SLEEP STUDY REPORT

FOR

XYZ

DATED

18 May 2023

Patient Details – Self Declaration

Name:	**XYZ**
Sex:	**Female**
Study Date:	**18 May 2023**
Referring Physician:	**XYZ**
Age:	**44 years**
Weight (kgs):	**93**
Investigate for:	**Snoring & Sleep Apnoea;Sleep Issues (poor or excessive);CPAP titration;Psychiatric Issues;Neurological Issues**
Duration of Study:	**One Night**
Past History:	**Anxiety or Panic Attacks;Depression or Low Mood;Daytime Sleepiness;Poor Sleep;Excessive Sleep;Unexplained weight gain;Headaches;Hypertension**
Do you exercise regularly?	**No**
Do you Smoke:	**Yes**
Do you consume alcohol 4 hrs before bedtime?	**No**

Detailed Sleep Study Findings

SLEEP ARCHITECTURE -------------------------------->	NORMAL

Normal Sleep Initiation

Good Sleep Continuity

Normal Sleep Duration

Low NREM Sleep

Adequate REM Sleep

SLEEP APNOEA ------------------------------------->	MODERATE	
Sleep Apnoea Recording Duration (hrs)	9.73	
Average AHI Index (events/hr)	27.95	MODERATE
Max AHI Index of (events/hr)	68.45	SEVERE
Basal SpO2	98%	NORMAL
Low SpO2	76%	LOW
Avg AHI Duration (sec)	21.7	
Total Obstructive Apnoeas	218	
Total Hypopneas	54	
Total Central Apnoeas	9	

Primarily Obstructive Apnoeas, with periodic Hypopneas. Some Central Apnoeas Present

NEURO -->	NORMAL

No Ataxic Breathing Patterns
Few Central Apnoeas present

RESTING VITALS ------------------------------------->	OCCASIONAL SPIKING

Occasional Spiking in Resting Breathing Rate Trend
Occasional Spiking in Resting Heartrate Trend

ANALYSIS

MODERATE SLEEP APNOEA

NORMAL SLEEP ARCHITECTURE
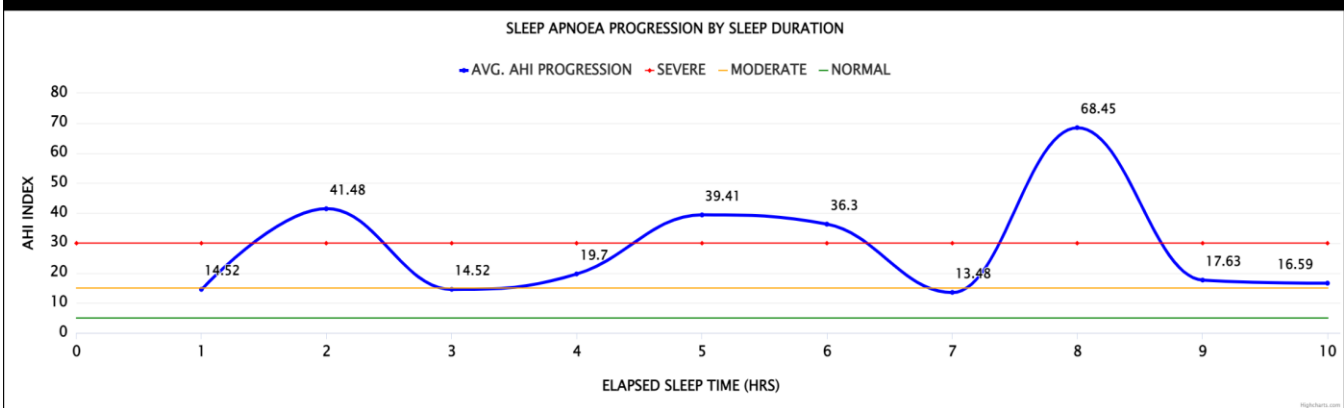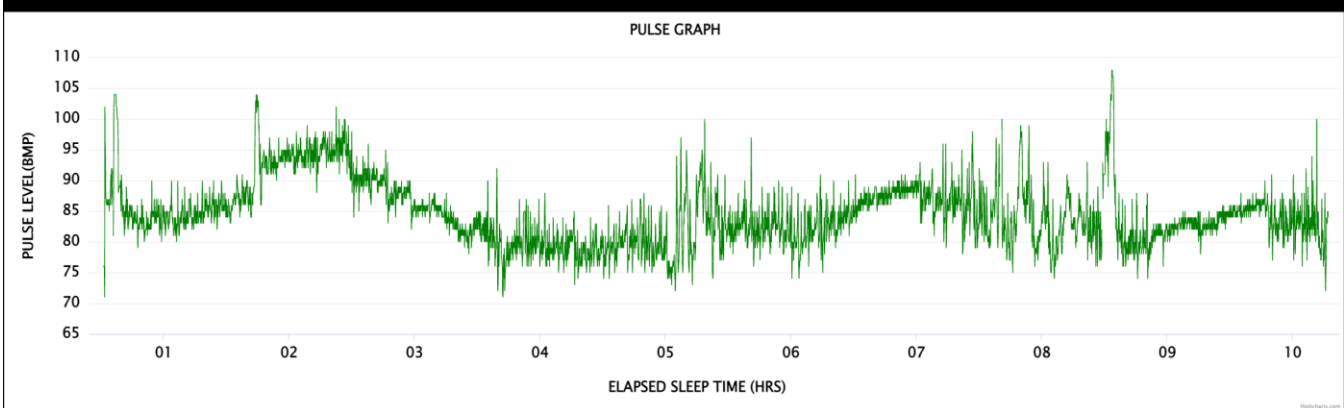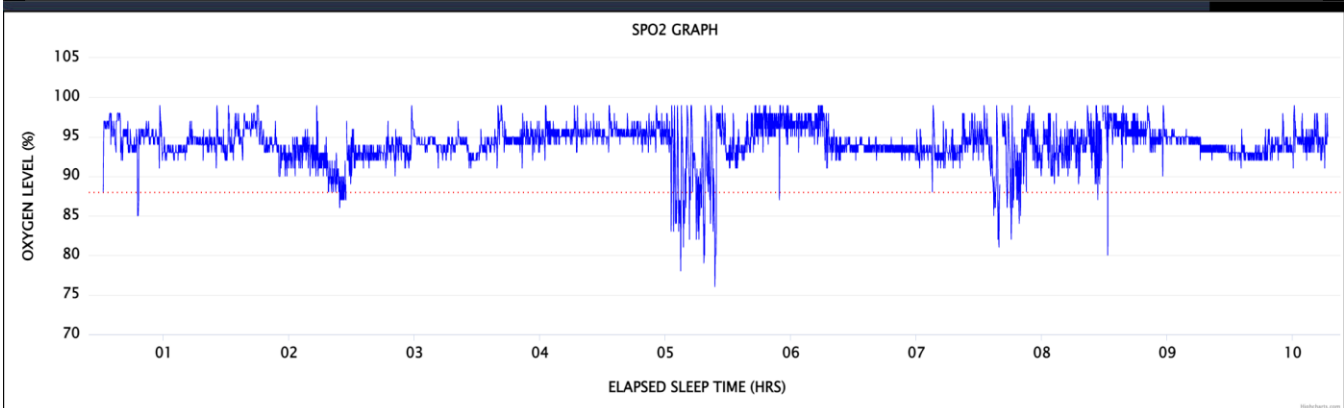
RESTING VITALS IMPACTED

Recommend CPAP therapy or dental appliance to treat OSA (in consultation with primary physician).

Repeat sleep study in 2 months post therapy to track improvements

Your Sleep Apnoea Report

EVENT DATA SPO$_2$	
Total Events	272
Time in Events (Minutes)	98.47
Avg. Event Duration (Seconds)	21.72
Basal SpO$_2$ (%)	98
Time (Minutes) < 88%	11
Events < 88%	38
Minimum SpO$_2$ (%)	76

OSA STUDY RESULTS	
Effective Sleep Apnoea Study Recording Duration (Hours)	9.73
Total Obstructive Apnoeas	218
Total Hyponeas	54
Total Central Apneoas	9
Average AHI Index	27.95
AHI INTERPRETATION	Moderate Sleep Apnoea
Max AHI Index	68.45
Max AHI INTERPRETATION	Severe Sleep Apnoea

Analysis Parameters:
Desaturation Event: Drop in SPO2 by at aleast 3%, for a minimum duration of 10 Seconds
AHI Guidelines:
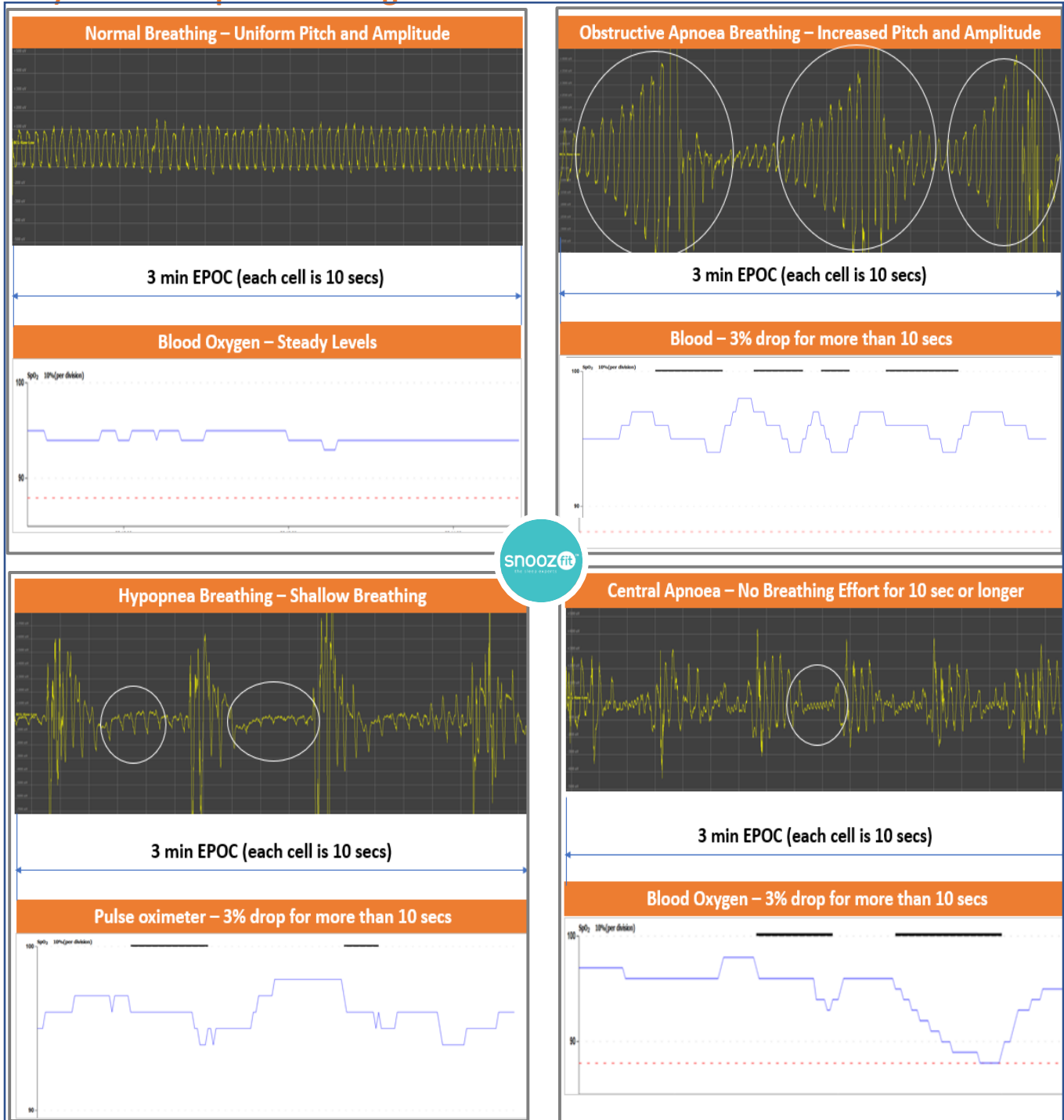Normal= <5 per hr; Mild=5 to 15 per hr; Moderate=15 to 30 per hr; Severe=>30 per hr

SPO2 GRAPH

PULSE GRAPH

SLEEP APNOEA PROGRESSION BY SLEEP DURATION

→ AVG. AHI PROGRESSION → SEVERE — MODERATE — NORMAL

14.52 41.48 14.52 19.7 39.41 36.3 13.48 68.45 17.63 16.59

Your Sleep Study Data

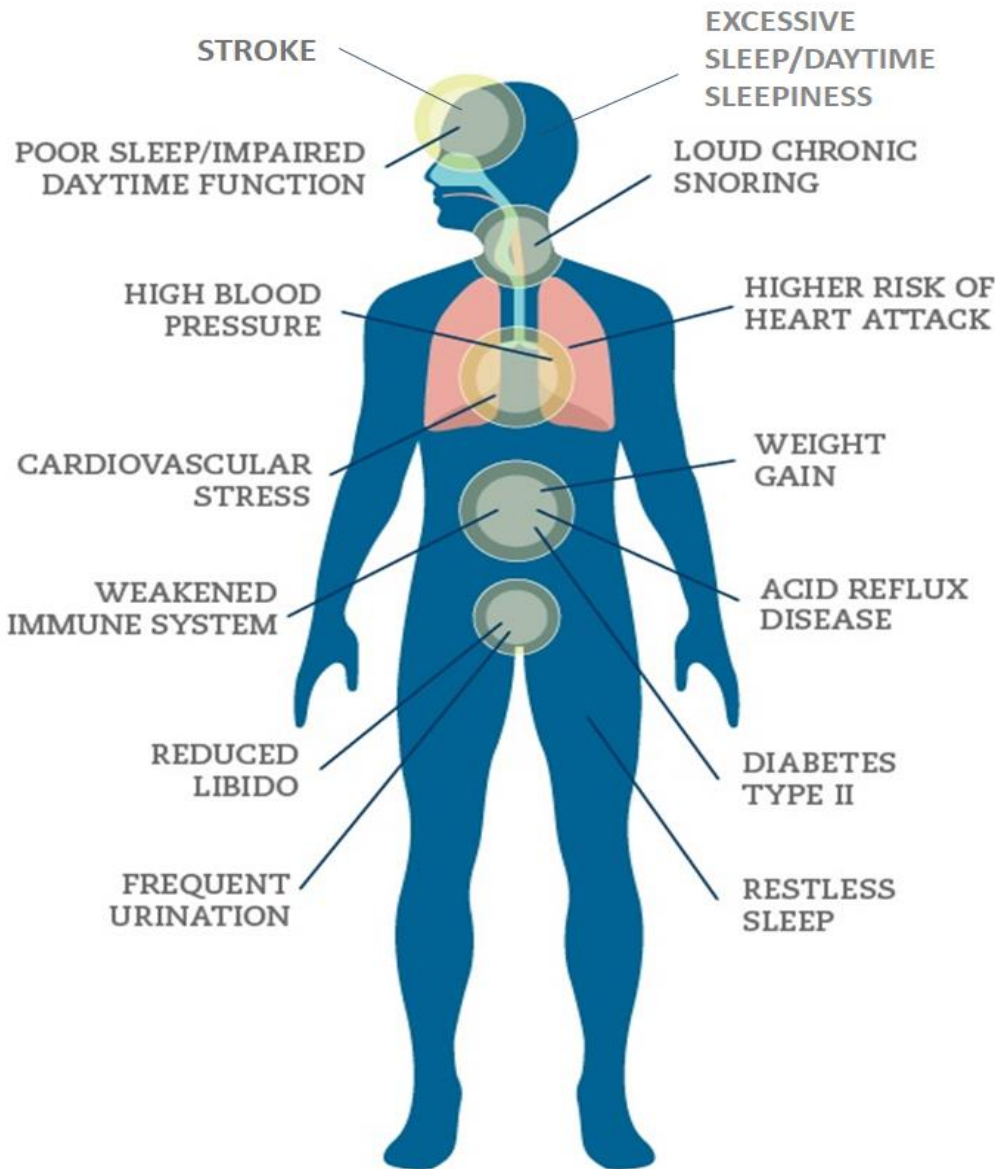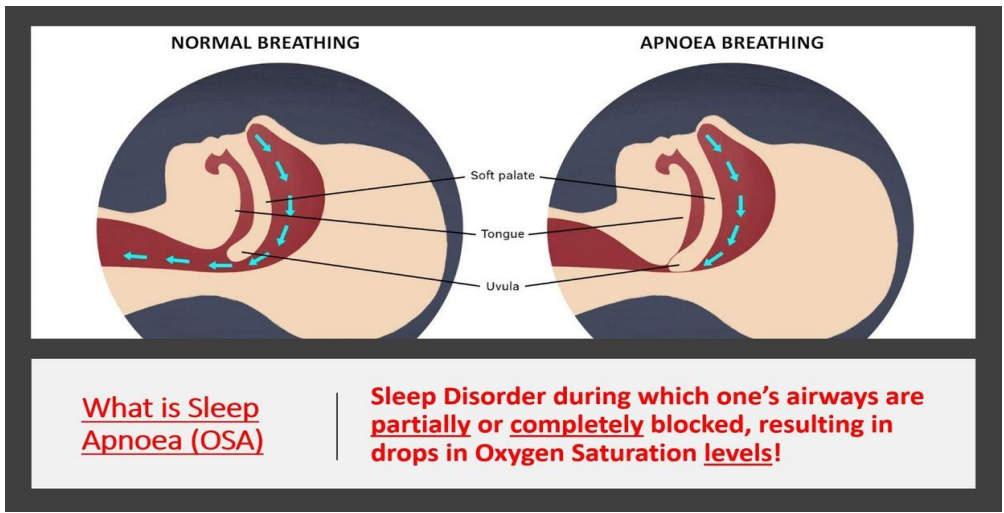|	19 May 2023	Typical Range
Time to Bed	10.40 PM	
Bed Exit Time	8.28 AM	
Time in Bed (hrs)	10.3	7 to 9 hrs
Sleep Initiation (mins)	15.0	20 mins
Effective Sleep Duration (hrs)	9.6	7 to 9 hrs
Sleep Continuity: Awakenings (> 5 mins)	0.0	0 to 1
Tossing & Turning	Moderate	
LIGHT Sleep	63%	55% to 65%
NREM Sleep	10%	15% to 20%
REM Sleep	27%	20% to 25%
Average Resting Breathing Rate (bpm)	18.0	12 to 20
Max Resting Breathing Rate (bpm)	25.5	NORMAL
Average Resting Heart Rate (bpm)	77.0	60 to 75
Max Resting Heart Rate (bpm)	96.3	NORMAL

Representative Apnoea Breathing Patterns

There are 3 types of Apnoea

1) **Obstructive Apnoea: Complete or partial blockage of the airways**

2) **Hypopnea: Reduced breathing efforts**

3) **Central Apnoea: No signal from brain to breath**

Normal Breathing – Uniform Pitch and Amplitude

3 min EPOC (each cell is 10 secs)

Blood Oxygen – Steady Levels

Obstructive Apnoea Breathing – Increased Pitch and Amplitude

3 min EPOC (each cell is 10 secs)

Blood – 3% drop for more than 10 secs

Hypopnea Breathing – Shallow Breathing

3 min EPOC (each cell is 10 secs)

Pulse oximeter – 3% drop for more than 10 secs

Central Apnoea – No Breathing Effort for 10 sec or longer

3 min EPOC (each cell is 10 secs)

Blood Oxygen – 3% drop for more than 10 secs

Impact of Sleep Apnoea on Health

NORMAL BREATHING — APNOEA BREATHING

Soft palate
Tongue
Uvula

What is Sleep Apnoea (OSA)

Sleep Disorder during which one's airways are partially or completely blocked, resulting in drops in Oxygen Saturation levels!

STROKE

EXCESSIVE SLEEP/DAYTIME SLEEPINESS

POOR SLEEP/IMPAIRED DAYTIME FUNCTION

LOUD CHRONIC SNORING

HIGH BLOOD PRESSURE

HIGHER RISK OF HEART ATTACK

CARDIOVASCULAR STRESS

WEIGHT GAIN

WEAKENED IMMUNE SYSTEM

ACID REFLUX DISEASE

REDUCED LIBIDO

DIABETES TYPE II

FREQUENT URINATION

RESTLESS SLEEP

Sleep Apnoea is a disorder and not a disease and can be treated without medications or surgery.

Consult your doctor for the appropriate line of treatment
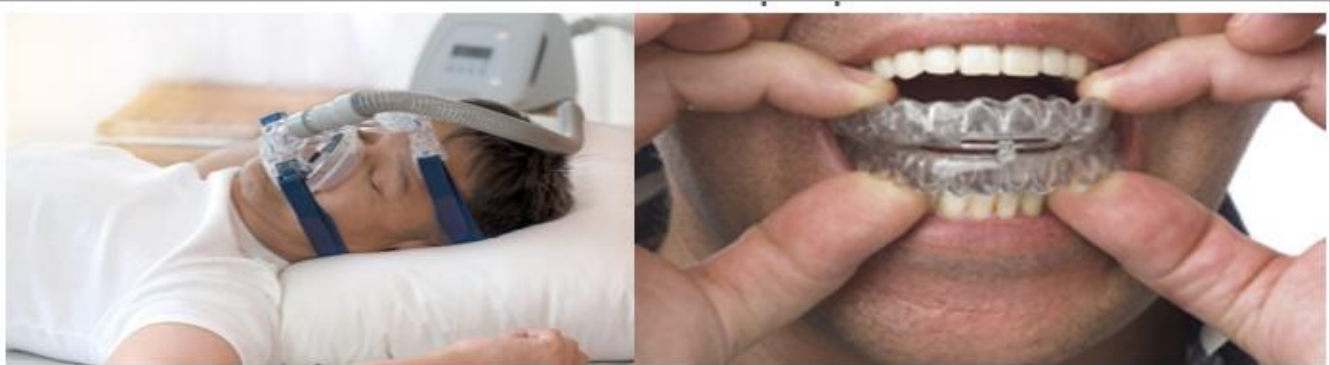
Treatment of Sleep Apnoea

- Sleep Apnoea can be treated via the following methods:

  - APAP (automatic positive airway pressure)

  - MAA (Mandibular Advancement Appliance)

  Both methods are equally effective and could be considered based on individual preferences .

  Ask your doctor for the right option for your condition

	CPAP	Dental Appliance
Principle of Operation	Blows air into airways to open up obstructions	Advances the lower Jaw thereby opening up the obstructions
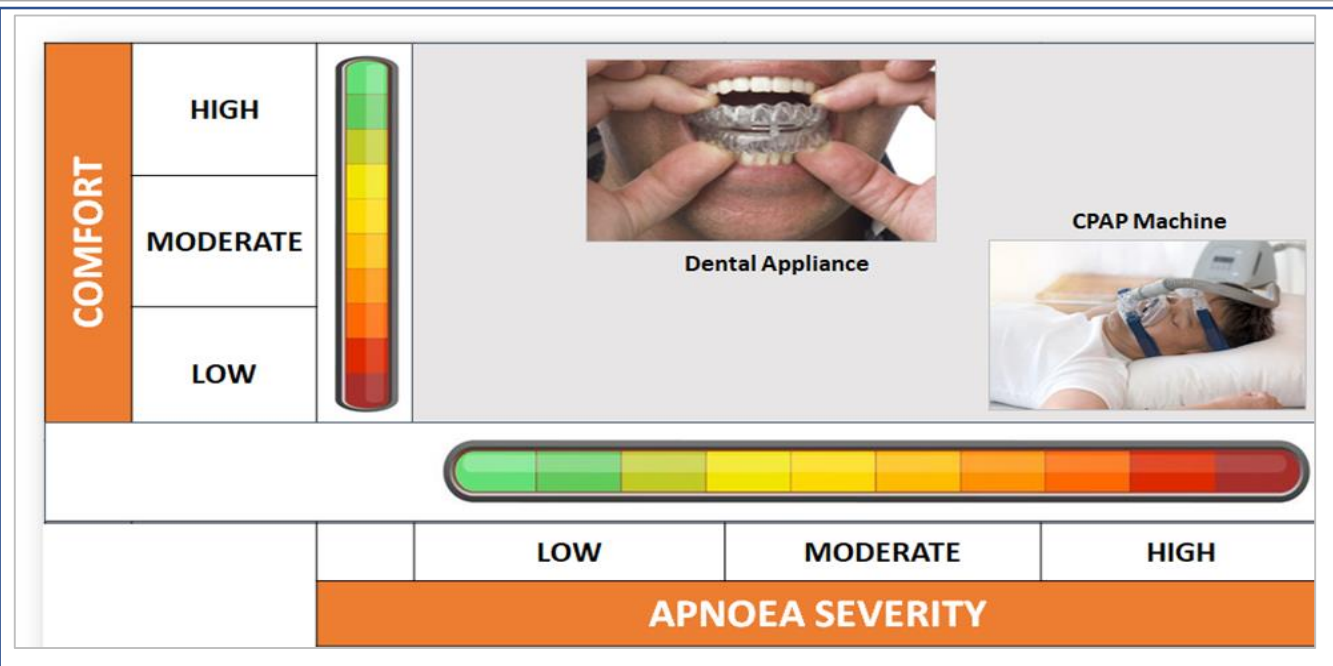
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