

SLEEP HEALTH NEWS



INSIDE

1.1 HYPERTENSION & OSA

Patients on 3 or more BP meds are 70% likely to have sleep apnoea when tested. As you sign those scripts, think OSA.

1.1-1.2 SLEEP & DEPRESSION

A growing body of evidence suggests that disturbed sleep is not only a marker of depression but, if left untreated, a cause of future mood disturbance.

1.2 HOME SLEEP STUDIES

The "one size fits all" approach to detection of sleep disorders is officially over, with Medicare support for home sleep monitoring.

1.2 NEED MORE INFO?

Find links to better sleep education for you and your patients, along with referral details and a list of services we provide at the Melbourne Sleep Disorders Centre's website www.msdc.com.au.

Diabetes, refractory hypertension and obstructive sleep apnoea

Type II Diabetes or 3 Blood Pressure Medications: Think OSA

Primary Care Medicine has shifted over the years from an acute care focus to a program of chronic disease management and preventative medicine. At times, this relationship is centred around managing health-related risk for your patients: setting health strategy. However, there are some risks that are hard to measure directly, a problem often seen in the patient with undiagnosed Obstructive Sleep Apnoea (OSA).

OSA is common, with the prevalence of moderately severe, symptomatic apnoea sitting at around 3% of the population. That's typically one or two of the patients you see every day, whether they know it or not. But how can you readily identify those at high risk - the ones you shouldn't miss? At medical school we were taught the Jesse James approach: look for where the money is. In finding OSA, look at your type II diabetics and your refractory hypertensives and you won't be often wrong.

So, what's the link? Well, apart from the common demographic issues (obesity, male gender, age), OSA rapidly increases nocturnal insulin resistance and β cell dysfunction, as well as hypertension. Eventually, this spills over into daytime metabolic and cardiovascular sequelae.

The statistics are frightening: OSA is seen in around 23% of type II diabetics, with at least that number again having so-called Central Sleep Apnoea or Cheyne-Stokes respiration. Once your patient is on three or more drugs for their difficult to control hypertension (and remember, many BP pills now contain two drugs), that patient is at least 70% likely to have OSA.

Once OSA has been diagnosed, CPAP therapy has been shown to reduce nighttime blood pressure swiftly and

assist in bringing refractory daytime hypertension under control. Effects of CPAP on glycaemic control are more

QUICK FACTS

OSA is seen in 23% of type II diabetics and around 70% of patients with refractory hypertension.

controversial, although some studies suggest improvements in insulin sensitivity, soon after CPAP is commenced.

So, targeted assessment of OSA severity in these high-risk groups can become part of your preventative strategy, with a high chance of positive outcomes for your patients.

See: www.idf.org/Sleep-apnoea

For more information on how to assess OSA risk, see the article overleaf on Home Sleep Studies.

Sleep and psychiatric disease Insomnia & depression

Recent research has highlighted the important two-way interaction between sleep and mental illness. Whilst it has long been thought that in patients with depression and sleep disturbance, treating depression alone would improve their sleep symptoms, this is not the case. Over 40% of patients have ongoing difficulty sleeping even once their depression has resolved, and ongoing sleep problems increases the risk of relapse of depression.

Sleep and psychiatric disease

Insomnia & depression

From page 1.1

A recent trial of patients with depression and sleep disturbance added a non-benzodiazepine hypnotic (eszopiclone) to SSRIs for 8 weeks and showed improvements in both sleep and depression outcomes.

QUICK FACTS

Untreated insomnia predicts future development of depression. Treating insomnia in depression with a hypnotic improves outcomes.

Depression & OSA

Obstructive sleep apnea (OSA) is linked with depression. In a study of 18,980 people in Europe, people with depression were found to be five times more likely to suffer from sleep-disordered breathing (OSA is the most common form of sleep-disordered breathing). The good news is that treating OSA with continuous positive airway pressure (CPAP) may improve depression; a 2007 study of OSA patients who used CPAP for one year showed that improvements in symptoms of depression were significant and lasting.

Ambulatory monitoring

Home Sleep Testing

Sleep studies have evolved in complexity since fairly rudimentary beginnings in the 1950's. What started as monitoring of sleep-related neurophysiology has evolved to give us data on depth of sleep, arousals, respiratory stability, cardiac rhythm and motor activity across a single night in the sleep laboratory. The gold standard in sleep monitoring remains this full level of data collection, using up to 25 different

sensors, with infrared video monitoring. Trained staff are on hand to intervene and apply treatment for detected disturbances, such as sleep apnoea.

A flexible approach to sleep studies

Most sleep studies will continue to be performed in hospital to ensure accurate and comprehensive data collection and for the implementation of CPAP therapy. However, where only one disorder - apnoea - is suspected and where a full inpatient study is undesirable, delayed or unaffordable, home sleep testing is now here.

Medicare rebates have been available since October 2008 for home sleep studies, with strict guidelines for the level of data gathered, that we aim to meet or exceed. This style of testing suits the uninsured and those that need baseline assessment prior to formal consultation. This is the perfect first step for assessing your high-risk patient with cardiovascular disease or the metabolic syndrome.

See www.msdc.com.au for referral forms.

More information

Need to Know More?

Call us directly on **1300 246 000** or via email at reception@msdc.com.au. Our website www.msdc.com.au details the services we provide and has downloadable referral forms.

We know you want your patients to be seen swiftly, once a problem is detected by you. That's why we have redesigned our weekly schedule to allow most new and urgent referrals to be seen within two weeks.

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 Cunningham

Sleep Psychologist

Dr Moira Junge

Sleep Scientist, CPAP Therapist

Kelly Linaker

Clinical Research Coordinator

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