

2002

CPAP'n OTR since

Meet professional driver Bob Stanton and hear about his struggles and success over sleep apnea thanks to his life-changing CPAP machine.



By Bob Stanton
Professional driver

Yep, I've been on a CPAP and running over the road for Schneider National Inc. (SNI) since 2002. Long before Schneider even had a sleep apnea program. I don't use my CPAP because SNI tells me I have to. I use it because I know what it felt like before and LOVE how I feel now.

Since I was diagnosed with sleep apnea before Schneider even had a sleep apnea program my story will be different than many. My mother-in-law read a story in Reader's Digest about sleep apnea. It had a "Know your Snore Score" quiz with questions like:

- * Do you fall asleep during family occasions?*
- * If you were in a chair watching a movie how likely would you be to fall asleep?*
- * Do you snore so loud you wake your bed partner up? (She heard me in the next room while on vacation with them.)*
- * Do you stop breathing when you sleep?*

She passed the story on to my wife, Chris. We went over some of the other questions which were things like:

- * Do you remember your dreams?*
- * Do you have high blood pressure?*
- * Have you had problems with depression?*

- * Do you remember waking up more than once per night?*

You might be thinking.... OK from his picture, Bob's a pretty big guy. You are right. My BMI is 52. Well over 30 which FMCSA considers obese. But my brother is skinny as a rail. He also has sleep apnea. So, don't think sleep apnea is something just those of us big folks have. It's something a good doctor who knows about sleep disorders needs to check you over for. The sleep apnea questionnaire is a good place to start. If you answer the questions truthfully, it can do a good job of predicting if you might have sleep apnea. If the questionnaire predicts sleep apnea,

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EDITOR'S NOTE

PPD: Protecting Professional Drivers is a production of Precision Pulmonary Diagnostics, specializing in premium news and analysis on sleep apnea for the commercial trucking industry, and is published 4 times a year.

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Precision Pulmonary Diagnostics (PPD), provides professional screening for drivers who are at risk for sleep apnea. This is a HIPPA-compliant, online tool customized to a company's requirements.

Once a driver has been diagnosed with sleep apnea, PPD will provide local diagnostic services with the ease of Web-based scheduling and quick, reliable turn-around — from diagnosis to treatment.

Drivers who require treatment will be fitted for and provided with a CPAP mask, flow generator, and heated humidifier for nightly use.

In order to ensure drivers are using their masks correctly, PPD has partnered with a leading manufacturer of CPAP equipment, masks, and the only provider of a patented wireless compliance monitoring system.

The wireless compliance monitoring system provides daily information of CPAP use, efficacy, and allows real-time troubleshooting of any problems your drivers may be experiencing. With this data, we can enhance your drivers' CPAP acceptance and long-term compliance. In short, our protocols can maximize your results and your return on investment.

Dear Readers,

Proper care and maintenance of your CPAP equipment is important and will ensure your equipment delivers optimal treatment. For those of you using your CPAP equipment in your truck, you have special considerations with regard to caring and maintaining your equipment.

1. Your CPAP unit should be kept in a dirt and dust free environment. You will need to store your CPAP unit inside the carrying case it came in, or wrap it inside a towel/blanket after your treatment session. This will ensure that your CPAP unit is also protected from cigarette smoke contamination.
2. Make sure your CPAP unit is secured while you are driving to protect it from bouncing and falls. The following is a schedule of cleaning and maintenance recommendations:

Daily:

1. If possible, disconnect your air tubing from your CPAP unit and hang it in a clean and dry place until next use.
2. If using a humidifier with your treatment, make sure you empty the water chamber of any left over water prior to driving. The CPAP unit is NOT waterproof and if there is water in the water chamber- it is very likely that your CPAP unit will suffer water damage. It is preferable to use distilled water in your humidifier chamber (to reduce the mineral ring build up inside your chamber), but not necessary.

Weekly:

1. Wash the air tube (hose) in warm water using mild detergent (i.e. Ivory Liquid Soap) and rinse thoroughly. Drip dry away from sunlight.
2. Wash your mask and cushion components including the harness in mild detergent. Wipe the mask and cushions dry and air dry the harness.

Monthly:

Clean the exterior of the CPAP unit with a damp cloth and mild detergent.

AIR FILTERS:

Your CPAP unit has a disposable air filter in the back, under the blue air filter cover.

If driving in dusty conditions, it is probably a good idea to change your air filter every other month or sooner. The air filter is NOT washable or reusable.

To change the air filter:

Remove the air filter cover in the back of your CPAP unit and remove the old air filter. Insert a new filter with the blue tinted side facing out from the device. Make sure to replace the air filter cover.

REPLACEMENT OF YOUR CPAP EQUIPMENT:

The wear and tear on CPAP equipment is different for each individual, but most people need to replace their equipment as follows:

Every 6 Months: Mask, Hose and Water chamber

Every 2 Months or sooner: Cushions for your mask and air filters.

*(Cushions (like a toothbrush) need to be replaced often because they wear out from usage. It may not be visually obvious to you, but a worn out cushion could affect your treatment by increasing leaks around the mask).

Precision Pulmonary Diagnostics will automatically place you on a bi-yearly equipment replacement schedule. If you feel you need more or less equipment replacement items, please call us at 1-866- 370-3102 and we will be happy to accommodate your special needs. We understand that following the above recommendations may be difficult for many of you, especially those who are away from home for long periods of time. If you can incorporate as many of these steps as possible, especially making sure your air filter is clean and your humidifier chamber is dry when driving, you will greatly increase the lifespan of your CPAP unit. Precision Pulmonary Diagnostics is committed to servicing drivers' Sleep Apnea needs and we believe that one key to successful CPAP treatment is properly cared for and maintained CPAP equipment.

Happy Driving!

Katia LaManna

Precision Pulmonary Diagnostics LLC

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you will be scheduled for a sleep study. If you really think you might have sleep apnea, did the questionnaire or need to complete the questionnaire, have SNI's health insurance and you have not been scheduled for a sleep study, call Josh at x2841 (SNI employees only).

When I learned about sleep apnea, I was running on a dedicated account for Wayne Dalton Garage Doors out of Mt. Hope, Ohio. Back then I thought all truck drivers drank two liters of Mountain Dew every day to stay awake. Driving for a couple of hours and then grabbing a nap had been my normal way of running since I started with Schneider in 2000. Nodding off, those micro-sleeps where you bob your head and wake up when you drift over onto the rumble strips, slapping your face, and driving with the window open even when it's freezing cold, I thought this was what every truck driver did all the time.

I had some chest pain while doing a hand unload one day. I went to see my doctor when I got home. He ran an EKG in the office, which showed some irregular heart rhythms. He scheduled me for both a stress EKG and a sleep study. It's kind of funny, but when the cardiologist took my medical information before the stress test, he said "Why are we doing this?... These are classic sleep apnea heart issues. Get your CPAP and tell your doctor to run another EKG in the office after you are treated for sleep apnea, just to be sure."

Now, I will not try to say running over the road on a CPAP has been all nice and easy. Since I started before there was a program, I had to learn the hard way about things, like you need the special type of inverter (pure sine wave) to run a CPAP. I burned out the blower motor of my CPAP one night in Lebanon Junction, Ky. Imagine the problems of trying to find a replacement CPAP while away from home.

But Chris is probably the best person to

tell you about why I use the CPAP. If I don't use it, I am not much fun to be around. I'm probably going to either be asleep or pretty grumpy. On the few nights I am at home, if I'm up late watching TV with the family and nod off, she will wake me up and tell me to go to bed and put my CPAP on.

For me, sleeping without my CPAP is like not sleeping at all. Without it, I wake up with a whopper headache, grumpy, and all the next day I will be fighting to stay awake. If I use the CPAP, I feel like a normal person.

Back before I got my CPAP, I would have to fight to stay awake and alert to drive. It was a constant battle. I would always be figuring out where that next rest area or truck stop was to take a nap. About 400-500 miles a day would kill me.

Now, using my CPAP on the rare occasions I can get some decent freight, running my 660 miles with a couple of stretch and bathroom breaks is no big deal. I don't fight to stay awake all the time.

When I first was diagnosed with sleep apnea, I must have spent 2-3 hours on the Internet trying to learn more about sleep apnea. I learned why I probably had been dealing with depression and other health issues for years. I found there were terms to describe what happens when the CPAP pressure is a little too high and you get air blown down into your stomach (which has to either burp up... or come out somewhere else). Sleep hygiene — keeping a regular sleep schedule, not eating big spicy meals just before bed, etc., are things which I read about and, with being on a CPAP for so long, now know I need to be careful about.

I started helping other drivers with questions they had about dealing with sleep apnea. Mostly through a message board, pumpkindriver.com. Often the questions were things I had already learned about, like keeping your mask and hose clean to avoid bronchitis.

Now, when I'm not at home, I do what I can to help other drivers with sleep apnea. I talk about how getting my CPAP changed my life. Without treatment for sleep apnea, I would probably be dead by now. In the seven years since I got Charley (that's my CPAP.. I named him)....things in trucking have changed a lot. In 2002, not very many people in trucking even knew about sleep apnea. There were not many places a truck driver could go to ask questions or get help with problems about their CPAP. The doctor who originally treated me did not know anything about trucking or dealing with a truck driver's DOT physicals, etc.

When I was tested, it cost me out of pocket expenses, I was off of work for two weeks, had light-duty pay for four weeks and, needless to say, found this expensive and inconvenient. With SNI paying 100% for the program now, it is an excellent benefit!

Firms like Precision Pulmonary Diagnostics (PPD), which only treat truck drivers, know what we need for our DOT physicals. Getting a pure sine wave inverter wired into the truck is not an issue, and telling support shift "No you can't put me into a loaner truck unless the shop wires a new invertors in the loaner," is not a big deal.

This June, I got an opportunity to attend the American Academy of Sleep Medicine conference in Seattle to be part of a symposia on Sleep Apnea in Commercial Motor Vehicle Operators. I was able to talk to sleep doctors about the problems and issues truck drivers face on a day-to-day basis. Education is a two-way thing. Truck drivers need to learn about sleep apnea and get a CPAP if they need one. We also need to educate the doctors and nurses who treat us about what it's like living with a CPAP in the truck.

That's part of why I will be working closely with all of the staff at PPD. You should be hearing more from me here about CPAP'n over the road.

Non-obese at risk for obstructive sleep apnea too

Obese middle-aged patients aren't the only ones at risk for obstructive sleep apnea. According to a research abstract presented at SLEEP 2009, the 23rd Annual Meeting of the Associated Professional Sleep Societies, non-obese patients with larger neck sizes are also tagged as targets.

The abstract revealed 54 percent (2,906) of 5,426 non-obese patients were OSA positive, and most of them were middle age (57 percent). An equal number of patients had mild OSA (50.4%) or moderate to severe OSA (49.6%). Male prevalence and neck

size were significantly higher in the group with moderate to severe OSA.

The study included data from 5,426 non obese patients and 23,157 overweight patients. Data were collected from a total of 28,583 polysomnograms from patients 18 years or older between 2004 and 2008 from 18 sleep centers. Patients with body mass index (BMI) between 18.5 and 27 were considered as non-obese and patients with apnea-hypopnea index (AHI) of greater than five were defined as OSA positive.



Men who work with wives, girlfriends more likely to stick with CPAP therapy

Men who work with their wives or girlfriends are more likely to adhere to their CPAP treatment, according to a research abstract released by Kelly Glazer Baron, PhD, postdoctoral fellow at Northwestern University in Evanston, Ill.

The abstract indicated that it wasn't the encouragement, the use of negative tactics (such as evoking fear or blame) and reminding that did the trick. Instead, men were more apt to adhere to therapy if they believed their relationships were more supportive. Baron said that, which we know in many health

conditions, having a supportive partner can improve adherence and emotional well being when dealing with a chronic illness, his study was the first in CPAP treatment to show the same response.

The study obtained demographic and relationship quality information from 23 married/cohabitating male OSA patients before CPAP initiation, and included adherence data from 14 men. Partner involvement with CPAP was assessed at day 10 and three months post CPAP initiation using 25-item measure of tactics to encourage healthful behavior.

OSA doubles vehicle crashes

According to a new study by the American Thoracic Society, people with OSA are more than twice as likely to be involved in a severe crash as those who don't suffer from sleep apnea. The study, released was conducted on 800 people with sleep apnea and 800 people without sleep apnea. Those who suffered from sleep apnea were involved in 250 crashes over a period of three years, while those who didn't have sleep apnea only had 123 crashes during the same period of time.

However, the crash numbers are low. The U.S. Department of Transportation announced the number of overall traffic fatalities reported in 2008 hit their lowest level since 1961. The fatality data for 2008 placed the highway death count at 37,261, a drop of 9.7 percent from 2007. The fatality rate for 2008 was 1.27 persons per 100 million VMT, about 7 percent below the rate of 1.36 recorded for 2007.

Hospital stay: What you need to know about your CPAP

Are you a diagnosed sleep apnea patient preparing for a hospital stay but don't know if or how to incorporate your CPAP machine? According to the American Sleep Apnea Association, following is a checklist to avoid bumps in your necessary routine.

1. Ask to bring your own CPAP equipment – including your mask and headgear. Your system has been properly set to treat your OSA, including special feature and benefits, so it is important you are able to use your own equipment. If the hospital requires you to use its equipment, talk to your doctor (and your surgeon and anesthesiologist if you're having surgery) to confirm the policy then ask if the hospital has a "Permission and Release for use of Outside Medical Equipment/Appliance for Patient Treatment" form to use your own CPAP equipment.

2. If you are able to bring your own equipment, **ask if the hospital needs to inspect and clear it** before you are admitted.

3. Put your name on all your CPAP equipment, including your bag, mask and CPAP machine. You can even ask the hospital for extra labels similar to those printed for your chart and wristband.

4. If hospital policy doesn't allow you to use your own equipment, **insist you use your own mask** to control leaks and for your own comfort.

5. Make sure your mask has oxygen

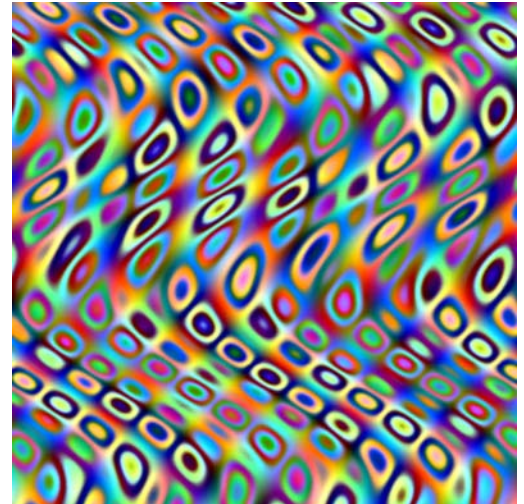
ports for attaching an oxygen line if supplemental oxygen is required. If it doesn't, call your CPAP equipment manufacturer to see if an adapter is available. While in the hospital, supplemental oxygen may be required. Your mask may have oxygen ports for attaching an oxygen line. If your mask does not have oxygen ports, call the manufacturer or provider and ask if an oxygen port adapter is available.

6. Show everyone you come in contact with – doctors, nurses, visiting family and friends, how to use your equipment and reiterate you need to be using it if you are sleeping or sedated.

7. Tell your surgeon you have sleep apnea and ask to see the anesthesiologist to clear up how it will be managed during surgery. Tell the anesthesiologist your prescribed pressure and ask if they will need a letter from, or a consultation with, your sleep doctor. Before surgery, remind them of your CPAP needs and that you would like your oxygen saturation and heart rate to be monitored.

8. If your surgery requires general anesthesia, you will have a breathing inserted into your windpipe and your CPAP will not be required. However, afterward, **tell your physicians CPAP will be required** immediately after the breathing tube comes out.

Because each surgery is different, exceptions to the checklist may apply. Therefore, it is important you check with your treating physicians before your procedure.



1 in 10 OSA patients hallucinate, sleep walk

Almost 1 in 10 OSA patients also experience parasomnia symptoms like sleepwalking, hallucinations and acting out their dreams, according to a Loyola University Chicago Stritch School of Medicine study. Researchers examined records of 537 adult sleep apnea patients who were evaluated at the Loyola Center for Sleep Disorders in Maywood and Oak Brook Terrace. Fifty-one patients, or 9.5 percent of the total, reported one or more types of parasomnia symptoms.

Parasomnia complaints included sleep paralysis (21 patients), sleep-related hallucinations (16 patients), acting out dreams (11 patients), sleepwalking (5 patients) and eating while asleep (one patient).

Results were reported at Sleep 2009, the annual meeting of the Associated Professional Sleep Societies, held this year in Seattle.

Co-authors of the study are Loyola sleep specialist Dr. Sunita Kumar, and lead author Dr. Mari Viola-Saltzman, a sleep medicine fellow at the University of Washington.

Did You Know....

It can take 30 to 90 days to adjust to your CPAP machine.

- Abstract by Robert Glidewell, PsyD, CBSM, Lynn Institute of the Rockies, Colorado Springs Colo.