

**PATIENT:** SCHNEIDER, Dale                      **MR#:** 72-60-04  
**DATE:** 10-28-93                      **REF. PHYS:** B. Schwartz, M.D.

Mr. Schneider is a 36 year-old married financial controller who was referred by Dr. Schwartz for the evaluation of loud interrupted snoring and excessive daytime sleepiness. History is obtained from the patient as well as a completed sleep/wake questionnaire. A sleep observer questionnaire is not available.

Mr. Schneider states that he underwent polysomnography at Kaiser Medical Center on Sunset Boulevard in 1986, during which obstructive sleep apnea was identified. He recalls that he was told that he had apneas approximately 30 times per hour with an average duration of about 90 seconds. He underwent therapy with a tonsillectomy and an uvulopalatopharyngoplasty (UPPP). No follow-up sleep study was performed. The patient states that he felt better right away, and his wife noted less snoring, the snoring essentially disappearing until about one year later when it recurred and which has progressed since that time. Approximately one year ago he states that his wife suspected recurrence of his sleep apnea, again noticing snoring with pauses in his breathing. He states that he gained about 25 pounds over that period of time, which may have aggravated his sleep apnea. He recently has started a weight reduction program, having lost about 5 pounds.

Review of his sleep habits reveals that his bedtime is erratic, partly because he goes to night school two nights a week. He has a general wake time of about 05:45 a.m., later on weekends, feeling that he accomplishes between 6-7 hours of sleep at night. Once asleep, his wife has apparently described loud snoring with pauses in his breathing, the snoring causing her to sleep in another room. He has no history of parasomnias. He states that he dreams every night and denies any sleep paralysis or cataplexy but on occasion has noted a hypnagogic hallucination. There is no family history of sleep disorders. When the patient awakens, he notes a dry mouth which he attributes to his snoring, and has a headache both when he awakens and during the day. He has noted an increased amount of drooling on his pillow particularly since the UPPP was performed.

As his day progresses, he states that he is not fully awakened until about 1:00 p.m., as he does not awaken refreshed. He basically feels tired "all the time", and notes that he fights sleepiness in soporific situations, such as in conversation at work, staff meetings and during driving as well. He states that he had an accident because of sleepiness prior to his surgery and notes that his sleepiness with driving is less severe at present. He states he no longer watches television because he readily falls asleep.

The patient has gained weight as was indicated. He does not smoke. He drinks approximately 4 alcoholic beverages per week during the evening. He drinks 5 cups of coffee a day. He is on Lopressor for hypertension since April of this year.

The patient denies any problem of chronic stuffy nose or sinus congestion.



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He has had no chronic cough, shortness of breath or wheezy breathing. He has had no problem of irregular pulse or chest pains. He has recurrent heartburn, but states this does not disturb his sleep. He denies any musculoskeletal complaints and has no urinary symptoms.

**PAST MEDICAL HISTORY:**

The patient had hernia repair in the past and arthroscopic surgery of his shoulder. He had a cyst removed from both legs and his back, and underwent a scrotal fixation of his testicles. He also underwent tonsillectomy and UPPP. He has had hypertension since April of 1993 and is also suffering from migraine headaches.

**LIMITED PHYSICAL EXAM:**

Height 67", weight 188 lbs. Pulse 80 and regular. BP 164/90. In general this is a well-developed slightly obese middle-age male who appears mildly sleepy. ENT examination reveals mild inflammation of his nasal mucosa. His mouth reveals the results of his UPPP surgery. His tongue appeared normal as did his jaw with no evidence for TMJ dysfunction. There was no cervical adenopathy, and his thyroid was normal to palpation.

**ASSESSMENT:**

Mr. Schneider has obstructive sleep apnea identified by polysomnography in 1986, and which was treated by uvulopalatinopharyngoplasty. These records will be sought. This treatment brought subjective improvement, but his symptoms of loud snoring and daytime sleepiness have gradually recurred over the ensuing years, and he feels that the problem has recurred. This will be pursued further by all-night polysomnography, with consideration of beginning treatment with a therapeutic trial of continuous positive airway pressure (CPAP) by nasal mask, depending upon the results of the sleep study. Other treatment options for sleep apnea were reviewed with the patient, more details to follow his sleep study. In the interim, he was advised to avoid driving while sleepy, and to avoid alcohol, as this can aggravate sleepiness and can aggravate sleep apnea.

**IMPRESSION:**

Obstructive sleep apnea syndrome, status post-UPPP. 780.53-0 (ASDA B.4.a).

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PAS/sq T: 11-07-93



# HOAG SLEEP MEDICINE CENTER

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## POLYSOMNOGRAPHY REPORT SPECIAL PROCEDURE: CPAP

NAME: SCHNEIDER, Dale  
MR#: 72-60-04  
PHYS: B. Schwartz, M.D.  
SLF#: 93-284

SEX: M  
AGE: 37  
HT(in): 67"  
WT(lbs): 188

DATE: 11-30-93  
START TIME: 22:45  
WAKE TIME: 08:05  
START BP: 138/94  
WAKE BP: 130/94

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**FINAL DIAGNOSIS:** Obstructive sleep apnea syndrome, moderately severe, improved with continuous positive airway pressure (CPAP) at 7cm H2O by nasal mask. 780.53-0 ASDA B.4.a).

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**PARAMETERS MONITORED:** Central and occipital electroencephalograms, right and left electrooculograms, chin electromyogram, electrocardiogram (Lead II), right and left anterior tibialis electromyogram, respiratory effort by chest movement, respiratory effort by abdominal movement, oronasal airflow, and oxygen saturation by oximetry.

**PROCEDURE:** The study was conducted for 5.6 hours under normal conditions. The last 3.4 hours of the study were performed with the patient wearing a nasal CPAP system with a pressure of 3 to 7 cm of water. The study was completed on 7 cm of water pressure.

**SUBJECTIVE OBSERVATIONS:** At the beginning of the study, the patient felt wide awake. He estimated sleep onset took 15 minutes, and that once asleep, 8 hours of sleep were obtained with 5 short arousals. Sleep quality was worse. In the morning the patient felt alert and wide awake.

### SLEEP DATA

	<u>Before CPAP</u>	<u>[After CPAP]</u>
Total Recording Time (TRT)	337.0 min	[ 204.0 min]
Total Sleep Time (TST)	181.0 min	[ 108.0 min]
Sleep Onset Latency	24.5 min	[ 23.0 min]
First REM Latency	295.0 min	[ 117.5 min]
Latency to Persistent Sleep	86.0 min	[ 30.5 min]
Waking After Sleep Onset	130.5 min	[ 72.5 min]
Number of REM Periods	1	[ 1 ]
Number of Awakenings > 1 minute	5	[ 7 ]
Sleep Efficiency Index	34.6%	[ 59.7% ]
Brief Arousals Associated with Respiratory Disturbances	169	[ 30 ]
Respiratory Arousal Index (RAI)	56.0	[ 16.6 ]
Brief Arousals Associated with Leg Movements	none	[ 4 ]
Periodic Leg Movement Arousal Index	none	[ 2.2 ]
Brief Arousals Associated with Unknown Origin	none	[ 6 ]

### SLEEP STAGES

	<u>Before CPAP</u>			<u>[After CPAP]</u>	
	<u>Minutes</u>	<u>(%TST)</u>		<u>[Minutes</u>	<u>(%TST)]</u>
Stage 1	51.0	47%	[	19.0	18%]
Stage 2	45.5	42%	[	73.0	67%]
Stage 3-4	none	--	[	9.5	9%]
REM	11.5	11%	[	6.5	6%]
WAKING	155.0	--	[	95.5	--]





Follow-Up Evaluation  
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PAS/sg T: 01-13-94



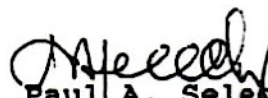
**FOLLOW-UP SLEEP DISORDERS EVALUATION**

**PATIENT:** SCHNEIDER, Dale  
**DATE:** 02-24-94

**MR#:** 72-60-04  
**REF. PHYS:** B. Swartz, M.D.

Mr. Schneider returns for follow-up of his problem of obstructive sleep apnea for which he uses nasal CPAP on a nightly basis. He continues to have difficulty keeping the mask on all night. He falls asleep easily with the mask in place, but then awakens in about one hour, noting that the mask has been removed. He replaces it and returns to sleep, only to find that it has been removed repeatedly during the night, estimating it to be 5-6 times per night. Overall he feels that the quality of his sleep is better with the CPAP than without it, but wishes to improve it even further by avoiding his taking off the mask multiple times at night. He has used Restoril on occasion, perhaps twice per week, and notes that his sleep quality is better in that he has fewer awakenings. His sleep also is improved when his wife awakens and finds his mask off and gets him to put it back in place. He also notes fewer problems with migraine headaches when using the CPAP successfully.

The patient is unaware of why he removes the nasal CPAP at night. He is very interested in "making it work". As a result, he is referred to his homecare company to seek another mask and/or head gear that may be more comfortable. If this fails, he may be a candidate for an oral corrective device as an alternative to nasal CPAP. He will report his progress to us in a few weeks.

  
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