## Dr Alex Bartle

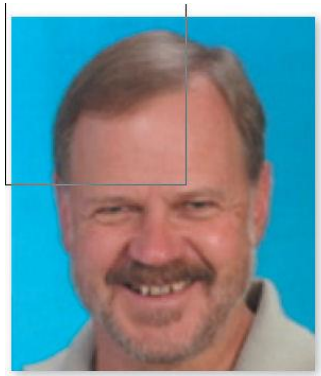
Medical Director
Sleep Well Clinic
Christchurch

## Dr Michael Hlavac

Respiratory and Sleep Physician
Cansleep
Christchurch

## Dr Laurie McLay

University of Canterbury
School of Health Science

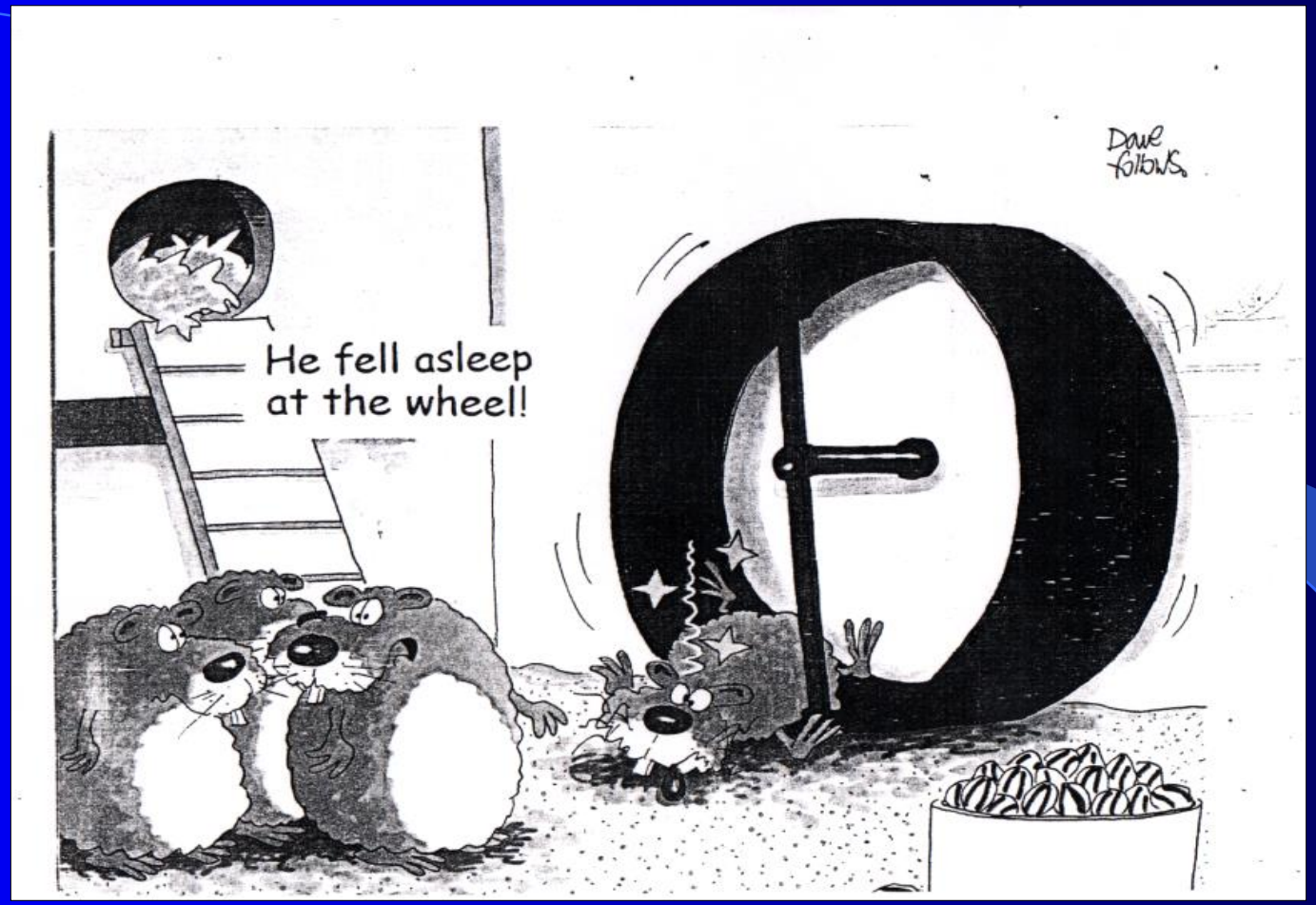


## Professor Richard Jones

Neuroscientist and Neuroengineer
New Zealand Brain Research Institute
Christchurch

Saturday, August 10, 2019 (Room 5)

14:00 - 16:00 WS #105: Sleep 101 Forum (120mins, not repeated)




# Sleep Disorders
# in a 15 minute consultation

# Why bother?

The three Pillars of health:

- Nutrition
- Exercise
- SLEEP

# Why bother?

SLEEP impacts on ALL aspects of our lives.

- Physically
- Cognitively
- Behaviouraly

# The most common sleep disorders are associated with:-

1) Shiftwork

   Up to 20% of the workforce are shiftworkers

2) Insomnia

   10 – 15% of adults suffer from chronic and severe insomnia that affects daytime performance.

3) Snoring and Obstructive Sleep Apnoea (OSA)

   Snoring – up to 60% adults snore regularly
   OSAS – 9% of males, 4% females over 40

# Risk Factors for Insomnia

**Female 2:1** (?More likely to report insomnia)

**Increasing age** (? Increased likelihood of medical complaints)

**Stress/Anxiety** (Hyper-arousal Disorder)

**Psychiatric Illness**

**Medical disorder**

**Social factors** (Unemployed, single, physical inactivity)

**Environmental factors** (noisy environment, latitude-SAD)

# Risk Factors for Sleep Apnoea

Male: Female  2 : 1

Increasing age

Body Mass Index > 30

Neck Circumference > 42cm ( M) 38cm (F)

Alcohol ( > 3 units)

Smoking

Post Menopausal Women

Sleeping Pills

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But: 20% of those with sleep apnoea are not overweight

# Insomnia

## Treatments:

CHEMICAL
- Herbal
- Allopathic

BEHAVIOURAL (CBTi)
- Seep hygiene
- Relaxation therapies
- Stimulus control
- Bed Restriction Therapy

# Insomnia

## Allopathic

Use short acting hypnotics for short term treatment in low dose.

Any medication/OTC product taken at night may become their ‘sleeping tablet’.

Consider morning anti-anxiety Rx which will support the behavioural strategies in the evening.

# Insomnia

## Behavioral Treatments

**CBTi**

Sleep Hygiene

Relaxation therapies / Mindfulness meditation

Stimulus Control

Sleep (Bed) Restriction Therapy (Sleep Scheduling)

## Brief Solutions:

**Insomnia**

- Journaling
- Improve ‘sleep efficiency’
    - Later to bed
    - Stimulus Control (‘bed is for sleep’)
    - Bed restriction
- Avoid ‘clock-watching’
- Remove electronic devices from the bedroom
- Spend more time outside, especially in the morning.

# Tempting!

Familiar?

# Consequences of Sleep Apnoea

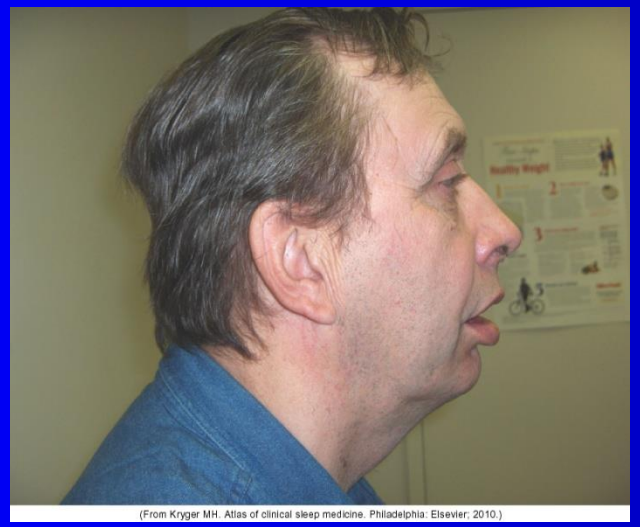
1. Bed partner sleep disturbance

2. Daytime fatigue, especially sleepiness

3. Cardiometabolic risk

# Brief Investigation:

## Snoring/OSA

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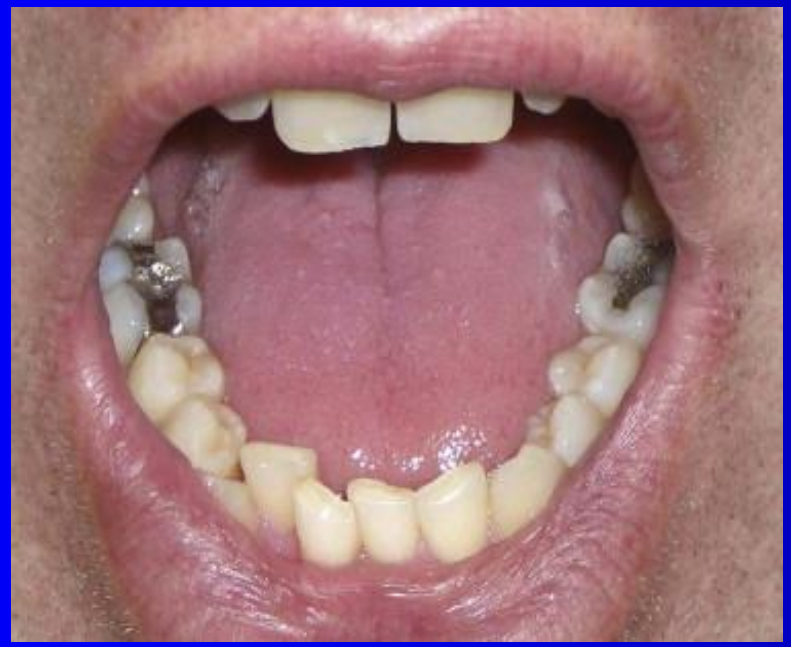
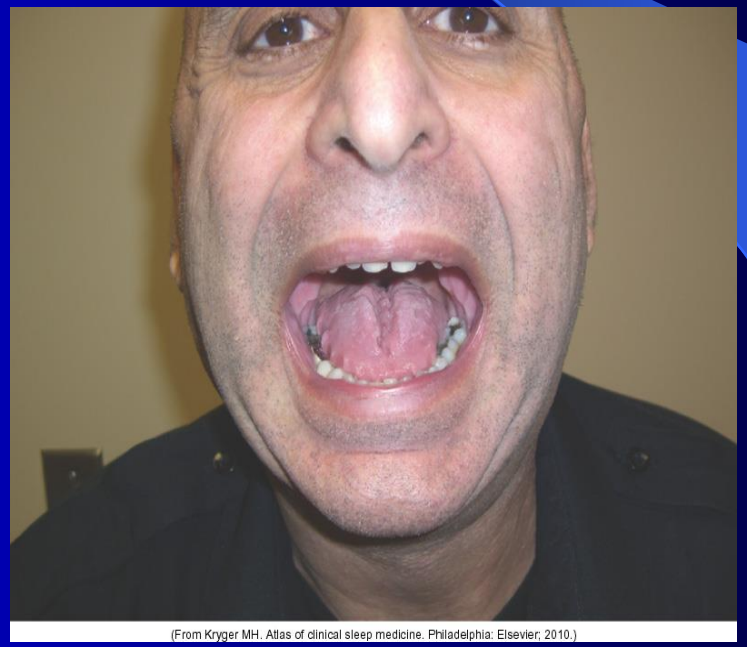
## Snoring/OSA





(From Kryger MH. Atlas of clinical sleep medicine. Philadelphia: Elsevier; 2010.)

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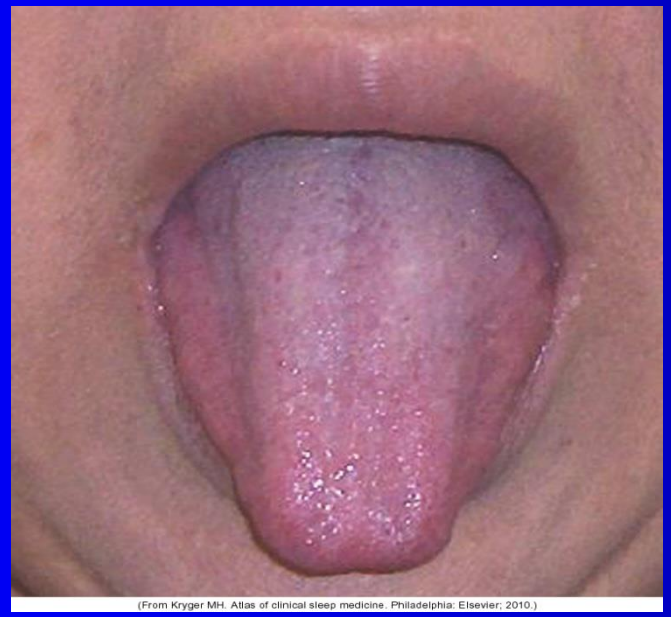
## Snoring/OSA



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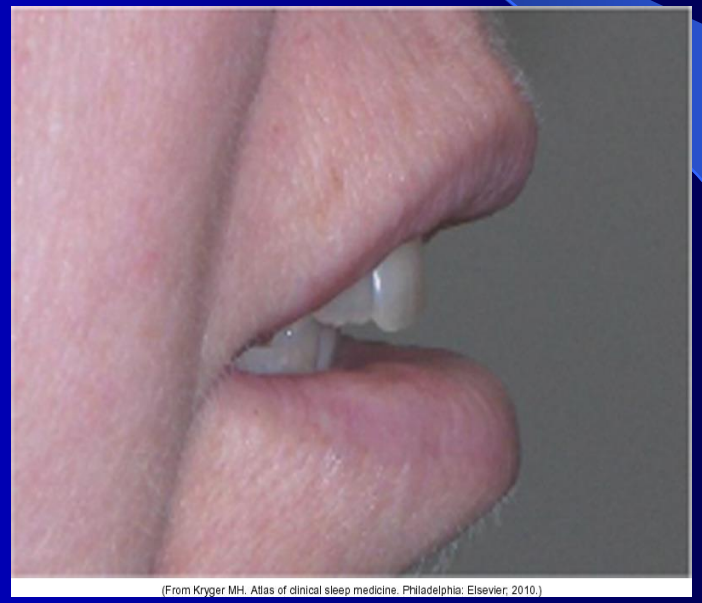

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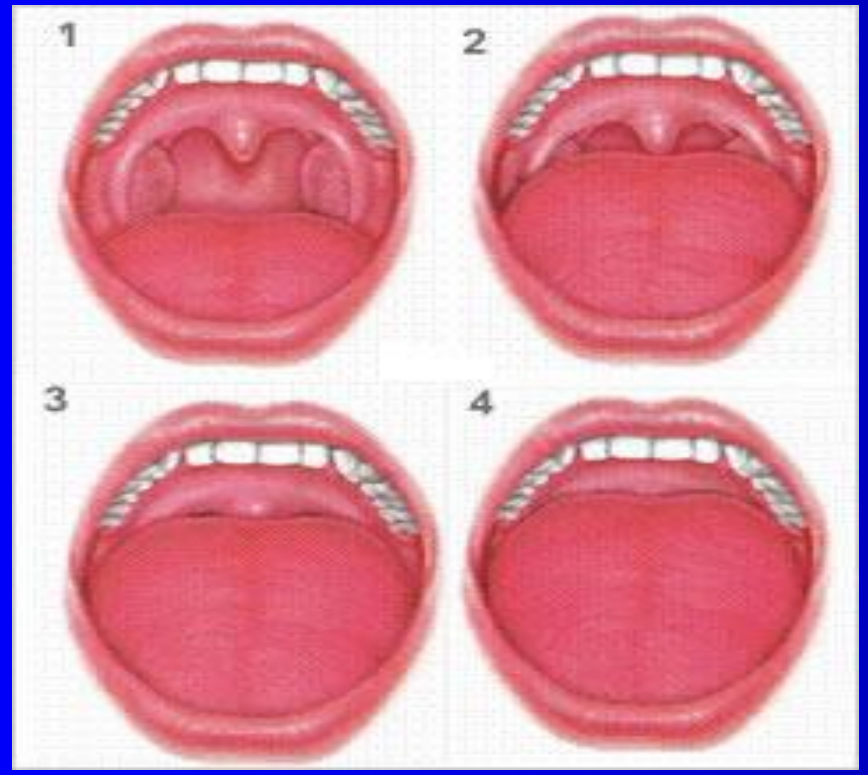


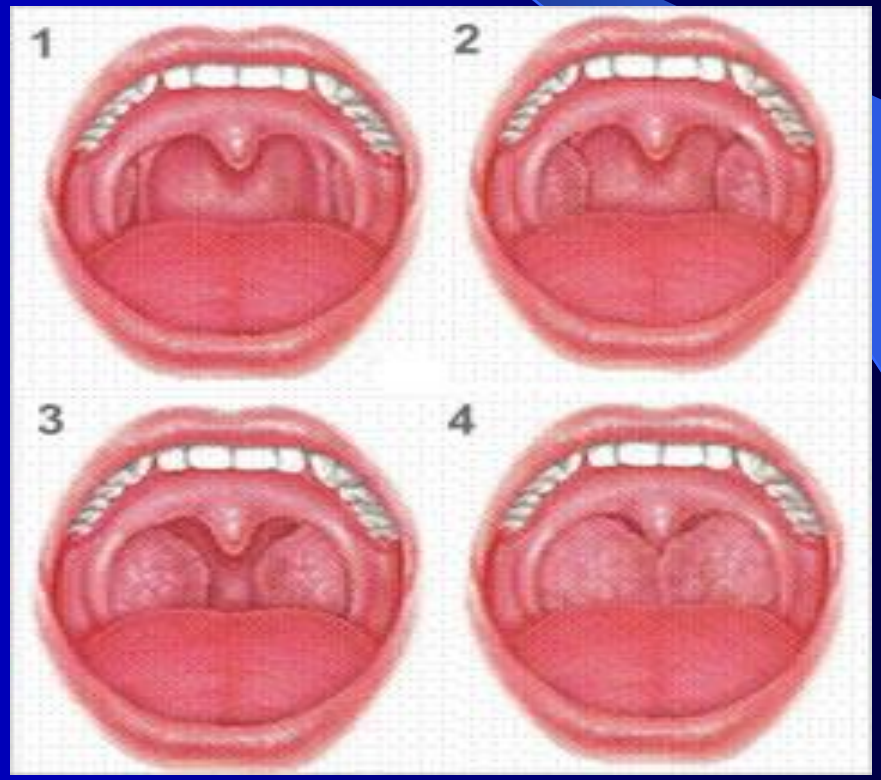

# Brief questions:

- Do you have any concern about your sleep?
- Have you been told that you snore?
- Do you wake refreshed in the morning?

# Brief questions:

**STOP-BANG**

- 1. Do you **SNORE** loudly (louder than talking or loud enough to be heard through closed doors)?
2. Do you often feel **TIRED**, fatigued, or sleepy during daytime?
3. Has anyone **OBSERVED** you stop breathing during your sleep?
4. Do you have or are you being treated for high blood **PRESSURE**?
5. **BMI** more than 35?
6. **AGE** over 50 years old?
7. **NECK** circumference > 42 cms?
8. Male **GENDER**?

**≥3 yes answers: High-risk for OSA**
**<3 yes answers: Low-risk for OSA**

# Brief questionnaires:

Epworth Sleepiness Scale.

Functional Outcomes of Sleep Questionnaire (FOSQ – 10)

## Brief questions: FOSQ-10

Q1. Do you have difficulty concentrating on the things you do because you are sleepy or tired?
Q2. Do you generally have difficulty remembering things because you are sleepy or tired?
Q3. Do you have difficulty operating a motor vehicle for short distances (less than 100 miles) because you become sleepy?
Q4. Do you have difficulty operating a motor vehicle for long distances (greater than 100 miles) because you become sleepy?
Q5. Do you have difficulty visiting your family or friends in their home because you become sleepy or tired?
Q6. Has your relationship with family, friends or work colleagues been affected because you are sleepy or tired?
Q7. Do you have difficulty watching a movie or video because you become sleepy or tired?
Q8. Do you have difficulty being as active as you want to be in the evening because you are sleepy or tired?
Q9. Do you have difficulty being as active as you want to be in the morning because you are sleepy or tired?
Q10. Has your mood been affected because you are sleepy or tired?

1. Yes, extreme 2. Yes, moderate 3. Yes, a little 4. No

# Brief questions:

- Auckland Sleep Questionnaire

This is longer, but covers many sleep disorders.

# Summary

1. Sleep impacts on virtually all aspects of medical practice.
2. It may be worthwhile setting aside a separate consultation to explore insomnia.

   Snoring/Sleep Apnoea can be suspected, but investigation and treatment is less easy.
3. Just asking about sleep is helpful.
4. Ignore sleep and you ignore 1/3 of life!

# Thank You

Dr Alex Bartle