

FINANCING YOUR CPAP

In Ireland there are three methods of financing your CPAP equipment:

Medical Card Holders

Those patients who hold a Medical Card merely give their Medical Card details to the CPAP supplier, along with their prescription. The CPAP supplier will then handle all the necessary paper work and submit the relative forms to The Health Service Executive to ensure payment. Payment for replacement masks is handled similarly. All other costs are covered under the Medical Card Scheme. Often, the initial set up is handled while the patient is in hospital. The Medical Card Holder is entitled to a full back up service from the supplier.

Outright Purchase

Patients who opt for this method will normally attempt to negotiate the best possible deal with the CPAP supplier and pay them for the machine. At present the main Health Insurers (VHI, BUPA, VIVAS) make no contribution towards purchase to those insured. The Health Service Executive also refuse to

make a contribution (although there have been reports of some individual successes). It may be possible to negotiate some form of contribution with some of the smaller Health Insurers (St. Paul's, ESB etc). Tax relief is available for all equipment costs. Receipts should be included on the Med 1 Form.

Outright purchase of a CPAP machine will carry a standard 12 month warranty.

Rental/Lease

This scheme covers rental of machines (only), consumables (masks, headgear etc) are normally purchased separately. Some companies offer an 'all in' service to include mask and headgear replacement for a single monthly payment. All rental payments, mask and headgear replacement costs (within reason) may be reclaimed under the Drugs Payment Scheme. It is effectively a 'co – pay' scheme whereby the patient pays the first €85 per month of the total cost of all pharmacy, equipment

rental and consumables, with the balance refunded by The Health Service Executive. The onus is on the patient to initiate the claim, by sending the relevant receipts to their local Health Service Executive office. Initial claims can be somewhat slow to settle. The 'co – pay' element (€85 per month, or portion there of) may be claimed against income tax using the Med 1 Form. In the event of a claim being refused, the patient should immediately lodge a formal appeal against the decision. This process should take no more than 3/4 weeks. Traditionally, appeals have been upheld. ISAT have reached agreement at National level with The Health Service Executive that claims for CPAP rental and consumables will be met.

Patients who rent/lease their cpap equipment are entitled to a full back up service for the duration of their contract, which may include upgrades to more advanced machines.

SNOOZE NOOZE



ISAT

8th Annual Conference,
Information Day and AGM

Has been confirmed for

Saturday 19th April 2008

at

The Hogan Mezzanine,

Croke Park Stadium,

Dublin 3.

(A DATE FOR YOUR DIARY)

Ticket details later

DISCLAIMER NOTE: The contents/information provided by The Irish Sleep Apnoea Trust (ISAT) is for informational purposes only and is not meant to substitute for advice provided by a healthcare professional. The information should not be used for the diagnosing, treating or prescribing medication for treatment of a disease or health related condition. If you suspect that you have a medical problem, promptly contact your Doctor or other healthcare professional.

Agenda and ticket information will be forwarded to members in mid February 2008.

If any member wants a specific topic discussed at the conference they should forward their request to info@isat.ie or telephone 086-6053891

BITS and PIECES

Through ISAT's membership of THE WHEEL the following discounts/offers are now available to our members.

Private Health Insurance with BUPA Ireland. Group Name : The Wheel/19573. Just contact BUPA at 1890700890 and quote the Group Name.

Insurance with Marsh Ireland Ltd., Clontarf, Dublin 3. Telephone 01-8337503 and ask for Cecil McCabe. You will need to quote The Wheel and the Membership Number is 10151.

IT Software from Pugh Computers Ltd. Telephone 0044 01974200217, contact is Barry Lewis. You will need to quote The Wheel and the Membership Number is 10151.

Office Equipment and Supplies from Canon (Irl) Business Equipment Ltd. (photocopiers, printers etc) Telephone 1850 220320. Contact is Greg Tinney. You will need to quote The Wheel and the Membership Number is 10151.

Office Furniture from

Claremont Centre Ltd. Telephone 0044 1414190437. Contacts are Hugh Boyle or Sam McNally. You will need to quote The Wheel and the Membership Number is 10151.

NICE (The National Institute for Health and Clinical Guidelines) has recently issued guidelines for the use of **Palatal Implants (often known as The Pillar Procedure)** for use in the treatments of Obstructive Sleep Apnoea and Snoring.

In the case of Sleep Apnoea the guideline is that the procedure should not be used for treating the disorder.

In the case of simple snoring (where Sleep Apnoea is not evident), the procedure should only be undertaken as part of a recognised clinical study, and the patient must be made aware of the nature and type of the study.

The Pillar Procedure involves the insertion of up to three 'plastic type' implants into the soft palate. The objective of the exercise is to stiffen the soft palate thereby

preventing its vibration (a possible cause of snoring). The concept was developed by Restore Medical.

THE FUNNIES

Golf is the only sport where the most feared opponent is you.

The best wood in most amateur golfer's bag is the pencil.

A prominent young attorney was on his way to court to begin arguments on a complex lawsuit when he suddenly found himself at the Gates of Heaven. St. Peter started to escort him inside, when he began to protest that his untimely death had to be some sort of mistake. "I'm much too young to die! I'm only 35!"

St. Peter agreed that 35 did seem to be a bit young to be entering the pearly gates, and agreed to check on his case.

After investigating, he told the attorney, "I'm afraid that there is no mistake my son.. We verified your age on the basis of the number of hours you've billed to your clients, and according to that, you're at least 108 years old!"

Resources and delays in the diagnosis of Sleep Apnoea-Hypopnoea Syndrome.

Below are details of a study carried out at The Seccion de Neumologia Hospital, San Pedro de Alcantara, Spain.

OBJECTIVE: The demand for consultations and diagnostic studies for Sleep Apnoea-Hypopnoea syndrome (SAHS) has increased, and this has led to considerable delays. We therefore need an updated evaluation of the diagnostic situation to serve as a management tool for specialists and health care administrations responsible for solving the problem. The objective of the present study was to carry out a descriptive analysis of the situation regarding the diagnosis of SAHS in Spanish hospitals. **METHODS:** We undertook a descriptive cross-sectional observational study. Public and private hospitals listed in the Ministry of Health's 2005 catalogue of health care institutions were contacted, and those that routinely evaluate patients for SAHS were included in the study. The person in charge of

each hospital filled in a questionnaire concerning the availability of resources and waiting periods for diagnosis. **RESULTS:** Of the 741 hospitals we contacted, 217 routinely evaluated patients for SAHS. In 88% of these, respiratory polygraph (RP) (n=168) or polysomnography (PSG) (n=97) was available. The mean waiting period was 61 days for consultation and 224 days for RP. The mean number of RP systems was 0.99 per 100 000 inhabitants, while the recommended number is 3 per 100 000 inhabitants. The mean waiting period for PSG was 166 days. The mean number of PSG beds was 0.49 per 100 000 inhabitants, while the recommended number is 1 per 100 000. **CONCLUSIONS:** We observed a marked inadequacy of resources that has led to unacceptable waiting periods. While there has been a favourable change in the situation regarding SAHS diagnosis compared to previous studies, there is still room for improvement and it is urgent that health care

authorities allocate more resources to this public health problem.

ISAT Comment:

These figures certainly offer the patient a much better alternative to the situation in Ireland. A two month wait to see a consultant.....a three month wait (in Ireland) is seen as fairly quick. It is hard to make a realistic comparison on the waiting time for a sleep study. Some waiting lists here run to 12 months and longer, while particularly bad cases are usually dealt with within weeks/months, however it is often following a bad road traffic accident or workplace accident that OSA is discovered to be a causative factor.

With a number of public sleep clinics closed over the past twelve months, it is high time that our elected officials and our unelected HSE get to grips with the deteriorating public health issue of untreated OSA.

Joint Task Force Recommends New OSA Guidelines for Commercial Drivers (In the USA)

Commercial drivers need to be vigilant about battling fatigue and staying alert, especially if they have obstructive sleep apnoea (OSA), which is associated with fatigue-related crashes. Screening and treatment guidelines for OSA in commercial drivers are currently based on a report by the Federal Highway Administration that was done in 1991. However, in the past 15 years these guidelines have not been updated to reflect the latest research and medical findings. Now, a joint task force of the American College of Chest Physicians, American College of Occupational and Environmental Medicine, and the National Sleep Foundation has published recommendations that include a more thorough screening and evaluation process and specific criteria for follow-up and recertification based on a comprehensive review of recent research on OSA.

"With recommendations based on current

literature, and accepted by both occupational medicine and sleep medical organizations, a more consistent process for medical certification of these drivers can occur, decreasing the risk of crashes," says Natalie P. Hartenbaum, MD, MPH, FACOEM, American College of Occupational and Environmental Medicine.

Under the current guidelines, drivers are not allowed to return to work for a minimum of one month after being diagnosed with OSA. The joint task force recommends allowing drivers to return to work after 2 weeks of beginning treatment in some cases. "Sleep apnoea is a highly treatable disorder. The new return-to-work standards we suggest are more reflective of current clinical knowledge related to the treatment of sleep apnoea," said Barbara Phillips, MD, FCCP, National Sleep Foundation Chairman. "With appropriate therapy and compliance, drivers who suffer from sleep apnoea will be addressing a significant risk for

impaired performance on the job as well as their overall health."

ISAT Comment: Maybe it's time that the Departments of The Environment, Transport, and Health and Children took a joint proactive approach to this problem, rather than sit with their collective heads' in the sand awaiting action from Brussels.

By their own admittance, the US have been slow to upgrade guidelines, but at least they are making attempts to set realistic guidelines, which if properly enforced, to safeguard the general population and OSA sufferers.

The UK have very strict guidelines for motorists which are well enforced.

In Ireland we have none, but we do have numerous expert groups, who are well capable of drawing up realistic guidelines, including ISAT, The Irish Sleep Society, The Irish Thoracic Society, The Irish Respiratory Society to name but a few. Our public representatives don't seem very interested.

Are You a Better Person Because You Slept Well?

Study Finds Sleepiness Affects Moral Judgment

Research shows that sleeping poorly is linked with a range of health problems, but new evidence suggests that it may also impair a person's ability to make decisions requiring moral judgment. In a study conducted by researchers at the Walter Reed Army Institute of Research in Silver Spring, MD, 26 adults were asked to make decisions on a variety of moral and non-moral dilemmas, first when rested and again following 53 hours of sleep deprivation. The researchers found that participants took significantly longer to respond to moral dilemmas when sleep deprived, indicating that they had a more difficult time deciding on a course of action for those issues. There was no such delay in responding to non-moral questions after sleep deprivation. Lead researcher Dr. William Kilgore commented on the findings to BBC News, "Our results simply suggest that when sleep deprived, individuals appear to be selectively slower in their deliberations about moral personal dilemmas relative to other types of dilemmas."

Obstructive Sleep Apnoea Syndrome (OSAS) was first defined approximately 37 years ago. Since that time, the growing recognition of the disorder has caused a substantial increase in health care costs related to the diagnosis and treatment of all forms of sleep-disordered breathing (SDB). It is well recognized that treating sleep disordered breathing has numerous, well-established health benefits. However, there is not general recognition of the cost-savings to the health care insurance industry when SDB is diagnosed and treated. Untreated SDB is associated with increased risk of morbidity (illness) and mortality (death). Mortality is related in a graded fashion to the severity of the SDB and is also influenced by co-morbidity (the presence of co-existing illnesses). Untreated SDB is associated with both causal and contributing roles in the development of co-morbidities such as hypertension and cardiovascular events. Untreated SDB has been linked to increased risk of motor vehicle accidents.

Before treatment for OSA, patients consume more health cost dollars and time than matched control subjects. Studies have indicated untreated sleep apnoea patients use as many as 2.5 - 3 times as many hospital days and twice the physician costs.

The only study to look at post-treatment costs found that physician costs decreased 33% after treatment, and hospital days dropped by 50% in patients adhering to treatment.

There are cost advantages to including sleep-monitoring procedures (such as polysomnograms) in the diagnosis of SDB. A recent study demonstrated savings of around \$10,000 per quality-adjusted life year gained, while the cost of polysomnography compares favourably with other outpatient diagnostic tests.

The paper concludes: "Diagnosis and treatment of sleep-disordered breathing (SDB) are justifiable on the basis of short-term and lifetime cost savings. Diagnosis and treatment of SDB are more efficiently accomplished by physician evaluation and sleep monitoring rather than physician evaluation alone."

From The American Academy of Sleep Medicine

EU Travel Regulations

There are restrictions on liquids which can be taken into the cabin on flights originating within the EU. To protect you against the new threat of liquid explosives, the European Union (EU) has adopted new security rules that restrict the amount of liquids that you can take through security checkpoints. They apply to all passengers departing from airports in the EU whatever their destination. This means that, at security checkpoints, you and your hand luggage must be checked for liquids in addition to other prohibited articles. However, the new rules do not limit the liquids that you can buy at shops located beyond the point where you show your boarding pass or on board an aircraft operated by an EU airline. The new rules apply from Monday, 6 November 2006 at all airports in the EU and in Norway, Iceland and Switzerland until further notice.

WHAT IS NEW ?

While packing, you are only allowed to take small quantities of liquids in your hand luggage. These liquids must be in individual containers with a maximum capacity of 100 millilitres each. You must pack these containers in one

transparent, re-sealable plastic bag of not more than one litre capacity per passenger. At the airport to help screeners detect liquids, you must :

present all liquids carried to the screeners at security checkpoints for examination; take off your jacket and/or coat. They will be screened separately whilst you are screened; remove laptop computers and other large electrical devices from your hand luggage. They will be screened separately whilst you are screened.

WHAT DOES NOT CHANGE ?

You can still pack liquids in bags that you check in – the new rules only affect hand luggage; carry in your hand luggage medicines and dietary requirements, including baby foods, for use during the trip. You may be asked for proof that they are needed buy liquids such as drinks and perfumes either in an EU airport shop when located beyond the point where you show your boarding pass or on board an aircraft operated by an EU airline. If they are sold in a special sealed bag, do not open it before you are screened – otherwise the contents may be confiscated at the checkpoint. (If you

transfer at an EU airport, do not open the bag before screening at your airport of transfer, or at the last one if you transfer more than once).

All these liquids are additional to the quantities in the re-sealable plastic bag mentioned above. If you have any doubts, please ask your airline or travel agent in advance of travel. Please be courteous and cooperate with airport security and airline staff.

Liquids include : water and other drinks, soups, syrups, creams, lotions and oils, perfumes, sprays, gels, including hair and shower gels, contents of pressurised containers, including shaving foam, other foams and deodorants, pastes, including toothpaste, liquid-solid mixtures, mascara any other item of similar consistency.

Medicines and special food required during the flight do not need to be carried in the plastic bag.

ISAT Comment CPAP machines may now be subject to separate examination and swabbing for explosives. Humidifier chambers should be emptied in advance. CPAP machines continue to be classed as 'carry on' luggage.

Some Common Terms and Abbreviations in Sleep Medicine

ABG - Arterial Blood Gas
ADHD - Attention Deficit Hyperactivity Disorder
AHI - Apnoea/Hypopnoea Index
AI - Apnoea Index
APAP – Auto Adjusting Positive Airway Pressure

BP - Blood Pressure
BiPAP - Bi-level Positive Airway Pressure
BMI - Body Mass Index
CBT - Cognitive-Behavioural Therapy
CFS - Chronic Fatigue Syndrome
CHF - Congestive Heart Failure
CNS - Central Nervous System
COPD - Chronic Obstructive Pulmonary Disease
CPAP - Continuous Positive Airway Pressure
CSA - Central Sleep Apnoea

CSDB - Complex Sleep Disordered Breathing
CSR - Cheyne-Stokes Respiration
DS - Deviated Septum

DWS – Delta Wave Sleep

EDS - Excessive Daytime Sleepiness
EEG - Electroencephalogram
EKG - Electrocardiogram
EMG - Electromyogram
ENT - Ear, Nose and Throat Consultant
EOG - Electrooculogram
EPR® - Expiratory Pressure Relief
FF - Full Face
GERD - Gastroesophageal Reflux Disorder
GP - General Practitioner
HH - Heated Humidifier
HI - Hypopnoea Index
ISA - Infant Sleep Apnoea
MSLT - Multiple Sleep Latency Test
NREM - Non Rapid Eye Movement

OSA - Obstructive Sleep Apnoea
OSAHS - Obstructive Sleep Apnoea-Hypopnoea Syndrome
OTC - Over The Counter
PFT - Pulmonary Function Test
PLM - Periodic Leg Movement
PLMD - Periodic Leg Movement Disorder
PSG - Polysomnogram
PTSD - Post Traumatic Stress Disorder
PVC - Premature Ventricular Contraction
RBD - REM Sleep Behaviour Disorder
RDI - Respiratory Disturbance Index
REM - Rapid Eye Movement
RERA - Respiratory Effort-Related Arousals
RLS - Restless Leg Syndrome
SA - Sleep Apnoea
SAD - Seasonal Affective Disorder
SaO² - Oxygen Saturation
SDB - Sleep Disordered Breathing
SIDS - Sudden Infant Death Syndrome
SOB - Shortness of Breath
SWS - Slow Wave Sleep
T&A - Tonsillectomy and Adenoidectomy
TAP - Thornton Adjustable Positioner
TMJ - Temporomandibular Joint Syndrome
TRT - Total Recording Time
TST - Total Sleep Time
UARS - Upper Airway Resistance Syndrome
UPPP - Uvulopalatopharyngoplasty
VPAP - Variable Positive Airway Pressure
WNL - Within Normal Limits
XPAP - Any type of Positive Air Pressure Device