JCSM
Journal of Clinical Sleep Medicine

PODCAST TRANSCRIPT

Podcast of the Journal of Clinical Sleep Medicine

Stuart F. Quan, M.D.

Division of Sleep Medicine, Harvard Medical School, Boston, MA

Welcome to the regular Podcast of the Journal of Clinical Sleep Medicine. I am Dr. Stuart Quan, Editor of the Journal. These Podcasts are a regular feature of each issue of the Journal and can be downloaded at the Journal's website. Each Podcast features summaries of important articles published in the current issue of the Journal, as well as occasional interviews with authors of these papers.

The lead article of the October 15, 2007, issue of the Journal is entitled, *Use of Complimentary and Alternative Medicine Treatments by Patients With Obstructive Sleep Apnea and Hypopnea Syndrome,* by Drs. Amit Sood, Sujata Narayanan, Dietmind Wahner-Roedler, Richa Sood, Tomasz Kuzniar, Eric Olson and Ms. Kyla Knudsen, Laura Loehrer and Mr. Andrew Hanson, from the Mayo Clinic College of Medicine and Mayo Sleep Disorders Center in Rochester, MN. In this paper, the authors surveyed 646 consecutive patients undergoing polysomnography at the Mayo Clinic Sleep Disorders Center. The survey instrument consisted of 25 questions which, in addition to providing basic demographic and medical information, queried patients about previous or current complimentary and alternative medication (CAM) use. All patients were undergoing evaluation for obstructive sleep apnea and hypopnea syndrome. Data analysis was designed to determine the impact of obstructive sleep apnea-hypopnea syndrome diagnosis on CAM use. The study found that CAM, at any time, was reported by 58% of the participants, with 21% of the participants reporting use of CAM at the time of the sleep study. Furthermore, if nasal strips and throat sprays were included as CAM, 67% and 24% of the participants, respectively, had used CAM. Never and current use of biological CAM therapies was reported by 26% and 9% of the participants, with a higher proportion of women using these products in comparison to men. The most commonly used biological product for improving sleep was Melatonin. The most commonly used CAM treatment that was not a biologic was relaxation therapy. This was used in 5% of the participants. Current CAM use was inversely proportional to the severity of obstructive sleep apnea and hypopnea syndrome. Current CAM use was 28% in individuals with an AHI of less than 15, whereas it was 11% in those with an AHI greater than 30. There was a strong interest in patients for using CAM in the future for improving sleep, with women more interested than men. The primary motivation for this appeared to be a desire to try natural products first, as well as a concern about the side effects of conventional medications. The authors concluded that a high proportion of patients with obstructive sleep apnea and hypopnea syndrome report previous or current use of CAM treatments and, Thus, further research in this area is warranted.

In an editorial accompanying the manuscript by Sood and colleagues on complimentary and alternative medications, Dr. Phillip Eichling, from the University of Arizona's Sleep Disorders Center, suggested that CAM may have a complimentary role in the treatment of sleep disorders. He emphasizes that some therapies listed as CAM are possibly relatively standard treatment in the area of insomnia. He notes that meditation, stress management, relaxation therapies and similar treatments fit within the current paradigm of cognitive behavioral therapy/stimulus response/relaxation therapy as insomnia treatment. He suggests that practitioners should act as "navigators" to help guide patients toward CAM treatments that may be potentially beneficial and away from those that may be harmful, such as in delaying treatment for obstructive sleep apnea-hypopnea syndrome.

Another paper that I would like to highlight in this issue of the Journal is entitled, *A Relationship Between Reported and Measured Sleep Times: The Sleep Heart Health Study*, by Drs. Graciela Silva, James Goodwin, Dwayne Sherrill, Ms. Jean Arnold, Dr. Richard Bootzin, Mr. Terry Smith, Drs. Joyce Walseleben, Carol Baldwin and Stuart Quan. In this study, data from the second examination of the Sleep Heart Health Study was analyzed to determine the relationships among total sleep time and sleep latency obtained from unattended home polysomnography and estimates of total sleep time and sleep latency from a questionnaire completed before the polysomnogram and a survey completed on the morning after the polysomnogram. Data were obtained from 2, 113 subjects, who were at least 40 years of age at the time of analysis. The authors found that, after adjusting for demographic factors, the estimates of total sleep time obtained from the questionnaire completed before the polysomnogram and on the morning after were 61 and 18 minutes greater than those recorded on polysomnography. This would indicate that individuals overestimate their sleep time on questionnaires in comparison to objective recording. Similar findings were noted for sleep latency, although the differences were much smaller. An additional finding was that subjects who resided in the Mountain or Central time zones slept 15 more minutes than those in the Pacific and Eastern time zones. The authors suggest that one explanation for this finding might be that the network news casts are broadcast one hour later in the Eastern and Pacific time zones. This would promote a shorter time in bed for those living on the coasts in comparison to those living in the central part of the country. The authors conclude that subjective assessments of sleep times may not be comparable to objective determinations. This may have implications for interpretation of reported associations between sleep duration and other medical problems, such as obesity, heart

disease and diabetes which have been based on self report of total sleep time.

The final article to be highlighted in this Podcast is entitled, *For Individuals With Obstructive Sleep Apnea, Institution of CPAP Therapy is Associated With an Amelioration of Symptoms of Depression Which is Sustained Long Term*, by Drs. Daniel J. Schwartz and Gillian Karatinos from the Sleep Center at University Community Hospital in Tampa, FL. In this study, 50 individuals, who were referred for evaluation and treatment of obstructive sleep apnea and who had a respiratory-disturbance index of 15 events/hr or greater, were evaluated for symptoms of depression using the Beck's Depression Inventory. They were treated with nasal CPAP and then reassessed after four to six weeks and also at one year. The authors found that institution of CPAP therapy results in a significant decrease in symptoms of depression, as assessed with the Beck's Depression Inventory. This was noted both at the four-to six-week assessment, as well as the one-year assessment. These data indicate that in those individuals with obstructive sleep apnea who do have some symptoms of depression, treatment of only their sleep apnea can result in an improvement in their depressive symptoms.

This concludes the Podcast for the October 15, 2007, issue of the Journal of Clinical Sleep Medicine.