

Sleep Profiler Study Report Summary

Patient Name

Study Ordered by

Date of Night 1

Date of Birth

Date of Night 2

Study Type

Diagnostic

CLINICAL HISTORY: 35 year old male.

STUDY FINDINGS: The patient underwent a two-night overnight EEG study.

NIGHT ONE - Sleep Architecture: The recording time of 8.7 hours and total sleep time of 5.9 hours resulted in a sleep efficiency of 67.6%. The patient fell asleep 7 minutes after the lights were turned off, started stage N3 60 minutes later, and entered his first REM cycle 90 minutes later. He slept 21.2% of the night in stage N1, 9.5% in light N2, 62.1% in total N2, 2.0% in slow-wave sleep (stage N3), and 14.7% in REM.

Awakenings and Arousals: The patient was awake for a total 162 minutes after initially falling asleep. He experienced an average of 10.8 awakenings \geq 30 sec and 3.2 awakenings \geq 90 sec per hour of sleep. He experienced an average of 20.0 cortical arousals, 0.0 autonomic activations, and 7.0 movement arousals per hour of sleep.

Other: He slept 41.3% of the night supine, while snoring 41.7% of the night above 40 dB and 1.2% above 50 dB.

Abnormal Sleep Patterns: The patient's sleep efficiency, percentage of time in stage N1 and N3, and awakening index were outside age/gender-matched normative ranges, when compared to normal subjects between the ages of 40 and 54.

NIGHT TWO - Sleep Architecture: The recording time of 8.9 hours and total sleep time of 5.7 hours resulted in a sleep efficiency of 64.6%. The patient fell asleep 23 minutes after the lights were turned off, started stage N3 19 minutes later, and entered his first REM cycle 59 minutes later. He slept 22.3% of the night in stage N1, 8.5% in light N2, 57.0% in total N2, 7.1% in slow-wave sleep (stage N3), and 13.6% in REM.

Awakenings and Arousals: The patient was awake for a total 165 minutes after initially falling asleep. He experienced an average of 12.0 awakenings \geq 30 sec and 4.0 awakenings \geq 90 sec per hour of sleep. He experienced an average of 13.5 cortical arousals, 0.0 autonomic activations, and 4.5 movement arousals per hour of sleep.

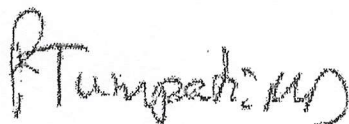
Other: He slept 56.7% of the night supine, while snoring 41.7% of the night above 40 dB and 0.4% above 50 dB.

Abnormal Sleep Patterns: The patient's sleep efficiency, percentage of time in stage REM and N1, and awakening index were outside age/gender-matched normative ranges, when compared to normal subjects between the ages of 40 and 54.

CLINICAL COMMENTS:

The overnight EEG findings are abnormal with decreased sleep efficiency in both nights, reduced deep sleep, and arousals which can be consistent with insomnia. Noted significant snoring raising the pretest probability of sleep disordered breathing for which further testing is recommended. Relaxation techniques, general sleep hygiene and/or CBT-I treatment with sleep restriction can help for patients with sleep difficulties. Prescription sleeping aids may be required for the patient to obtain at least 6 hrs of sleep per night. Advise the patient to limit screen time to no more than 30 minutes a day. Encourage the patient to avoid Alcohol or Caffeinated beverages preferable several hours before bed time. If the patient is currently not being treated for sleep apnea, consider further clinical evaluation. A repeat study may be considered to evaluate the treatment outcome.

Signature:



Date:

Study Review: The overnight EEG and other signals have been reviewed by Prabhakara Tumpati, MD, Diplomate, American Board of Sleep Medicine.

Normative comparison data obtained from:

Sleep and Reported Daytime Sleepiness in Normal Subjects: the Sleep Heart Health Study, Walsleben JA, Kapur VK, Newman AB et al. Sleep 2004; 27(2):293-8

WASO Sub-Group Analysis of a 6-month Study of Eszopiclone 3mg, Krystal et al. Sleep Medicine 2012; 13:691-696.

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