



PORTABLE SLEEP MONITORING REPORT

Patient Name: [REDACTED]

Date of Birth: [REDACTED]

Study Date: [REDACTED]

PATIENT INFORMATION:

This [REDACTED] year old patient was referred for a type 3 portable sleep study. The study was conducted using the Nox T3 home bruxism/sleep testing device. The test was conducted to investigate the possibility of sleep disordered breathing.

The study included the following channels: Nasal-Oro pressure, snoring, thoracic and abdominal RIP effort belts, actigraphy, oximetry, heart rate and body position.

IMPRESSION:

There were moderate snoring, apneas, hypopneas and arterial oxygen desaturations, all consistent with OSA. The **overall apnea/hypopnea index (AHI) was [REDACTED]**. The supine apnea/hypopnea index (AHI) was [REDACTED]. The mean arterial oxygen saturation was [REDACTED]. The **lowest arterial oxygen saturation was [REDACTED] %**. Total evaluation time was [REDACTED].

Bruxism Episodes Index: [REDACTED]

Apnea to Bruxism Index: [REDACTED]

Bruxism Bursts Index: [REDACTED]

Arousal to Bruxism Index: [REDACTED]

Findings were consistent with mild obstructive sleep apnea (G47.33). There was no evidence of significant sleep related bruxism.

RECOMMENDATIONS:

1. Findings are consistent with mild OSA. For symptomatic mild obstructive sleep apnea, patient preference and compliance impacts efficacious outcomes. Therapeutic options include:
 - a. The patient may benefit from the use of a nocturnal mandibular repositioning appliance. If that line of therapy is to be pursued, the patient should be evaluated by a dentist specialized in the treatment of sleep related breathing disorders.
 - b. An ENT consultation which may be useful to look for specific causes of obstruction and possible treatment options.
 - c. Consider treatment with nasal continuous positive airway pressure (CPAP). If the patient chooses CPAP therapy, a nocturnal PSG with CPAP titration is recommended. As an alternative, an Auto PAP with pressure range 5-20 cmH2O with download is an option.
2. Weight loss may be of benefit in reducing the severity of snoring and respiratory events.
3. Consider advising patient against the use of alcohol or sedatives as these substances can worsen excessive daytime sleepiness and respiratory disturbances of sleep.
4. Consider advising patient against participating in potentially dangerous activities while drowsy such as operating a motor vehicle, heavy equipment or power tools.
5. Consider advising patient of the long term consequences of OSA if left untreated, need for treatment & close follow up.
6. Routine follow-up efficacy testing should be performed when non-CPAP therapies are prescribed since weight gain, age, alcohol consumption, and/or time spent sleeping supine can increase OSA severity.

Thank you for the referral of this patient. If we can be of further assistance, please feel free to contact us.

Sincerely,



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Diplomate ABIM-Sleep Medicine
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