

Sleep Apnea Awareness Newsletter

WINTER 2009

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In This Issue

Upcoming Events

What's New in CPAP

Insomnia and Sleep Apnea

CEO Spotlight

Quick Links

[Sleep HealthCenters CPAP Tip of the Month](#)
[PAP Replacement Guidelines](#)
[About Us](#)
[Contact Us](#)

Research Studies

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

Upcoming Events

Sleep Apnea Awareness Meetings

Brookline, MA
February 25

Please join us on Wednesday, February 25, 2009 from 6:30 -

Welcome!

Welcome to the Sleep Apnea Awareness Winter 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!

When You're Too Sleepy But Still Can't Sleep: The Case of Sleep Apnea with Insomnia



By Claudia M. Toth

Psy.D., Clinical Psychologist, Behavioral Sleep Medicine, Sleep HealthCenters

Case Example: George is a 55 year-old man diagnosed with obstructive sleep apnea. His primary complaint was feeling tired during the day and having frequent awakenings during the night. He recently started CPAP therapy and since that time reports increased difficulty falling asleep. Despite notable improvements to the continuity of his sleep when using CPAP, he now reports feeling more distressed about his sleep in general. He notices his mind "racing" once he gets into bed and finds it takes longer for him to fall asleep when he uses the device. The medical provider and respiratory therapist working with George quickly recognize a worsening in symptoms of insomnia and recommend additional support through a referral to a behavioral sleep medicine service.

Obstructive sleep apnea (OSA) often occurs with insomnia. One study of patients with OSA, for example, found that 42% of individuals showed at least one problematic insomnia symptom (Chung, 2005). Insomnia is usually defined as difficulty falling asleep, difficulty staying asleep, waking up earlier than desired, or having a general sense of dissatisfaction with the quality of one's sleep. The prevalence of insomnia in adults is estimated at about 30% but the frequency of cases increases with age. When OSA and insomnia happen together, they can present themselves in a variety of ways. Sometimes an individual has struggled with insomnia for years and later develops OSA, such as following increased weight gain or following or during menopause. In some cases, the insomnia may be due solely to the OSA--with frequent awakenings caused by the breathing disruptions--and will usually resolve with proper treatment of the primary underlying sleep disorder. The more common complaint with OSA, however, is sleepiness, rather than insomnia. At other times, an individual may develop insomnia symptoms after developing OSA, or as in the case of George, in response to initiating CPAP treatment.

Treating insomnia in addition to obstructive sleep apnea (OSA) is essential. Most of the time

8:00 PM in Hunneman Hall at the Brookline Library located at 361 Washington Street in Brookline.

Dr. Lawrence Epstein, Corporate Medical Director for Sleep HealthCenters, will present "[Sleeping with the Enemy: How Sleep Apnea and PAP Affect your Sleep Quality and your Partner's Too](#)"

CPAP equipment companies will also be available to show their latest equipment and answer any questions.

We look forward to seeing you there! For more details see the events calendar at the [Brookline Library](#).

**Dartmouth, MA
April 29**

Please also join us on Wednesday, April 29, 2009 from 6:30 - 8:00 PM at the Center for Women's Health located at 300 Faunce Corner Road in Dartmouth.

Dr. Bruce Abbott, Medical Director for the Sleep HealthCenter in North Dartmouth affiliated with Southcoast Hospitals Group, will be speaking on [Sleep Apnea](#).

we try to treat the OSA first because it is a known cause for insomnia but not the reverse (insomnia does not cause sleep apnea). If insomnia symptoms remain even after an individual is engaged in treatment for OSA, we can more productively pursue treatment that addresses insomnia. It is often the case, however, as with George, that we cannot get to fully treating the sleep apnea until we also begin treating the insomnia. In talking to individuals like George, we often uncover unhelpful thoughts and worries about CPAP use. He might think to himself...Will I ever be able to fall asleep with this machine? Maybe I'll sleep fine without it...I wonder if my wife will ever want to be close to me now that I have to wear this thing on my face...I must be ruining her sleep too...In addition to developing unhelpful and often rather unrealistic thoughts about sleep and CPAP use, individuals will change their behavior in response to their new thoughts and experiences. George, for example, might get into bed earlier and try harder to get to sleep because he expects difficulty with falling asleep. He might remain in bed for more extended periods of time worrying. These thoughts and behaviors, although common, may make it more difficult for him to engage in CPAP therapy, make insomnia worse, and deserve attention.

One of the most effective treatments for insomnia is cognitive behavioral therapy (CBT) (Edinger, et al., 2001). CBT is used to treat a variety of health problems, including anxiety, depression, eating disorders, and insomnia. Research has even shown it is specifically useful for helping individuals increase their use of CPAP therapy (Richards, et al., 2007). The therapeutic approach focuses on identifying and changing thoughts and behaviors that are getting in the way, in this case, of better sleep. Individuals referred to our CBT program are assisted in learning new skills to manage insomnia with or without the medicines they may already be taking. Since CBT involves making changes to behavior and thinking, it takes time. It is a process and cannot be accomplished overnight. Setting goals specifically tailored to individuals' presenting concerns is important. With George, for example, we might explore his worries about CPAP treatment. We would help him avoid getting into bed when he is not sleepy. We would help him challenge unhelpful and unrealistic thoughts such as his ruining his relationship if he uses the therapy. Chances are the CPAP therapy is not as disruptive as he thinks--but instead, it is his own thinking and behavior that is disruptive. For this, CBT can really help.

When focusing in on thinking and behavior in treatment, we also explore an individual's ability to relax, which in turn relates to the ability to sleep. Too much muscle tension, for example, may make it difficult to fall asleep or stay asleep. Progressive muscle relaxation addresses this problem and has been shown to have a positive impact on sleep (Means, et al., 2000). This relaxation technique involves alternating tensing and relaxing muscles in a sequence intended to cause deepened relaxation states. In George's case, we would help him practice specific relaxation techniques to reduce muscle tension prior to bedtime. We have now even expanded our clinical services to include groups led by a trained relaxation therapist to allow more time and opportunity to practice these skills.

Ultimately, our clinic offers strong behavioral sleep medicine services to help individuals with both sleep apnea and insomnia improve their sleep. The key to treating the co-occurrence of obstructive sleep apnea and insomnia is to recognize that both conditions are at play. Well-established and effective treatments are readily available to treat both these sleep problems, whether they occur together or separately. We hope that others like George will not be delayed in getting to the appropriate treatment so that we can help individuals achieve better health through better sleep.

Please call us toll free at 1-877-SLEEPHC (877-753-3742) for more information about our Cognitive Behavioral Therapy Services or visit [sleephealth.com](#) to learn more about our support groups such as the *CPAP Success Group* and *Better Sleep Session*.

[Dr. Toth will be speaking on "Behavioral Techniques in Coping with Insomnia" Thursday, March 12 at the Tufts Library in Weymouth from 6:30PM - 8:00PM.](#)

For directions see the [Center for Women's Health](#).

Improve Your Sleep, Control Your Weight

Brigham and Women's Hospital March 5

Dr. Shilpa Rahangdale will speak on how the proper amount and type of sleep is directly linked to maintaining a healthy weight on Thursday, March 5 at 1:00 PM at the Kessler Library at Brigham and Women's Hospital in Boston.

For directions see [click here](#).

Insomnia Meeting

Weymouth, MA March 12

Dr. Claudia Toth will be speaking on "Behavioral Techniques in Coping with Insomnia" on Thursday, March 12 at the Tufts Library in Weymouth from 6:30 - 8:00 PM.

For more details, see [Weymouth Libraries](#)

References:

- 1) Chung, K.F. (2005). Insomnia subtypes and their relationships to daytime sleepiness in patients with obstructive sleep apnea. *Respiration*, 72(5), 460-5.
- 2) Edinger, J.D., Wohlgemuth, W.K., Radtke, R.A., Marsh, G.R., & Quillian, R.E. (2001). Cognitive behavioral therapy for treatment of chronic primary insomnia: a randomized controlled trial. *JAMA*, 285(14), 1856-64.
- 3) Richards, D., Bartlett, D.J., Wong, K., Malouff, J., & Grunstein, R.R. (2007). Increased adherence to CPAP with a group cognitive behavioral treatment intervention: A randomized trial. *Sleep*, 30(5), 635-640.
- 4) Means, M.K., Lichstein, K.L., Epperson, M.T., & Johnson, C.T. (2000). Relaxation therapy for insomnia: nighttime and day time effects. *Behaviour Research and Therapy*, 38(7), 665-78.

CEO Spotlight



Paul S. Valentine
President and CEO

We are excited to announce a new sleep disorders screening service for companies nationwide. The "Sleep Health Program" screens, diagnoses, treats and provides follow-up care for employees with sleep disorders such as insomnia, restless legs syndrome, sleep apnea and excessive daytime sleepiness. Companies large and small are looking for ways to improve their employees' health and well-being, and also ways to cut costs associated with employee sleep deprivation and health care costs.

Sleep HealthCenters now offers sleep education workshops to employee groups to teach healthy sleep habits and how to recognize the symptoms of a sleep disorder. By participating in the Sleep Health Program, employees are offered the chance to answer questions about their sleep health. Any employee considered to be "at risk" of a sleep disorder can visit one of our 15 sleep centers in MA, RI and NY or in one of our partner centers across the nation. We assign each employee a Sleep Specialist, board certified in sleep medicine, and a case manager (nurse practitioner or respiratory therapist) to oversee their care.

After a thorough evaluation with their Sleep Specialist, employees may have a diagnostic test either in a sleep lab or in their own home using the latest at-home diagnostic technology. Depending on the diagnosis, treatment may involve PAP devices, cognitive behavioral therapy, medication, or other solutions recommended by our specialists. The case manager and employee continue to work together and record improvements in quality of life (QoL), symptoms, and co-morbid conditions over time. The goal for each employee is to take control of their sleep health and successfully manage their sleep disorder. The entire program is managed centrally from our headquarters in Massachusetts to ensure all patients receive a standardized quality of care and that the sponsoring company can be provided feedback about participation rates.

We have launched the Sleep Health Program in the trucking industry, offering education, fatigue management and clinical services to commercial motor vehicle drivers. We know that approximately one in three truck drivers suffers from undiagnosed sleep apnea, leaving them at increased risk of cardiovascular disease and automobile accidents. Because of this risk, the Federal Motor Carrier Safety Administration is currently reviewing recommendations to implement mandatory testing for sleep apnea in any commercial driver with a body mass index of 33 or greater. By reaching out to commercial motor vehicle drivers before any legislative changes occur, we can help them become safer drivers immediately and give them a future advantage by documenting the successful management of their disorder.

For more information about the Sleep Health Program, visit us at www.sleephealth.com.

- 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 to learn more about Sleep HealthCenters or contact us at 877-SLEEPHC (877-753-3742) to schedule an appointment.