

# Sleep Apnea Awareness Newsletter

## FALL 2008

**Editor in Chief: Margaret Trussler, MS, APRN, BC**  
**Associate Editor: Don Ordway, CRT**

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### Welcome!

Welcome to the Sleep Apnea Awareness Fall E-Newsletter! We created this newsletter to provide education about sleep apnea, inform you about the latest treatments, and to share with you our patient experiences. Please feel free to forward this newsletter to family and friends. Enjoy!

### Travelling with CPAP?

### Men, Sex and CPAP (second in a two-part series)



Do you travel with your CPAP machine? Would you find it easier to have a CPAP delivered to your hotel? Please take our simple, ten question survey.

[Click here for survey](#)



**By Margaret Trussler, MS, APRN, BC**

*Jim is a 46 year old gentleman recently started on CPAP. He has been struggling to get started and admits to a low degree of motivation to deal with the minor inconveniences of CPAP therapy. He has had some difficulty with nasal congestion and getting the humidification feature on his CPAP machine to work efficiently. He feels that he doesn't sleep well to begin with and CPAP is only making things worse. Quite frankly he is ready to give up. The CPAP counselor recommends an appointment with the nurse practitioner (NP).*

*During the initial consultation with the NP, Jim discusses his frustration with CPAP therapy. A comprehensive evaluation of his CPAP difficulties as well as his medical history reveals multiple concerns. His physician has recently started him on medication for high cholesterol and he is reporting some difficulties with sexual function; specifically obtaining and maintaining an erection. In discussing this issue with the NP, he is surprised to discover that there may be a relationship between his untreated obstructive sleep apnea and erectile dysfunction (ED).*

### Quick Links

[Sleep HealthCenters](#)  
[CPAP Tip of the Month](#)  
[PAP Replacement](#)  
[Guidelines](#)  
[About Us](#)  
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Erectile disorders and reports of sexual dysfunction seem to be a common, but little discussed, complaint among men with obstructive sleep apnea (OSA). Excessive sleepiness and fatigue seem to be logical explanations for the lack of desire and sexual interest many men with OSA experience. However, many men incorrectly attribute a decrease in sexual performance to poor quality sleep, aging, or other health issues, and believe that little can be done to address the problem. Even in this enlightened age of Viagra, men experiencing sexual difficulties frequently fail to discuss these problems with their physician or nurse practitioner out of resignation to the problem or embarrassment.

### Research Studies

[Learn about and participate in the latest research studies!](#)

Recent research into sexual function and sleep disorders points to an association between OSA and ED. While the exact nature of this relationship remains unclear, there is a growing body of research indicating that OSA may lead to or at least contribute to ED. Recent studies indicate that 33% of male OSA sufferers report erectile dysfunction and 20% of men seeking evaluation for ED are found to have OSA. In addition, severity of OSA, as measured by number of obstructions per hour and degree of oxygen decline, correlates with more severe degrees of ED.

In part two of this series on sex and CPAP, we will look at this relationship, focusing on the importance of a proper evaluation and treatment.

## Upcoming Events

### Sleep Apnea Awareness Meetings

#### October 22

Please join us on Wednesday, October 22, 2008, from 6:30-8:00 PM in the Leahy Conference Center at the Marlborough Hospital located at 157 Union Street, Marlborough, MA.

Dr. Jeffrey Scott will be speaking about "**Snoring and Other Signs of Sleep Apnea**". Two CPAP equipment companies will also be available to show their latest equipment and answer any questions.

We look forward to seeing you there! For directions please visit the Marlborough Hospital website at [marlboroughhospital.org](http://marlboroughhospital.org)

#### November 10

Please also join us on Monday, November 10, 2008 from 6:30-8:00 PM in Hunneman Hall at the Brookline Library located at 361 Washington Street in Brookline.

Dr. David P. White, Sr. Medical Consultant to Sleep HealthCenters and Clinical Professor of Sleep Medicine at Harvard Medical School, will be speaking about "**What's in the Future for Sleep Apnea Treatment**".

For more details see the events calendar at [brooklinelibrary.org](http://brooklinelibrary.org)

### Sexual Dysfunction: A Concerning Symptom

The National Institute of Health defines ED as the inability to attain or maintain a penile erection sufficient for satisfactory sexual intercourse. Male sexual function is a complex interaction between psychological factors, neurologic and hormonal functioning, and the vascular system. Disruption in any one or combination of these factors may result in ED and indicate the presence of psychiatric, vascular, neurologic, or hormonal problems. Most cases of ED are attributable to physical as opposed to emotional causes. Since erection of the penis requires normal functioning of the neurologic and vascular systems, ED can frequently be an early symptom of cardiovascular disease and peripheral nerve dysfunction and demands a thorough evaluation.

### Links Between OSA and ED

While no definitive explanation exists for the association between OSA and ED, several possible mechanisms have been identified. Sleep disruption and deprivation disrupts the normal night-time variations in testosterone levels, causing significant drops in testosterone. In a study comparing testosterone levels in patients with OSA and normal controls, testosterone levels were significantly decreased in patients with OSA, making it plausible that these effects may be related to ED in patients with sleep apnea (Luboshitzky, 2002).

Others have suggested that the long term effects of repeated oxygen decline, surges in blood pressure, and the release of inflammatory markers that accompany obstructive events, set in motion a sequence of events that may result in peripheral nerve damage (Fanfulla, 2000), and damaged blood vessels (Bradley, 2007). Damage to the blood vessels and nerves to the penis would therefore result in erectile dysfunction.

Lastly, a second pathway for the development of ED in men with OSA may be through hypertension, diabetes, obesity, and high blood cholesterol (Jankowski, 2008), all common conditions in people with OSA. These conditions are known to cause ED as a result of either the medications used to treat these disorders or the conditions themselves.

### PAP Therapy: A Proven Benefit

Regardless of the cause, several studies confirm that effective treatment of OSA with positive airway pressure (PAP) therapy improves erectile function. Men with a higher number of obstructive events and lower oxygen levels have been shown to have more significant improvement in erectile function with CPAP therapy (Margel, 2005). A recent study (Goncalves, 2005) confirmed these results and demonstrated that up to 75% of patients experience improved erectile function after one month of therapy.

Several studies have compared the effect of treatment of OSA with CPAP on erectile function to the effect of medications such as Viagra (Perimenis 2004, 2007), and find that while erectile medications seem more effective than CPAP, they do not work as well in men with OSA compared to the response of men without OSA. Specifically, men with OSA and ED seem to have less effect compared to men with only ED. There is some indication that CPAP may be responsible for reversing some of the negative vascular, hormonal, and peripheral nerve dysfunction associated with ED.

### CPAP and Sexual Function

For many men (and women) CPAP is an unwelcome visitor in the bedroom. As discussed in Part I (Women, Sex, and CPAP), concerns about sleep partner response to CPAP may cause many people with OSA to initially reject the idea of CPAP. The assumption that CPAP is the barrier to sexual intimacy and sexual function is a common but erroneous belief. Untreated OSA is associated with reports of poor quality of health, decreased quality of life, loss of vitality, depression, and altered body image, all of which can affect sexual functioning and health. As we have discovered, it is also responsible for ED in men and difficulty with desire, lubrication, and orgasm in women. Consideration needs to be given to the importance of sexual activity and intimacy within the relationship when making a decision to use or reject CPAP.

The first step in overcoming the perceived sexual intimacy barriers to CPAP use is putting CPAP therapy into perspective. Discuss your concerns openly and honestly with your partner. Ask for reassurance and assistance in being adherent with the therapy. Recognize that both partners will benefit from CPAP through improved sleep and sexual activity.

## What's New in CPAP



In this issue we're featuring the Swift LT with

Nasal Pillows from [ResMed](#)

After meeting with the nurse practitioner and discussing his concerns, Jim is more motivated to continue his efforts at CPAP therapy. Sexual activity and intimacy are rated as high on his list of personal and health priorities. He is encouraged to return to the CPAP counselor for more advice and direction regarding his machine issues and he agrees to at least begin each night with CPAP. He will return to see the NP with his wife in 6 weeks. If he continues to experience difficulties with sexual function, a formal referral for evaluation should be considered.

## CEO Spotlight



**Paul S. Valentine**  
President and CEO

We are happy to announce the opening of our first center in Rhode Island - The Sleep HealthCenter of Cumberland located at 175 Nate Whipple Road, Suite 108. Opened in partnership with Tilak K. Verma, MD, MBA, the new center is the first dedicated sleep medicine center in the area providing comprehensive sleep medicine services for investigating, diagnosing and treating sleep disorders. Services include medical consultations, sleep diagnostics, a wide range of treatment options (including CPAP set-ups), patient monitoring, follow-up and outpatient care.

We are pleased to welcome Vicky Seelall, MD, as the new Medical Director for the Sleep HealthCenter at Beth Israel Medical Center (New York). Dr. Seelall is board certified in Pulmonary and Internal Medicine and completed her Sleep Fellowship at NYU Medical Center. Also new to our New York center is Alicia Barrios, CRT. Alicia, a certified respiratory therapist, will be performing sleep studies and running the CPAP clinic. Sandra Horowitz, MD, has been promoted to Regional Medical Director in addition to being the Medical Director for the Sleep HealthCenter of Framingham. Beginning September 1st, Jeffrey Scott, MD, has assumed the role of Medical Director for the Sleep HealthCenter affiliated with Marlborough Hospital.

Sleep HealthCenters is honored to be chosen as sponsor for the 2009 Northeast Sleep Society meeting on March 20-21, 2009 at the Marriott Boston-Newton. In our role of sponsor, we are responsible for all program content. We are looking forward to the opportunity to provide a great, educational and interesting program. The [northeastssleep.org](http://northeastssleep.org) website will be updated as information becomes available

We hope this seasonal newsletter will be helpful to you, and we look forward to providing you with the best care possible so that you can sleep well. Please feel free to contact anyone on our staff if you have any questions.

Paul S. Valentine  
President and CEO  
Sleep HealthCenters  
[ceo@sleephealth.com](mailto:ceo@sleephealth.com)

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Sleep HealthCenters is a recognized network of specialized sleep medicine centers, staffed by board-certified sleep specialists. Sleep HealthCenters' comprehensive care services include diagnosis, evaluation and treatment of patients with all types of sleep disorders including obstructive sleep apnea, insomnia, narcolepsy, and restless legs syndrome. Please visit our website at [www.sleephealth.com](http://www.sleephealth.com) to learn more about Sleep HealthCenters or contact us at 877-SLEEPHC (877-753-3742) to schedule an appointment.

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## Locations

### Massachusetts

[Bedford](#)  
[Beverly](#)  
[Boston](#)  
[Brighton - BIDMC](#)  
[Brighton - BWH](#)  
[Framingham](#)  
[Jamaica Plain](#)  
[Marlborough](#)  
[Medford](#)  
[North Dartmouth](#)  
[Stoughton](#)  
[Weymouth](#)  
[Worcester](#)

### New York

[Manhattan](#)

### Rhode Island

[Cumberland](#)

## Affiliations

### Massachusetts

[Brigham and Women's Hospital](#)  
[Beth Israel Deaconess Medical Center](#)  
[Faulkner Hospital](#)  
[Hallmark Health](#)  
[Marlborough Hospital](#)  
[Massachusetts Eye and Ear Infirmary](#)  
[McLean Hospital](#)  
[New England Sinai Hospital](#)  
[Southcoast Hospitals Group](#)

### New York

[Beth Israel Medical Center](#)