL:

Patient with obstructive sleep apnea/hypopnea syndrome with a component of upper airway resistance that responds to CPAP at a setting of 7 cm of water using a Gold Seal small mask with 7 spacer and heated humidifier. I would suggest an attempted treatment with CPAP. Alternatives do include ENT surgery for this patient. Because of this patient's severe hypersomnolence, he may be dangerous to self and others without treatment.

ADDENDUM

Penrose-St. Francis Sleep Center is accredited by the American Sleep Disorder Association (ASDA) and is the only lab in Colorado Springs that is so accredited. The ASDA has clearly found that follow-up visits to discuss the results of a polysomnogram are very helpful in setting patients up with both treatment and to assist them in understanding their diagnosis. The ASDA strongly recommends a follow-up visit to discuss the results of a polysomnogram.

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