

	STUDY 1 1991	STUDY 2 1991	STUDY 3 1995	STUDY 4 2002 1st night	STUDY 5 2002 2nd night	ABNORMAL
					Esophageal Manometry	
# mins slept	297.5	327.0	426	386	330	
# hours slept	4.96	5.45	7.1	6.43	5.5	
Sleep efficiency	66%	76.1%	88%	81%	86%	
% time on back				49%	67%	
REM periods	4	2	4			
% time in stage 1, 2, 3-4, REM	NREM: 75.5% REM: 24.5%	NREM:85.2 % REM: 14.8%	11, 53, 10, REM: 26%	Slow- wave=4% REM: 23%	Slow- wave=22% REM: 23%	
Arousals				85	39	
Awakenings < 120 sec	97	131				
Awakenings > 120 sec	7	6				
Total Awakenings	104	137	<62+33=95? >			
<Total Awakenings/hrs of sleep>	<20.96>	<25.14>	<9+5=14?>	Arousal index=13	Arousal Index=7	
# awakenings assoc w/ respiratory abnormalities	36					
# awakenings assoc w/PLMs	48					
# spontaneous awakenings	19					
Total PLMs	71	149	142	96	128	> 30
PLM Index (Ave # PLMs per hr)	14.3	27.3	20	15	23	> 5
Total # PLM → awakenings			33	15	24	
PLM Arousal Index (# PLMs that → awakening per hr)	6.3	12.5	5	2	4.35	> 0 awakenings/ hr
Total Arousals other than PLM	<104- 48=56>		62			
Arousals per hr other than PLM			9			
Apneas				6 (4 obstructive + 2 central)	0	
Apnea NREM	0	0	0			
Apnea REM	0	0	0			
Hypopneas				15	1	
Hypopnea NREM	2	0	0			
Hypopnea REM	47	12	0			
Back index (# respiratory events on back per hr)				6	0	
REM index (# of events in REM)				10		
Snoring?				Light (no snore-arousal pattern)	Light	
Total # Respiratory Abnormalities	49	<12?>				
Typical duration Hypopnea	19.4 sec					
Longest duration Hypopnea	32 sec					
MSLT in mins	5.8	7.1	6	10min 21sec “normal” <note: noises	--	< 5; <12 min

	STUDY 1 1991	STUDY 2 1991	STUDY 3 1995	STUDY 4 2002 1st night	STUDY 5 2002 2nd night	ABNORMAL
				kept me from falling asleep right away on naps & 1x my leg jerked>		
# naps went into REM	1	0	0	0	--	
RDI (ave # (hypo)apneas per hr)	9.9			Apnea- hypopnea index = 3.26	Apnea- hypopnea index=.18	>5
Lowest SaO2	88%		79% (<1% of time)	92%	92%	
Notes			+phenylprop anolamine	PLM also noted during wakefulness	A few of the arousals were accompanied by an increase of negative intrathoracic pressure up to -12cm H2O <he told me 4 UAR events>	
			Bruxism in association w/arousals	No significant arhythmias on EKG		
			Mild Alpha intrusions	Abnormal: 1. Snoring 2. Sleep Architecture	Abnormal: 1. Snore- arousal	
			Blood typing consistent w/narcolepsy			
Diagnosis	1. OSA; 2. Nocturnal Myoclonus 3. Narcolepsy (pending further evaluation)	Nocturnal Myoclonus Syndrome	Pathologic Sleepiness of unclear etiology	1. Primary snoring. No significant respiratory disturbances, but mild degree of REM-related hypopneas 2. Frequent PLM noted during wakefulness, suggestive of restless legs syndrome. Clinical correlation necessary. 3. Abnormal sleep architecture likely due to	1. Snoring related arousals without clear evidence of UARS 2. Frequent PLMs that were not associated with arousals during sleep. Clinical correlation is necessary	

	<b>STUDY 1 1991</b>	<b>STUDY 2 1991</b>	<b>STUDY 3 1995</b>	<b>STUDY 4 2002 1st night</b>	<b>STUDY 5 2002 2nd night</b>	<b>ABNORMAL</b>
				respiratory event, leg movements, and first night effect		