

4. I would advise the patient to avoid the intake of alcohol or sedative/hypnotic agents close to bedtime, as the latter have been shown to worsen both snoring and sleep-disordered breathing.
5. I would discuss issues related to safety as well as sleep hygiene, including obtaining an adequate amount of sleep each night, and maintaining a regular bedtime and waking time each day.

Throughout the study, we monitored sleep state, respiratory effort, airflow, leg movement, oxygen saturation, and heart rate.

**Laboratory Findings:** The sleep study was initiated with the patient on room air followed by a CPAP titration. The patient's total sleep time was 262 minutes with a calculated sleep efficiency of 59.7%. Sleep latency was increased at 44 minutes and REM latency was slightly reduced at 127 minutes. During the baseline portion of the study, the patient slept for a total of 121.5 minutes. The apnea-hypopnea index was recorded at 29 events per hour, which consisted of hypopneas and obstructive apneas. The patient's baseline oxygen saturation during the baseline portion was 74% and the longest continuous minutes with saturations less than 88% was 7.6 minutes.

CPAP titration was initiated at a pressure setting of 5 cmH<sub>2</sub>O and increased to a maximal setting of 16 cmH<sub>2</sub>O. During the titration it was noted that although the patient's hypopneas were significant reduced at approximately 11 cmH<sub>2</sub>O, above 11 cmH<sub>2</sub>O significant central apneas emerged. At this pressure setting, the patient's saturations also appeared to significantly improve and stabilize.

The patient's periodic limb movement index was calculated at zero events per hour. Electrocardiographic monitoring demonstrated normal sinus rhythm throughout the course of the study.

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