



SLEEP DISORDERS: A WIDELY IGNORED PANDEMIC

By William C. Dement, MD, PhD, and Eileen B. Leary, BA, RPSGT

It is now widely known and accepted that more than 50 million Americans suffer from sleep problems. Lamentably, the vast majority of these individuals remain undiagnosed and untreated.

This high prevalence and significant impact of untreated sleep disorders on the health and safety of the general public is not a recent discovery. In 1990, the United States Congress established the National Commission on Sleep Disorders Research (NCSDR) to gather data and develop a plan. One of the first studies carried out by the Commission confirmed and reported that there was virtually no education on sleep and sleep disorders in American medical schools.

A more recent study directed by the Institute of Medicine was published in 2006. Although it did not utilize an identical mode of evaluation, the Institute of Medicine report essentially described the same low level of curriculum time devoted to sleep topics.

Even today, very little progress is being made to rectify these educational shortcomings. Accordingly, we continue to graduate new physicians who lack the training to accurately identify and properly treat sleep disorders. Likely the major obstacle to expanding education on sleep disorders at the present time is the currently overcrowded medical school curriculum and the extreme difficulty of obtaining substantial additional curriculum time.

Nonetheless, it is essential that sleep medicine training eventually be included in both the preclinical and clinical years. This goal can be realized by evaluating the current curriculum and introducing a solid integration strategy.

It is, however, our very strong opinion that something must be done immediately. To this end, we suggest a modified strategy for all practicing physicians. While accumulated knowledge about sleep physiology, biochemistry, sleep deprivation, circadian rhythms and sleep problems is encyclopedic, the truth of the matter is that there are really only three sleep disorders that primary care physicians will frequently encounter among their patients.

The foregoing assertion is strongly supported by the results of an exhaustive study of a primary care medical practice that was conducted between 1997 and 1998. In this study, every patient that walked through the door of a clinic in Moscow, Idaho, was asked to fill out a comprehensive sleep disorders questionnaire with the help of a trained research assistant. The results showed that of the 1,254 individuals that completed the questionnaire, symptoms of three sleep disorders were by far the most common: sleep apnea (23.6 percent), restless legs syndrome (29.3 percent) and insomnia 32.3 percent. A staggering 60.7 percent of the total surveyed population of patients had at least one of these three sleep disorders.

Based on these results, we believe that including the diagnosis and treatment of the majority of sleep disorders in any clinical practice can be accomplished with surprising ease. The following is our strategy.

To start, the vast majority of patients that are victims of sleep disorders experience the symptoms of persistent fatigue and will commonly complain of tiredness, lack of energy and other such symptoms. The first step in recognizing sleep disorders among patients is to systematically include a question such as, "Do you think you are feeling more tired than you should?"

If the answer is "No, I am wide awake and energetic all day long," that should be the end of it for the time being. If the patient answers yes, the first follow-up question should deal with snoring. If a patient is persistently tired and snores nightly, it is highly likely that the diagnosis will be obstructive sleep apnea (OSA).

It is estimated that 24 percent of men and 9 percent of women in the U.S. population are afflicted with OSA, defined as an apnea-hypopnea score of five or more. OSA is a very treatable condition, and the first choice of treatment is usually nasal con-



William Dement will be a featured speaker at the 9th annual Focus Conference May 14-16, 2009 Disney's Coronado Springs Resort Orlando, Florida

SCMI Sleep Center Management Institute

Improving the Business Of Sleep™

SCMI is the premier resource for educational products, training and consultative advisory services for professional sleep managers.

SCMI's Advisory Team of sleep management consulting specialists uses its 100+ years of combined experience to assist sleep management professionals to provide superior patient service while maximizing financial returns.

SCMI CONSULTING SERVICES:

- DO IT YOURSELF SLEEP LAB STARTUP
- FULL SERVICE SLEEP LAB STARTUP
- AASM & JCAHO SLEEP LAB ACCREDITATION PREPARATION
- JCAHO SLEEP DME ACCREDITATION PREPARATION
- SLEEP DME STARTUP & COMPETITIVE BIDDING
- SLEEP LAB MARKETING AND BUSINESS DEVELOPMENT
- PERIOPERATIVE SLEEP APNEA MANAGEMENT (SAM) TRAINING AND START-UP PROGRAMS
- WEBINAR TRAINING

Sleep Center Management Institute
5076 Winters Chapel Road
Atlanta, Georgia 30360
1-888-556-2203
www.sleepcmi.com

CIRCLE READER ACTION CARD # 27

Evidence-Based Medicine... Continued from page 24

Other creative assignments can be used to encourage an evidence-based path to respiratory care. One tried and true approach is to start with a lecture, the content of which is based on research. Then have students search for, find and critique a related article. Each student then gives a short presentation of his or her findings.

Students' questions about lecture content or patients they have encountered can be answered by guiding them through a brief literature search. This helps them evaluate the evidence and arrive at a clinical conclusion.

Most student clinical rotations utilize small groups for case discussion and presentation. Both are fertile ground for evidence-based thinking. Patient rounds, "morning report" and case-based conferences are also perfect clinical settings to incorporate EBM concepts. So, too, are workshops conducted at continuing educational conferences.

There's a bonus in all of this for the teachers, too. Educators would be wise to know what constitutes best practice. Few of us are very well-versed in EBM concepts, and we can all afford to raise our comfort level with reading scientific literature. We will all improve our understanding of the strength of evidence and have a basis on which to recommend a practice change. We'll all learn to ask, "Is this an effective practice?"

It will take the combined efforts of classroom and clinical faculty, but evidence-based thinking will eventually find its way to the everyday care at the patient's bedside. That, of course, is the place where it really belongs.

Sandra McCleaster, MA, RRT is a veteran therapist, lecturer, educator and adjunct faculty member at Bergen Community College in Paramus, NJ.

Staffing Your Sleep Lab...continued from page 70

Two other significant communication tools are performance reviews and planning quarterly social times to celebrate birthdays, a new designation earned or a holiday. Social communication properly orchestrated without work stress is a powerful retention tool.

And don't forget, a competitive salary and benefits are absolutely necessary. But remember, the vast majority of sleep professionals work for more than money. Knowledge that they are making a meaningful difference in patient lives, dignity, professional growth, a need to be personally recognized and a sense of belonging are important. Be sure to provide these and it is a quadruple win — for your patient, your employee, you and your sleep lab's financial bottom line.

Duane M. Johnson, PhD, is co-founder and senior partner of Sleep Center Management Institute in Atlanta; djohnson@sleepcmi.com

Sleep Disorders...continued from page 28

tinuous positive airway pressure (CPAP). There are also surgical procedures and oral appliances that can effectively treat OSA.

The presence of restless legs syndrome (RLS) usually can be established by one question: Do you have creepy, crawly feelings in your legs when you are sitting quietly that go away or are relieved when you walk around? If the answer is yes, your patient almost certainly has RLS.

The prevalence of RLS in the Caucasian population is about 10 percent, and women typically outnumber men 2 to 1. Treatment for RLS can include lifestyle changes such as decreased use of caffeine, alcohol and tobacco, as well as pharmacological options, including dopaminergic agents, benzodiazepines, opioids and anticonvulsants. These all have been shown to reduce the symptoms of RLS.

Finally, for insomnia the question to ask is simply, "Do you have trouble sleeping?" If the answer is "yes," the follow up question would be, "How often?" Treatment of primary insomnia often requires a multifaceted approach. While there are currently several safe and effective hypnotics, it is also critical to assess sleep hygiene issues which could be causing or aggravating the insomnia. A combination of cognitive behavioral therapy (CBT) and short-term hypnotic use has been shown to improve insomnia complaints.

These few simple questions should be a part of every physician's clinical routine. If presented with a more complex case, expert consultation is readily available. There are now more than 1,500 fully accredited sleep centers in the U.S., and the number is growing rapidly. A current list compiled by the American Academy of Sleep Medicine can be found at www.sleepcenters.org.

In conclusion, physicians taking it upon themselves to become acquainted with the steps necessary to diagnose and treat the three most common sleep disorders will be making an excellent beginning. To continue to ignore the fact that sleep disorders and sleep deprivation comprise a gigantic, worldwide problem and to allow millions of people to continue to suffer is unconscionable. The massive definitive textbook, Principles and Practice of Sleep Medicine, is available to help you; however, a number of more concise and practical texts have been recently published.

William C. Dement is the director of the Stanford University Center of Excellence for the Diagnosis and Treatment of Sleep Disorder in California. Eileen B. Leary, B.A., RPSGT, is a clinician with the Stanford University Sleep Research Center.