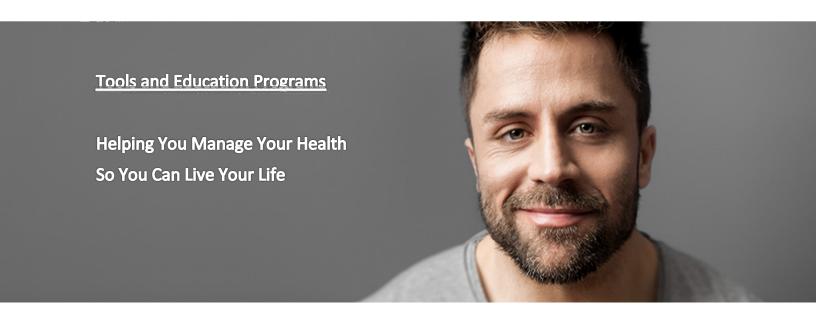


CPAP Supplies Now



The Sleep Apnea Guide Series: Helping You Understand Sleep Apnea and the Basics



Introduction

First, let me welcome you to the Free Guide Book from CPAP Supplies Now. You are now part of one of the most comprehensive educational programs about Sleep Apnea available on the internet.

Times are tough right now, folks are struggling and we need to make every cent count. It seems that every day Healthcare costs continue to rise and all the while insurance companies and the government keep reducing what they will pay for. That reality continues to occur regardless of your health.

The only way any of us will be successful in managing our own lives is to become experts on ourselves and our health. That is why I created this, to help give you the knowledge, tools and resources to become your own personal expert.

There are a TON of programs, information and resources available online about Sleep Apnea. How do you know what to trust, if services and products are legitimate and if the advice is good? What is more, you could spend the better part of your day, every day following and keeping track of all things Sleep Apnea.

Our goal is to provide you the tools, education and resources weekly to enable you to quickly become your own health expert so you can spend more time doing the things you want to do. This guide is an initial resource to help you in your journey and should answer many basic questions.

The following are additional resources that you will get as part of the Sleep Apnea Educational Program:

- Free Guides
- Videos
- Patient Advice
- Product Reviews and Evaluations
- Tips and Tricks
- Question Lists for Doctors
- Free Samples of Products
- Special Deals and Discounts
- And Much More...



Sleep Overview

Think of your daily activities. Which activity is so important you should devote one-third of your time to doing it? Some of things should include, spending time with your family, or entertainment or leisure activities. But one of those things is sleeping. Many people view sleep as a break for your brains and allows the body to rest. As a result, many people may cut back on sleep as responsibilities during the day seem more important.



But sleep is not just a time to enjoy and let your body rest, research shows that a number of vital tasks carried out during sleep help people stay healthy and function at their best. While you sleep, your brain is hard at work forming the pathways necessary for learning and creating memories and new insights.

Without enough sleep, you can't focus and pay attention or respond quickly. A lack of sleep may even cause mood problems. Also, growing evidence shows that a chronic lack of

sleep increases your risk of obesity, diabetes, cardiovas-cular disease, and infection

More than one-third of adults report daytime sleepiness so severe that it interferes with work, driving, and social functioning at least a few days each month. Chronic sleep loss or sleep disorders may affect as many as 70 million Americans. This may result in an annual cost of \$16 billion in health care expenses and \$50 billion in lost productivity.



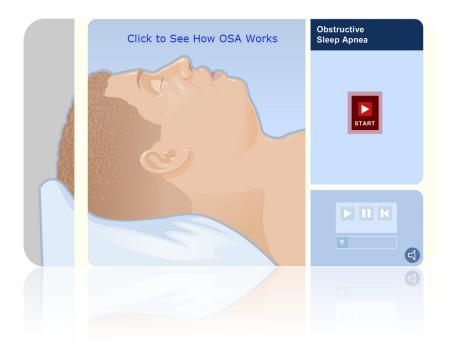
Obstructive Sleep Apnea

Obstructive sleep apnea (pronounced AP-nee-ah), also called OSA, is a chronic (ongoing) disorder. People with OSA stop or "pause" their breathing or have shallow breathing when they sleep. Almost everyone has brief times when they stop breathing while they sleep. People with OSA

- Pause their breathing or flow of air (called "hypopnea") more often than normal.
- May start breathing again with a loud snort or choking sound.
- Have breathing pauses five or more times an hour; sometimes as often as once or twice each minute.

OSA can be mild, moderate, or severe, depending on:

- How many times a person pauses their breathing or has lower airflow per hour.
- How low a person's oxygen level in their blood drops during those times.
- The amount of sleepiness a person feels during the day.



because they have not been tested.

How common is OSA?

Sleep apnea is very common, affecting people of all ages. Middle-aged and elderly people and people who are obese (very overweight) are more likely to have this condition. 12 million Americans have OSA, according to the National Institutes of Health. Many more people may have sleep apnea and do not know it



How serious is OSA?

Untreated OSA may cause poor sleep quality, leading to daytime sleepiness. Increase the risk of work-related or driving accidents due to sleepiness. Increase the risk of serious health problems, including diabetes and even death.

What are my options for treatment?

Continuous Positive Airway Pressure Machine (CPAP)

- A CPAP machine pushes a stream of air through a mask you wear when you sleep. The air flows through the mask into your nose or mouth to keep your throat and airway open.
- There are many kinds of CPAP machines and masks. Some masks fit over your nose, and others cover both your nose and mouth.
- CPAP is the most common and most researched treatment for OSA. It is usually the first treatment that a doctor will suggest for OSA.



Mandibular advancement device (MAD)

- A MAD is a mouthpiece you wear when sleeping.
- There are many types of MADs. Most are made of hard plastic that covers your upper and lower teeth. Some devices also hold your tongue in place.
- The mouthpiece keeps your jaw forward and your airway open.
- These devices are sold and fitted by a dentist, or an orthodontist, who makes a mold of your mouth.



CPAP

CPAP machines and supplies are considered "durable medical equipment," which may be covered differently than medicines or other medical services. Ask your health plan administrator how much your health insurance will pay for the CPAP equipment.

Some health plans require that you use a specific type or brand of CPAP machine and mask. Other plans will let you choose from among several brands. Some CPAP machines come with humidifiers, which make them cost more. Some people find that humidifiers lower side effects and make the CPAP more comfortable.

The retail cost (before insurance payment) for most CPAP machines is between \$300 and \$2,000. The average cost of CPAP supplies (mask, tubes and filters) is between \$300 and \$800 per year

How Is Sleep Apnea Diagnosed?

Doctors diagnose sleep apnea based on medical and family histories, a physical exam, and sleep study results. Your primary care doctor may evaluate your symptoms first. He or she will then decide whether you need to see a sleep specialist.

Sleep specialists are doctors who diagnose and treat people who have sleep problems. Examples of such doctors include lung and nerve specialists and ear, nose, and throat specialists. Other types of doctors also can be sleep specialists.

Sleep Diary

If you think you have a sleep problem, consider keeping a sleep diary for 1 to 2 weeks. Bring the diary with you to your next medical appointment.



Write down when you go to sleep, wake up, and take naps. Also write down how much you sleep each night, how alert and rested you feel in the morning, and how sleepy you feel at various times during the day. This information can help your doctor figure out whether you have a sleep disorder. You can find a sample sleep diary at the end of this guide.

At your appointment, your doctor will ask you questions about how you sleep and how you function during the day.

Your doctor also will want to know how loudly and often you snore or make gasping or choking sounds during sleep. Often you're not aware of such symptoms and must ask a family member or bed partner to report them.

Let your doctor know if anyone in your family has been diagnosed with sleep apnea or has had symptoms of the disorder. If you're a parent of a child who may have sleep apnea, tell your child's doctor about your child's signs and symptoms.

Physical Exam

Your doctor will check your mouth, nose, and throat for extra or large tissues. Children who have sleep apnea might have enlarged tonsils. Doctors may need only a physical exam and medical history to diagnose sleep apnea in children.

Adults who have sleep apnea may have an enlarged uvula (U-vu-luh) or soft palate. The uvula is the tissue that hangs from the middle of the back of your mouth. The soft palate is the roof of your mouth in the back of your throat.



Sleep Studies



SOM-no-gram; also called a PSG) or a home-based portable monitor.

Sleep studies are tests that measure how well you sleep and how your body responds to sleep problems. These tests can help your doctor find out whether you have a sleep disorder and how severe it is. Sleep studies are the most accurate tests for diagnosing sleep apnea.

There are different kinds of sleep studies. If your doctor thinks you have sleep apnea, he or she may recommend a polysomnogram (poly-

Polysomnogram

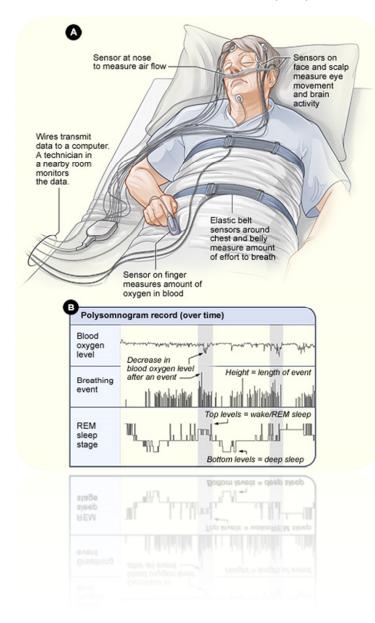
A PSG is the most common sleep study for diagnosing sleep apnea. This study records brain activity, eye movements, heart rate, and blood pressure.

A PSG also records the amount of oxygen in your blood, air movement through your nose while you breathe, snoring, and chest movements. The chest movements show whether you're making an effort to breathe.

PSGs often are done at sleep centers or sleep labs. The test is painless. You'll go to sleep as usual, except you'll have sensors attached to your scalp, face, chest, limbs, and a finger. The staff at the sleep center will use the sensors to check on you throughout the night.



A sleep specialist will review the results of your PSG to see whether you have sleep apnea and how severe it is. He or she will use the results to plan your treatment.



Your doctor also may use a PSG to find the best setting for you on a CPAP (continuous positive airway pressure) machine. CPAP is the most common treatment for sleep apnea. A CPAP machine uses mild air pressure to keep your airway open while you sleep.

If your doctor thinks that you have sleep apnea, he or she may schedule a splitnight sleep study. During the first half of the night, your sleep will be checked without a CPAP machine. This will show whether you have sleep apnea and how severe it is.

If the PSG shows that you have sleep apnea, you'll use a CPAP machine during the second half of the split-night study. The staff at the sleep center will adjust the flow of air from the CPAP machine to find the setting that works best for you.

Home-Based Portable Monitor

Your doctor may recommend a home-based sleep test with a portable monitor. The portable monitor will record some of the same information as a PSG. For example, it may record:



- The amount of oxygen in your blood
- Air movement through your nose while you breathe
- Your heart rate
- Chest movements that show whether you're making an effort to breathe

A sleep specialist may use the results from a home-based sleep test to help diagnose sleep apnea. He or she also may use the results to decide whether you need a full PSG study in a sleep center.



More Information

National Center on Sleep Disorders Research

Division of Lung Diseases, NHLBI Two Rockledge Centre, Suite 10170 6701 Rockledge Drive Bethesda, MD 20895–7952

Fax: 301-480-3451

Phone: 301-435-0199

Web site: www.nhlbi.nih.gov/sleep



Questions to Ask Your Doctor:

- What do you think about the research on OSA treatments?
- Which treatment option do you think is best for me?
- Are there ways to make these treatments more comfortable?
- What can I do if I cannot use the treatment every day?
- Are there less-expensive options to try first? Why or why not?



Sample Sleep Diary

| Date | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------------------------------|-----------|---------|-----------|----------|--------|----------|--------|
| Time I went to bed last night: | 11 p.m. | | | | | | |
| Time I woke up this morning: | 7 a.m. | | | | | | |
| No. of hours slept last night: | 8 | | | | | | |
| | | | | | | | |
| Number of awakenings and | 5 times | | | | | | |
| total time awake last night: | 2 hours | | | | | | |
| | | | | | | | |
| How long I took to fall asleep | 30 mins | | | | | | |
| last night: | | | | | | | |
| | | | | | | | |
| Medications taken last night: | None | | | | | | |
| How awake did I feel when I awoke | 2 | | | | | | |
| 1—Wide awake | | | | | | | |
| 2—Awake but a little tired | | | | | | | |
| 3—Sleepy | | | | | | | |
| | | | | | | | |
| Secretary to the Secretary | | | | | | | |
| Complete in the Evening | | | | | | | |
| Number of caffeinated drinks | 1 drink a | at | | | | | |
| (coffee, tea, cola) and time | 0 | | | | | | |
| when I had them today: | 8 p.m. | | | | | | |
| Number of alcoholic drinks | 2 drinks | | | | | | |
| when I had them today: | 9 p.m. | | | | | | |
| | - p | | | | | | |
| Nap lengths today: | 45 mins | | | | | | |
| | | | | | | | |
| Exercise times and lengths | 1 | | | | | | |
| today: | None | | | | | | |
| | | | | | | | |
| How sleepy did I feel during | | | | | | | |
| the day today? | 1 | | | | | | |
| 1—So sleepy struggled | | | | | | | |
| 2—Somewhat tired | | | | | | | |
| 3—Fairly alert | | | | | | | |
| 4—Wide awake | | | | | | | |