

Complex Sleep Apnea Syndrome

Complex Sleep Apnea syndrome is a diagnostic term for the form of central sleep apnea that persists or develops upon treatment of primary Obstructive Sleep Apnea with CPAP. The pathogenesis likely is related to a combination of the impact of CPAP therapy on ventilation, disturbed ventilatory control related to sleep and other medical comorbidities. It is more common in men, patients with coronary artery disease and those with congestive heart failure.

It has been proposed that Complex Sleep Apnea occurs predominantly during unstable sleep states. During sleep, the withdrawal of behavioral control of ventilation and blunted chemoresponsiveness to changes in CO₂ (PaCO₂) and oxygen (PaO₂), as well as changes in lung volumes and minute volume (REM versus NREM), leads to more variability in PaCO₂ levels.

The vast majority of patients will be treated successfully with CPAP, but caution is recommended to ensure that the CPAP pressure setting is limited to treating only the obstructive events. In those patients that require more advanced respiratory assistance devices including: Bi-Level or adaptive servo ventilation therapy can be effective.

Reference: Muhammad Talha Khan and Rose Amy Franco Sleep Disorders Volume 2014, Article ID 798487 Division of Pulmonary, Critical Care and Sleep Medicine, Medical College of Wisconsin

<http://dx.doi.org/10.1155/2014/798487>

DID YOU KNOW? SLEEP MYTHS

Myth #1: The Brain shuts down and is inactive during sleep

In fact the brain is very busy during sleep, it sorts and processes information and cements it into long term memory. This is vital for learning and memory.

Myth #2: The Brain adjusts quickly to changes in your sleep schedule

We all have an internal body clock, this clock is set by light or sunlight. This means we are alert in the daytime and most tired between midnight and dawn. Shift work and changing time zones (jet lag) decrease the quality of sleep making it difficult to function. It may take up to 72 hours or longer to fully re-set your body clock.

Myth #3: Sleeping in on weekends prevent the effects of sleep loss during the week

Sleeping in works when you haven't been sleeping enough, but you cannot bank sleep in advance. Regular sleep habits help build a strong sleep-wake pattern and keep you on top of your game.

About Us

Why are Level III ambulatory sleep studies not always accepted for AISH, Alberta Works or Indian Affairs patients?

According to the policy and procedures of Alberta Income Support a Level 1 sleep study must be performed in a sleep clinic or lab in order for patients to receive funding for the CPAP machine. Patients are also required to provide a Pulmonary Function Test, current medication list, BMI, medical history, including any underlying cardiac issues, records of narcotics, psychoactive or medication usage affecting sleep.

Indian Affairs patients must go to the designated government contracted companies. Clients requesting CPAP for the first time must have a confirmed diagnosis of moderate to severe OSA to qualify.

Reference: <http://www.humanservices.alberta.ca>



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