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**Polysomnogram Report**

**Name:** EPSTEIN, JEFFREY  
**Date of Birth:** 01/20/1953  
**MR N°:** 7206913  
**Study Date:** 07/29/2014  
**Age:** 61 y  
**Height:** 6' 0"

**Gender:** Male  
**Weight:** 190 lbs. **BMI:** 25.8

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**INDICATIONS:** Prior home sleep study showing obstructive sleep apnea

**MEDICATIONS:**

sodium chloride (SALINE NASAL) 0.65 % aerosol,spray  
 fluticasone (FLONASE) 50 mcg/actuation spray,suspension  
 omega-3 acid ethyl esters (LOVAZA) 1 gram capsule  
 ezetimibe (ZETIA) 10 mg tablet  
 coQ10, ubiquinol, 100 mg capsule  
 fenofibrate (TRICOR) 145 mg tablet  
 rosuvastatin (CRESTOR) 10 mg tablet

**PROCEDURE**

This Nocturnal Polysomnography (NPSG) consisted of the continuous monitoring of electroencephalogram (EEG), electro-oculogram (EOG), electromyogram (EMG) from the submental muscles and the anterior tibialis of both legs, electrocardiogram (EKG), nasal-oral airflow, thoracic and abdominal respiratory effort, pulse oximetry, and body position.

**SLEEP ARCHITECTURE**

The patient spent 355 minutes in bed with a normal sleep latency of 10 minutes. Total sleep time (TST) was 292 minutes, with a slightly reduced sleep efficiency of 82%. REM latency was normal at 167 minutes. Wake time after sleep onset (WASO) was 53 minutes. There were a total of 20 electrocortical arousals, resulting in an arousal index of 4.1 per hour.

Overall sleep architecture was mildly abnormal with reduced REM and slow wave sleep. Patient reported sleep quality was same compared to usual.

	Minutes	% TST
NREM	259	88.7%
N1	23	7.7%
N2	235	80.3%
N3	2	0.7%
R	33	11.3%
WASO	53	---

**MOVEMENT ANALYSIS**

A total of 0 periodic limb movements of sleep (PLMS) were noted (0 PLMS with arousals), resulting in a PLMS index of 0.0/hour (PLMSArl 0.0/hr).

## **RESPIRATORY ANALYSIS**

During wakefulness the respiratory rate was 4 breaths per minute and the mean oxygen saturation was 95%.

Overall there were a total of 0 apneas and 31 hypopneas resulting in an apnea/hypopnea index (AHI) of 6.4 events per hour. The supine AHI was 7.1 events per hour, and the non-supine AHI was 0.0 events per hour.

Oxygen Desaturation Index (Number of 4% desaturations per hour) = <1/hour. Moderate snoring.

	NREM	R	ALL stages
AHI	7.0/hr	1.8/hr	6.4/hr
Obstructive Apnea	0	0	0
Hypopnea(*)	30	1	31
Mixed Apnea	0	0	0
Central Apnea	0	0	0
RDI	7.0/hr	1.8/hr	6.4/hr
Mean event time (A+H)	30 sec	35 sec	31 sec
Lowest oxygen saturation	%	%	90%

(\*) Hypopnea is defined as a reduction in nasal pressure waveform amplitude by  $\geq 50\%$  for 10 seconds or more with either a drop in oxygen saturation  $\geq 3\%$  or an EEG arousal associated with the event.

## **CARDIAC ANALYSIS**

normal sinus rhythm was dominant throughout the night, with an average heart rate of 57.3 ( $\pm 7.8$ ) beats per minute.

## **IMPRESSION**

Snoring with minimal sleep disordered breathing.

## **RECOMMENDATIONS**

Clinical correlation required. Treatment may or may not be indicated based on patient's symptoms and other clinical problems. Note that if patient has been using CPAP routinely up to this night, a single night off CPAP may underestimate obstructive sleep apnea somewhat.

Treatment options for sleep disordered breathing may include nasal CPAP or Bilevel PAP, ENT evaluation for possible upper airway surgery, or an oral appliance. Weight loss in an overweight patient is often helpful. Patients with sleep disordered breathing should be advised to avoid alcohol or sedating medications.

A graphic summary follows.



### **Steven H. Feinsilver, MD**

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**SUMMARY GRAPH**

