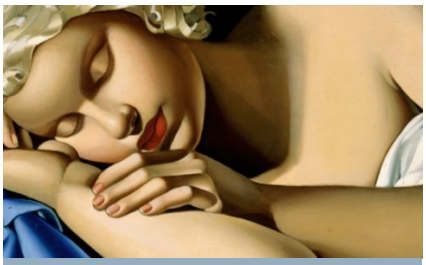
# Sleep Health News



## INSIDE



Should all patients start with a home sleep test for sleep apnoea?

## Sleep Disorders: It's not about the test.

The biggest change in the field of Sleep Medicine in Australia in the last 15 years can be summed up in two words: better awareness.

Newspapers, talk shows, current affairs programs and the internet are full of articles on sleep and its disorders. Patients with sleep disorders have never had better access to information - some accurate, some woefully inaccurate - about a range of conditions that affect sleep, including management strategies. These patients become very demanding of their doctors to provide them with answers to increasingly complex questions.

The doctors, in turn, receive information regarding a range of sleep testing strategies - public, private, in hospital and home studies - but often will find it difficult to judge the best approach for an individual patient. In the end, both patients and doctors are usually seeking the same thing: good advice.

Some GPs have adopted a diagnostic approach that starts with a home sleep study, provided by one of the reputable home monitoring companies. At the Melbourne Sleep Disorders Centre, we perform hundreds of sophisticated home sleep studies each year, in carefully selected patients, as well as more traditional in-hospital sleep studies for more in-depth monitoring. The challenge for the non sleep physician is what to do with the results of home sleep tests, both positive and negative studies, as regards the presence of sleep apnoea.

An analysis of the health economics of home sleep testing was published in a recent edition of the medical journal Sleep. John Linehan and his colleagues in the United States showed that, in a population with a high likelihood of sleep apnoea being present, always starting with a home sleep test can become a very expensive strategy for the patient. Part of the expense is from the extra healthcare costs associated with a "false negative" result from the home test, leading to a failure to diagnose and treat apnoea, resulting in higher rates of cardiovascular disease (high blood pressure, heart disease, stroke).

This study tells us what we have known for some time. Both patients and doctors want to start with an accurate diagnosis, to best guide future treatment strategies. Good advice from a sleep physician that has had a chance to personally assess the patient and review sleep study data is generally the best place to start. Feedback from patients tells us that they want is sensible advice, well applied, to improve quality of life - and minimise health risks, longer term.

Restless Legs Syndrome

## New RLS Treatments

The Restless Legs Syndrome (RLS) is not a new disorder. The 17th century physician Thomas Willis nicely described the limb discomfort, restlessness and sleep disruption associated with this common condition. RLS often runs in families and so multiple generations can be affected, although symptoms often worsen with age. Those with RLS may note a range of symptoms, ranging from the "fidgets" to terrible pain in the legs at night. Sleep disruption is often associated with periodic limb movements during sleep, with repetitive twitches, sometimes

Restless Legs Sydrome

## New RLS Treatments

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noted by a bed partner but almost always seen on a detailed sleep study.

Since the 1950's, a range of treatment strategies have been employed, ranging from vitamin and mineral supplements, to potent pain-relieving drugs. Today, there are a range of treatment approaches that can be used, sometimes in combination, to maximise quality of life for those who suffer with varying severities of RLS. Medications are often required for more severe RLS. These are often in three groups: sleep stabilising medicines, pain relievers and dopamine stimulating medications, the dopamine agonists (DA).

DA medicines were first line for many years in the management of moderate to severe RLS, particularly after we were able to move across to new safer medicines, to avoid the risk to heart valves from older "ergot alkaloid" DA drugs. In recent years, however, we have become aware of a troubling and at times devastating potential side-effect of all DA drugs, the emergence of Impulse Control Disorders (ICDs). ICDs can include problem gambling, compulsive shopping, excessive computer game playing and even hypersexuality.

ICDs appear to occur in up to 20% of patients on these medicines. This is 2 to 3 times the rate seen in those without RLS or those with RLS who are not on DA drugs. Although we now have very effective DA medicines, including some new longer-acting patch formulations, that can control severe RLS symptoms, we need to keep a close eye on the emergence of ICDs, with patients and their families warned what to watch out for.

Instead, we are using sleep stabilising medicines increasingly as first-line treatment for RLS. Drugs such as gapapentin and pregabalin are often used in this setting. A potentially more potent version of these, gabapentin enacarbil, has been recently approved by the FDA in the United States for moderate to severe RLS.

Non-drug therapies are also an increasing area of interest. We at the Melbourne Sleep Disorders Centre are currently collaborating with RMIT University, to explore Cognitive Behavioural Therapy techniques in clinical trials, in those suffering with symptoms of the Restless Legs Syndrome. If you wish to register your interest in participating in future sleep disorders research studies, please contact our research coordinator at: **research@msdc.com.au**

## References:

Sleep. 2011 Jun 1;34(6):695-709. An Integrated Health-Economic Analysis of Diagnostic and Therapeutic Strategies in the Treatment of Moderate-to-Severe Obstructive Sleep Apnea. Pietzsch JB, Garner A, Cipriano LE, Linehan JH

Sleep. 2010 Jan;33(1):81-7. Impulse control disorders with the use of dopaminergic agents in restless legs syndrome: a case-control study. Cornelius JR, Tippmann-Peikert M, Slocumb NL, Frerichs CF, Silber MH.

More information

## Need to Know More?

For more information on sleep disorders and their management, please follow the links on our website:

**msdc.com.au**

To explore further and to organise a consultation with one of our sleep physicians, please contact us at:

**reception@msdc.com.au**
Fax: 03 9663 1553
**Or Call: 1300 246 000**

## MELBOURNE SLEEP DISORDERS CENTRE

The Melbourne Sleep Disorders Centre's specialists have over 20 years experience between them and are recognised both within Australia and internationally as leaders in the field of sleep medicine.

Services offered at Melbourne Sleep Disorders Centre include specialist consultation, sleep psychology, CPAP therapy and clinical research trials. Following consultation, sleep studies can be arranged for both private and public patients.

**OUR TEAM:**
**Physicians**
Dr John Swieca
Dr David Cunnington

**Sleep Psychologists**
Dr Moira Junge
Ms Alison Huther
Prof Ken Greenwood

**Sleep & Research Scientist, CPAP Therapist**
Danielle Buccella

**Advanced Trainee in Sleep Medicine**
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