WEBVTT

NOTE duration: "00:50:51.4240000"

NOTE language:en-us

NOTE Confidence: 0.89239913

 $00:00:02.010 \longrightarrow 00:00:02.850$ OK, there we go.

NOTE Confidence: 0.8448843

00:00:29.240 --> 00:00:30.290 Alright everybody welcome.

NOTE Confidence: 0.8448843

 $00:00:30.290 \longrightarrow 00:00:32.040$ We're going to get started.

NOTE Confidence: 0.8448843

00:00:32.040 --> 00:00:34.315 My name is Lauren Tobias and I'd

NOTE Confidence: 0.8448843

00:00:34.315 --> 00:00:36.847 like to welcome you to our Yale

NOTE Confidence: 0.8448843

 $00:00:36.847 \longrightarrow 00:00:38.335$ Sleep Center this afternoon.

NOTE Confidence: 0.8448843

 $00:00:38.340 \longrightarrow 00:00:40.090$ I have a few quick

NOTE Confidence: 0.8448843

00:00:40.090 --> 00:00:41.490 announcements before we begin.

NOTE Confidence: 0.8448843

 $00{:}00{:}41.490 \dashrightarrow 00{:}00{:}43.422$ First, please take a moment to

NOTE Confidence: 0.8448843

 $00:00:43.422 \longrightarrow 00:00:45.902$ ensure that you are muted in order

NOTE Confidence: 0.8448843

 $00:00:45.902 \longrightarrow 00:00:48.140$ to receive CME credit for attendance,

NOTE Confidence: 0.8448843

 $00:00:48.140 \longrightarrow 00:00:50.210$ please see the chat room instructions

NOTE Confidence: 0.8448843

00:00:50.210 --> 00:00:53.090 and you can text the unique ID for

NOTE Confidence: 0.8448843

 $00:00:53.090 \longrightarrow 00:00:55.238$ this conference anytime until 3:15 PM.

00:00:55.240 --> 00:00:57.112 Eastern Time, if you're not already

NOTE Confidence: 0.8448843

 $00:00:57.112 \longrightarrow 00:00:58.360$ registered with Chelsea meet.

NOTE Confidence: 0.8448843

 $00:00:58.360 \longrightarrow 00:01:00.537$ You will need to do that first.

NOTE Confidence: 0.8448843

 $00:01:00.540 \longrightarrow 00:01:02.100$ If you have any questions

NOTE Confidence: 0.8448843

 $00:01:02.100 \longrightarrow 00:01:03.036$ during the presentation,

NOTE Confidence: 0.8448843

 $00:01:03.040 \longrightarrow 00:01:05.376$ please feel free to make use of the

NOTE Confidence: 0.8448843

00:01:05.376 --> 00:01:07.748 chat rooms throughout the hour or we

NOTE Confidence: 0.8448843

00:01:07.748 --> 00:01:10.107 will invite people to unmute at the

NOTE Confidence: 0.8448843

 $00:01:10.107 \longrightarrow 00:01:12.109$ end and you can ask your question

NOTE Confidence: 0.8448843

 $00{:}01{:}12.109 \dashrightarrow 00{:}01{:}14.422$ then we do have recorded versions of

NOTE Confidence: 0.8448843

 $00:01:14.422 \longrightarrow 00:01:16.504$ these talks that will be available

NOTE Confidence: 0.8448843

 $00{:}01{:}16.504 \dashrightarrow 00{:}01{:}18.821$ online within two weeks and the link

NOTE Confidence: 0.8448843

 $00{:}01{:}18.821 \dashrightarrow 00{:}01{:}21.445$ to those is also provided in the chat.

NOTE Confidence: 0.8448843

00:01:21.450 --> 00:01:22.216 And finally,

NOTE Confidence: 0.8448843

 $00:01:22.216 \longrightarrow 00:01:24.514$ please feel free to share announcements

 $00:01:24.514 \longrightarrow 00:01:26.949$ about our lecture series to anyone else

NOTE Confidence: 0.8448843

 $00{:}01{:}26.949 \dashrightarrow 00{:}01{:}29.300$ who you think might be interested.

NOTE Confidence: 0.8448843

00:01:29.300 --> 00:01:31.490 Or you can contact Debbie Lovejoy

NOTE Confidence: 0.8448843

 $00:01:31.490 \longrightarrow 00:01:34.169$ to be added to our email list.

NOTE Confidence: 0.8448843

00:01:34.170 --> 00:01:36.408 Now a final announcement for today.

NOTE Confidence: 0.8448843

00:01:36.410 --> 00:01:38.654 I just want to let everybody

NOTE Confidence: 0.8448843

00:01:38.654 --> 00:01:40.150 know that this Friday,

NOTE Confidence: 0.8448843

00:01:40.150 --> 00:01:42.509 April 30th is our 6th annual Sleep

NOTE Confidence: 0.8448843

 $00{:}01{:}42.509 \dashrightarrow 00{:}01{:}44.432$ and Symposium research slick sleep

NOTE Confidence: 0.8448843

00:01:44.432 --> 00:01:46.128 and Symptom Research Symposium.

NOTE Confidence: 0.8448843

 $00{:}01{:}46.130 \dashrightarrow 00{:}01{:}48.706$ This is Co sponsored by the School

NOTE Confidence: 0.8448843

 $00:01:48.706 \longrightarrow 00:01:51.647$ of Nursing in the School of Medicine.

NOTE Confidence: 0.8448843

 $00{:}01{:}51.650 \dashrightarrow 00{:}01{:}53.722$ And this is a free event that's

NOTE Confidence: 0.8448843

 $00:01:53.722 \longrightarrow 00:01:55.638$ open to everybody that will run

NOTE Confidence: 0.8448843

 $00:01:55.638 \longrightarrow 00:01:57.558$ from 10:00 o'clock in the morning

NOTE Confidence: 0.8448843

 $00:01:57.558 \longrightarrow 00:01:59.280$ until 2:00 in the afternoon,

 $00{:}01{:}59.280 \dashrightarrow 00{:}02{:}01.422$ so please feel free to join us

NOTE Confidence: 0.8448843

 $00:02:01.422 \longrightarrow 00:02:03.729$ for part or all of this event.

NOTE Confidence: 0.8448843

 $00:02:03.730 \longrightarrow 00:02:05.991$ I'm going to put the link to

NOTE Confidence: 0.8448843

00:02:05.991 --> 00:02:07.948 register for this in the chat

NOTE Confidence: 0.8448843

 $00:02:07.948 \longrightarrow 00:02:09.772$ and it just takes a moment.

NOTE Confidence: 0.8448843

 $00:02:09.780 \longrightarrow 00:02:11.544$ So with that I'll turn this

NOTE Confidence: 0.8448843

 $00:02:11.544 \longrightarrow 00:02:13.115$ microphone over to Andres in

NOTE Confidence: 0.8448843

 $00{:}02{:}13.115 \longrightarrow 00{:}02{:}14.780$ check who's going to introduce

NOTE Confidence: 0.8448843

 $00:02:14.780 \longrightarrow 00:02:16.450$ Doctor Otukolo for today's talk.

NOTE Confidence: 0.8401873

 $00{:}02{:}21.590 \dashrightarrow 00{:}02{:}22.727$ Good afternoon everyone.

NOTE Confidence: 0.8401873

 $00:02:22.727 \longrightarrow 00:02:25.845$ Thank you again for joining us and I

NOTE Confidence: 0.8401873

 $00:02:25.845 \longrightarrow 00:02:28.233$ have a distinct pleasure of introducing

NOTE Confidence: 0.8401873

 $00{:}02{:}28.233 \dashrightarrow 00{:}02{:}30.499$ Doctor Adekola today for today's sleep

NOTE Confidence: 0.8401873

 $00{:}02{:}30.499 \dashrightarrow 00{:}02{:}32.837$ grand rounds and I'm excited to do

NOTE Confidence: 0.8401873

 $00{:}02{:}32.840 \dashrightarrow 00{:}02{:}35.087$ so because I have worked with Doctor

00:02:35.087 --> 00:02:37.329 Adekola and a couple of research

NOTE Confidence: 0.8401873

00:02:37.329 --> 00:02:39.753 projects and he's been an outstanding

NOTE Confidence: 0.8401873

 $00:02:39.753 \longrightarrow 00:02:42.218$ fellow this year and actually program.

NOTE Confidence: 0.8401873

 $00:02:42.220 \longrightarrow 00:02:44.726$ But he has received his medical degree

NOTE Confidence: 0.8401873

 $00:02:44.726 \longrightarrow 00:02:47.092$ at the Obafemi Awolowo College of

NOTE Confidence: 0.8401873

 $00:02:47.092 \longrightarrow 00:02:49.480$ Health Sciences in Nigeria before he

NOTE Confidence: 0.8401873

 $00:02:49.480 \longrightarrow 00:02:52.940$ made the journey to the United States and.

NOTE Confidence: 0.8401873

00:02:52.940 --> 00:02:54.710 Long and short of it,

NOTE Confidence: 0.8401873

 $00{:}02{:}54.710 {\:{\circ}{\circ}{\circ}}>00{:}02{:}56.740$ and he ended up becoming a resident

NOTE Confidence: 0.8401873

 $00:02:56.740 \longrightarrow 00:02:58.746$ and intern at the University of

NOTE Confidence: 0.8401873

 $00{:}02{:}58.746 \rightarrow 00{:}03{:}00.526$ Connecticut and followed that with

NOTE Confidence: 0.8401873

 $00:03:00.526 \longrightarrow 00:03:03.344$ being a chief resident at the Yale

NOTE Confidence: 0.8401873

 $00:03:03.344 \longrightarrow 00:03:04.980$ Waterbury Eternal Medicine program.

NOTE Confidence: 0.8401873

 $00:03:04.980 \longrightarrow 00:03:06.745$ And after that he realized

NOTE Confidence: 0.8401873

 $00:03:06.745 \longrightarrow 00:03:07.804$ that clinical care,

NOTE Confidence: 0.8401873

 $00:03:07.810 \longrightarrow 00:03:08.540$ his passion,

 $00:03:08.540 \longrightarrow 00:03:11.095$ and so he ended up doing personal

NOTE Confidence: 0.8401873

 $00:03:11.095 \longrightarrow 00:03:13.688$ care fellowships at the Beth Israel

NOTE Confidence: 0.8401873

00:03:13.688 --> 00:03:15.838 Medical Center in New Jersey.

NOTE Confidence: 0.8401873

 $00:03:15.840 \longrightarrow 00:03:18.857$ Followed by joining us for Sleep Fellowship.

NOTE Confidence: 0.8401873

 $00:03:18.860 \longrightarrow 00:03:20.396$ Before he did that,

NOTE Confidence: 0.8401873

 $00:03:20.396 \longrightarrow 00:03:22.700$ he has had a prolific history

NOTE Confidence: 0.8401873

00:03:22.778 --> 00:03:25.128 of presenting at the American

NOTE Confidence: 0.8401873

00:03:25.128 --> 00:03:27.478 Thoracic Society at the Chest,

NOTE Confidence: 0.8401873

 $00:03:27.480 \longrightarrow 00:03:30.234$ College of Physicians and American Heart

NOTE Confidence: 0.8401873

 $00{:}03{:}30.234 \dashrightarrow 00{:}03{:}33.334$ Association and is also published in a

NOTE Confidence: 0.8401873

 $00:03:33.334 \longrightarrow 00:03:36.099$ paper in journals like the Blue Journal.

NOTE Confidence: 0.8401873

 $00{:}03{:}36.100 \dashrightarrow 00{:}03{:}38.686$ And so I'm excited to introduce

NOTE Confidence: 0.8401873

 $00:03:38.686 \longrightarrow 00:03:40.410$ him for today's talk,

NOTE Confidence: 0.8401873

 $00:03:40.410 \longrightarrow 00:03:43.714$ and he's going to be focusing on the

NOTE Confidence: 0.8401873

 $00:03:43.714 \longrightarrow 00:03:46.021$ overlap between sleep apnea, insomnia,

00:03:46.021 --> 00:03:48.226 something that we see clinically.

NOTE Confidence: 0.8401873

00:03:48.230 --> 00:03:48.776 Quite frequently,

NOTE Confidence: 0.8401873

00:03:48.776 --> 00:03:50.687 and so just as a little bit

NOTE Confidence: 0.8401873

 $00:03:50.687 \longrightarrow 00:03:51.990$ of an advertisement.

NOTE Confidence: 0.8401873

 $00:03:51.990 \longrightarrow 00:03:52.558$ In addition,

NOTE Confidence: 0.8401873

 $00{:}03{:}52.558 \dashrightarrow 00{:}03{:}53.978$ today's stock Holder is going

NOTE Confidence: 0.8401873

00:03:53.978 --> 00:03:55.880 to be giving a presentation at

NOTE Confidence: 0.8401873

00:03:55.880 --> 00:03:57.535 the American Academy of Sleep

NOTE Confidence: 0.8401873

 $00{:}03{:}57.535 \dashrightarrow 00{:}03{:}58.869$ Medicine meeting this summer.

NOTE Confidence: 0.8401873

 $00:03:58.870 \longrightarrow 00:04:00.526$ He's invited to give a research

NOTE Confidence: 0.8401873

 $00{:}04{:}00.526 \dashrightarrow 00{:}04{:}02.811$ talk and also will be giving a talk

NOTE Confidence: 0.8401873

00:04:02.811 --> 00:04:04.497 at the Sleep Research Symposium or

NOTE Confidence: 0.8401873

 $00:04:04.559 \longrightarrow 00:04:06.779$ presenting a poster in Sleep Research

NOTE Confidence: 0.8401873

 $00:04:06.779 \longrightarrow 00:04:08.259$ Symposium this coming Friday.

NOTE Confidence: 0.8401873

00:04:08.260 --> 00:04:10.764 So please stay tuned and without further ado,

NOTE Confidence: 0.8401873

 $00:04:10.770 \longrightarrow 00:04:12.330$ olowe the mic is yours.

 $00:04:12.330 \longrightarrow 00:04:13.578$ Let's take it away.

NOTE Confidence: 0.91894644

 $00:04:15.040 \longrightarrow 00:04:20.190$ Yeah, thank you for that very kind. Uh.

NOTE Confidence: 0.78016394

00:04:22.910 --> 00:04:25.560 Presentation are doctors in joke.

NOTE Confidence: 0.78016394

00:04:25.560 --> 00:04:28.210 You know my talk today?

NOTE Confidence: 0.78016394

 $00{:}04{:}28.210 \dashrightarrow 00{:}04{:}32.450$ Mr Gas to comorbid in somnia and sleep apnea.

NOTE Confidence: 0.78016394

 $00:04:32.450 \longrightarrow 00:04:35.670$ What I call comet for shorts and

NOTE Confidence: 0.78016394

 $00:04:35.670 \longrightarrow 00:04:38.995$ the question is where are we

NOTE Confidence: 0.78016394

 $00{:}04{:}38.995 \dashrightarrow 00{:}04{:}41.459$ with this clinical presentation?

NOTE Confidence: 0.78016394

 $00:04:41.460 \longrightarrow 00:04:44.981$ I decided to go with this topic

NOTE Confidence: 0.78016394

 $00:04:44.981 \longrightarrow 00:04:48.927$ just because it's so common and a

NOTE Confidence: 0.78016394

00:04:48.927 --> 00:04:51.837 large percentage of our population.

NOTE Confidence: 0.78016394

00:04:51.840 --> 00:04:53.568 In our sleep clinic,

NOTE Confidence: 0.78016394

 $00{:}04{:}53.568 \dashrightarrow 00{:}04{:}55.296$ either presents with sleep

NOTE Confidence: 0.78016394

00:04:55.296 --> 00:04:57.629 apnea or insomnia or bolts,

NOTE Confidence: 0.78016394

 $00:04:57.630 \longrightarrow 00:05:00.700$ so I hope at the end of the stock I

 $00:05:00.789 \longrightarrow 00:05:04.299$ would have shared something interesting.

NOTE Confidence: 0.8581892

 $00:05:08.700 \longrightarrow 00:05:13.369$ Alright, I have no conflicts of interest.

NOTE Confidence: 0.8581892

 $00:05:13.370 \longrightarrow 00:05:16.240$ And then if you wish to get

NOTE Confidence: 0.8581892

 $00:05:16.240 \longrightarrow 00:05:19.138$ to see me for this talk,

NOTE Confidence: 0.8581892

 $00:05:19.140 \longrightarrow 00:05:23.404$ just text 21624 to the year CME accounts.

NOTE Confidence: 0.8581892

00:05:23.410 --> 00:05:27.900 So I would first start up by giving a brief

NOTE Confidence: 0.8581892

 $00:05:27.900 \longrightarrow 00:05:32.630$ synopsis of a case I saw in the sleep clinic.

NOTE Confidence: 0.8581892

 $00:05:32.630 \longrightarrow 00:05:36.781$ Miss A is a 48 year old woman with

NOTE Confidence: 0.8581892

 $00{:}05{:}36.781 \dashrightarrow 00{:}05{:}40.008$ a past medical history of class 3,

NOTE Confidence: 0.8581892

00:05:40.010 --> 00:05:41.854 obesity, anxiety and depression.

NOTE Confidence: 0.8581892

 $00{:}05{:}41.854 \dashrightarrow 00{:}05{:}44.159$ She presented with sleep onset,

NOTE Confidence: 0.8581892

 $00{:}05{:}44.160 \dashrightarrow 00{:}05{:}46.000$ in somnia, and frequent awakenings.

NOTE Confidence: 0.8581892

 $00:05:46.000 \longrightarrow 00:05:48.300$ She also complained of snoring,

NOTE Confidence: 0.8581892

 $00{:}05{:}48.300 \dashrightarrow 00{:}05{:}50.144$ gasping and choking episodes.

NOTE Confidence: 0.8581892

 $00:05:50.144 \longrightarrow 00:05:51.527$ I airport sleepiness,

NOTE Confidence: 0.8581892

 $00:05:51.530 \longrightarrow 00:05:53.310$ scale and was 12.

00:05:53.310 --> 00:05:55.980 Insomnia severity index of 22 and

NOTE Confidence: 0.8581892

 $00{:}05{:}56.073 \dashrightarrow 00{:}05{:}58.477$ modified FSQ functional outcome

NOTE Confidence: 0.8581892

 $00:05:58.477 \longrightarrow 00:06:01.482$ of sleep Questionnaire was 18.

NOTE Confidence: 0.8581892

 $00:06:01.490 \longrightarrow 00:06:04.616$ She wait again June 27 pounds.

NOTE Confidence: 0.8581892

 $00{:}06{:}04.620 \dashrightarrow 00{:}06{:}08.596$ A BMI of 51 and on visual oral

NOTE Confidence: 0.8581892

 $00:06:08.596 \longrightarrow 00:06:11.910$ examination and she was a mallampati

NOTE Confidence: 0.8581892

 $00:06:11.910 \longrightarrow 00:06:16.326$ 4 hi on subsequent sleep study was 12

NOTE Confidence: 0.8581892

 $00:06:16.326 \longrightarrow 00:06:19.805$ an hour with them in oxygenation of

NOTE Confidence: 0.8581892

 $00:06:19.805 \longrightarrow 00:06:24.628$ 97% and an idea of 87% a sleep diary.

NOTE Confidence: 0.8581892

 $00:06:24.628 \longrightarrow 00:06:26.892$ Also provided objective evidence

NOTE Confidence: 0.8581892

 $00{:}06{:}26.892 \dashrightarrow 00{:}06{:}30.593$ of both sleep onset and sleep

NOTE Confidence: 0.8581892

 $00{:}06{:}30.593 \dashrightarrow 00{:}06{:}32.495$ and maintenance in somnia.

NOTE Confidence: 0.8581892

 $00:06:32.500 \longrightarrow 00:06:34.668$ So, having said that,

NOTE Confidence: 0.8581892

 $00:06:34.668 \longrightarrow 00:06:38.852$ this is a common presentation which a lot

NOTE Confidence: 0.8581892

 $00:06:38.852 \longrightarrow 00:06:42.196$ of us can identify with in the clinic,

 $00:06:42.200 \longrightarrow 00:06:44.068$ and it brings forward.

NOTE Confidence: 0.8581892

 $00:06:44.068 \longrightarrow 00:06:48.026$ The thoughts in terms of what are the

NOTE Confidence: 0.8581892

 $00:06:48.026 \longrightarrow 00:06:51.206$ risk factors for patients who present

NOTE Confidence: 0.8581892

 $00:06:51.206 \longrightarrow 00:06:54.610$ with comorbid insomnia and sleep apnea?

NOTE Confidence: 0.8581892

 $00:06:54.610 \longrightarrow 00:06:57.195$ What impact will this patients

NOTE Confidence: 0.8581892

00:06:57.195 --> 00:06:59.780 insomnia have on their obstructive

NOTE Confidence: 0.8581892

 $00:06:59.862 \longrightarrow 00:07:02.007$ sleep apnea and vice versa?

NOTE Confidence: 0.8581892

00:07:02.010 --> 00:07:04.770 And what's the optimal timing of

NOTE Confidence: 0.8581892

 $00:07:04.770 \longrightarrow 00:07:07.241$ the treatment of this patients

NOTE Confidence: 0.8581892

 $00:07:07.241 \longrightarrow 00:07:10.463$ once we determine what the best

NOTE Confidence: 0.8581892

 $00{:}07{:}10.463 \dashrightarrow 00{:}07{:}12.849$ approach to treatments will be,

NOTE Confidence: 0.8581892

 $00:07:12.850 \longrightarrow 00:07:16.180$ so my learning objectives for today.

NOTE Confidence: 0.8581892

 $00:07:16.180 \longrightarrow 00:07:19.100$ Is to dive into why?

NOTE Confidence: 0.8581892

 $00:07:19.100 \longrightarrow 00:07:20.932$ Comorbid insomnia and obstructive

NOTE Confidence: 0.8581892

 $00:07:20.932 \longrightarrow 00:07:22.764$ sleep apnea is important,

NOTE Confidence: 0.8581892

 $00:07:22.770 \longrightarrow 00:07:23.171$ and,

00:07:23.171 --> 00:07:24.374 to you know,

NOTE Confidence: 0.8581892

 $00:07:24.374 \longrightarrow 00:07:26.780$ talk about the pathophysiology and the

NOTE Confidence: 0.8581892

 $00:07:26.858 \longrightarrow 00:07:29.403$ interplay of obstructive sleep apnea

NOTE Confidence: 0.8581892

 $00:07:29.403 \longrightarrow 00:07:31.948$ and insomnia in commissa patients.

NOTE Confidence: 0.8581892

 $00:07:31.950 \longrightarrow 00:07:34.752$ Review the different clinical faces of

NOTE Confidence: 0.8581892

 $00:07:34.752 \longrightarrow 00:07:37.807$ Camisa as well as address technical

NOTE Confidence: 0.8581892

00:07:37.807 --> 00:07:40.557 challenges in the management of

NOTE Confidence: 0.8581892

 $00:07:40.557 \longrightarrow 00:07:43.666$ this patient and I hope that at

NOTE Confidence: 0.8581892

 $00:07:43.666 \longrightarrow 00:07:46.291$ the end of the stock would have

NOTE Confidence: 0.8581892

 $00:07:46.291 \longrightarrow 00:07:49.146$ covered all of this objectives.

NOTE Confidence: 0.8581892

00:07:49.150 --> 00:07:52.966 So insomnia in general is defined as a

NOTE Confidence: 0.8581892

 $00:07:52.966 \longrightarrow 00:07:55.750$ persistent difficulty with sleep initiation,

NOTE Confidence: 0.8581892

 $00{:}07{:}55.750 --> 00{:}07{:}56.316 \ duration,$

NOTE Confidence: 0.8581892

 $00:07:56.316 \longrightarrow 00:07:56.882$ consolidation,

NOTE Confidence: 0.8581892

 $00:07:56.882 \longrightarrow 00:08:00.278$ or quality that occurs despite adequate

 $00:08:00.278 \longrightarrow 00:08:02.353$ opportunity and circumstances for

NOTE Confidence: 0.8581892

 $00:08:02.353 \longrightarrow 00:08:04.945$ sleep in and thereby resulting in

NOTE Confidence: 0.8581892

 $00:08:04.945 \longrightarrow 00:08:07.438$ some form of daytime impairment.

NOTE Confidence: 0.8581892

 $00:08:07.440 \longrightarrow 00:08:10.315$ Now they the main diagnostic

NOTE Confidence: 0.8581892

 $00{:}08{:}10.315 \dashrightarrow 00{:}08{:}14.564$ manuals in terms of the I see as

NOTE Confidence: 0.8581892

 $00:08:14.564 \longrightarrow 00:08:18.155$ the three the DSM four or the ICD

NOTE Confidence: 0.8581892

 $00:08:18.155 \longrightarrow 00:08:21.377$ 10 all vary in their approach.

NOTE Confidence: 0.8581892

 $00:08:21.380 \longrightarrow 00:08:23.730$ With regards to defining insomnia

NOTE Confidence: 0.8581892

 $00:08:23.730 \longrightarrow 00:08:26.080$ and based on this definition,

NOTE Confidence: 0.8581892

 $00:08:26.080 \longrightarrow 00:08:29.608$ it gives us a range of prevalence

NOTE Confidence: 0.8581892

 $00{:}08{:}29.608 \dashrightarrow 00{:}08{:}32.190$ extending from 10 to 4% depending

NOTE Confidence: 0.8581892

 $00:08:32.190 \longrightarrow 00:08:34.540$ on how insomnia is defined,

NOTE Confidence: 0.8581892

 $00:08:34.540 \longrightarrow 00:08:36.890$ either as a symptom or

NOTE Confidence: 0.8581892

 $00{:}08{:}36.890 \dashrightarrow 00{:}08{:}38.770$ as a specific disorder.

NOTE Confidence: 0.8581892

 $00:08:38.770 \longrightarrow 00:08:43.378$ Again, you can have different prevalences.

NOTE Confidence: 0.8581892

 $00:08:43.380 \longrightarrow 00:08:44.682$ Obstructive sleep order.

 $00{:}08{:}44.682 \to 00{:}08{:}47.118$ A apnea, on the other hand,

NOTE Confidence: 0.8581892

 $00{:}08{:}47.118 \dashrightarrow 00{:}08{:}49.470$ is a disorder characterized by upper

NOTE Confidence: 0.8581892

00:08:49.545 --> 00:08:52.467 airway narrowing or closure during sleep,

NOTE Confidence: 0.8581892

 $00:08:52.470 \longrightarrow 00:08:54.530$ while respiratory effort continues.

NOTE Confidence: 0.8581892

 $00:08:54.530 \longrightarrow 00:08:57.105$ There is a high disease

NOTE Confidence: 0.8581892

 $00:08:57.105 \longrightarrow 00:08:59.400$ body and as we as we know,

NOTE Confidence: 0.8581892

 $00:08:59.400 \longrightarrow 00:09:01.495$ associated with have just having

NOTE Confidence: 0.8581892

 $00:09:01.495 \dashrightarrow 00:09:04.080$ obstructive sleep apnea alone or sleep

NOTE Confidence: 0.8581892

 $00{:}09{:}04.080 \dashrightarrow 00{:}09{:}06.630$ apnea seven as an independent risk

NOTE Confidence: 0.8581892

 $00:09:06.630 \longrightarrow 00:09:08.490$ factor for cardiovascular disease,

NOTE Confidence: 0.8581892

00:09:08.490 --> 00:09:09.922 metabolic disease,

NOTE Confidence: 0.8581892

 $00:09:09.922 \longrightarrow 00:09:12.070$ and psychiatric disorders.

NOTE Confidence: 0.8581892

00:09:12.070 --> 00:09:14.800 Doctor sleep apnea has a

NOTE Confidence: 0.8581892

 $00:09:14.800 \longrightarrow 00:09:17.530$ prevalence of about 9 to

NOTE Confidence: 0.851447

 $00:09:17.644 \longrightarrow 00:09:21.990$ 38%, So what is? Call me Sir.

00:09:21.990 --> 00:09:25.658 What is comorbid insomnia and sleep apnea?

NOTE Confidence: 0.851447

 $00:09:25.660 \longrightarrow 00:09:29.685$ The first case of Camisa was actually

NOTE Confidence: 0.851447

00:09:29.685 --> 00:09:32.779 destroyed by Glenn Law in 1973

NOTE Confidence: 0.851447

 $00:09:32.779 \dashrightarrow 00:09:36.386$ when at that time you wrote a paper

NOTE Confidence: 0.851447

 $00:09:36.386 \longrightarrow 00:09:40.264$ where it describes 2 middle age and

NOTE Confidence: 0.851447

00:09:40.264 --> 00:09:42.970 patients who had protracted history

NOTE Confidence: 0.851447

 $00:09:42.970 \longrightarrow 00:09:45.090$ of persistent night time arousals

NOTE Confidence: 0.851447

 $00:09:45.090 \longrightarrow 00:09:47.140$ and difficulty maintaining sleep.

NOTE Confidence: 0.851447

 $00{:}09{:}47.140 \dashrightarrow 00{:}09{:}50.560$ Despite use of several are sedatives.

NOTE Confidence: 0.851447

00:09:50.560 --> 00:09:54.100 It was an important finding at that time,

NOTE Confidence: 0.851447

 $00{:}09{:}54.100 \dashrightarrow 00{:}09{:}56.767$ 'cause a lot of patients will put

NOTE Confidence: 0.851447

 $00:09:56.767 \longrightarrow 00:09:58.814$ would present with chronic insomnia

NOTE Confidence: 0.851447

 $00{:}09{:}58.814 \dashrightarrow 00{:}10{:}01.691$ and would have used a sedatives and

NOTE Confidence: 0.851447

 $00:10:01.691 \longrightarrow 00:10:05.303$ and we know the implications of using

NOTE Confidence: 0.851447

 $00:10:05.303 \longrightarrow 00:10:07.771$ benzodiazepine's in obstructive sleep apnea.

NOTE Confidence: 0.851447

 $00{:}10{:}07.771 \dashrightarrow 00{:}10{:}10.057$ So it concluded that an unknown

 $00:10:10.057 \longrightarrow 00:10:12.161$ percentage of the larger number

NOTE Confidence: 0.851447

 $00{:}10{:}12.161 \dashrightarrow 00{:}10{:}14.376$ of patients complaining of chronic

NOTE Confidence: 0.851447

 $00:10:14.376 \longrightarrow 00:10:16.818$ insomnia do have profound disorders

NOTE Confidence: 0.851447

 $00:10:16.818 \longrightarrow 00:10:18.906$ of respiratory our control.

NOTE Confidence: 0.80921775

 $00:10:22.230 \longrightarrow 00:10:26.150$ And then following this paper in 1973,

NOTE Confidence: 0.80921775

 $00:10:26.150 \longrightarrow 00:10:30.198$ there was a possibly a lack of research

NOTE Confidence: 0.80921775

 $00:10:30.198 \longrightarrow 00:10:34.527$ studies up to about 1999 and then 2001

NOTE Confidence: 0.80921775

 $00:10:34.527 \longrightarrow 00:10:37.394$ when Lichstein and Krakow published

NOTE Confidence: 0.80921775

 $00{:}10{:}37.394 \dashrightarrow 00{:}10{:}41.713$ papers with regards to Camisa and their

NOTE Confidence: 0.80921775

 $00{:}10{:}41.713 \dashrightarrow 00{:}10{:}45.625$ research at that time did bring attention

NOTE Confidence: 0.80921775

00:10:45.625 --> 00:10:49.572 to the presence of this conditions and

NOTE Confidence: 0.80921775

 $00:10:49.572 \longrightarrow 00:10:53.653$ that served as a spring spring board.

NOTE Confidence: 0.80921775

 $00{:}10{:}53.660 \dashrightarrow 00{:}10{:}56.125$ For several order publications down

NOTE Confidence: 0.80921775

 $00:10:56.125 \longrightarrow 00:10:59.879$ the line up to the present time.

NOTE Confidence: 0.80921775

 $00:10:59.880 \longrightarrow 00:11:03.163$ But even then, in the large scope

00:11:03.163 --> 00:11:07.130 of data of large scheme of things,

NOTE Confidence: 0.80921775

00:11:07.130 --> 00:11:10.714 not a lot of work has been done

NOTE Confidence: 0.80921775

 $00:11:10.714 \longrightarrow 00:11:13.858$ with regards to commissa research.

NOTE Confidence: 0.80921775

00:11:13.860 --> 00:11:17.647 So having said that, let's talk about

NOTE Confidence: 0.80921775

00:11:17.647 --> 00:11:20.599 what the prevalence of camisa ES,

NOTE Confidence: 0.80921775

00:11:20.600 --> 00:11:22.696 Crackle and his colleagues

NOTE Confidence: 0.80921775

 $00:11:22.696 \longrightarrow 00:11:25.316$ looked at about 231 patients.

NOTE Confidence: 0.80921775

00:11:25.320 --> 00:11:28.140 I'm with sleep disordered breathing and

NOTE Confidence: 0.80921775

00:11:28.140 --> 00:11:32.570 they found out that half of the pop off

NOTE Confidence: 0.80921775

 $00:11:32.570 \longrightarrow 00:11:35.040$ that population had clinically meaningful.

NOTE Confidence: 0.80921775

 $00{:}11{:}35.040 \dashrightarrow 00{:}11{:}37.470$ I'm insomnia, Smith and others.

NOTE Confidence: 0.80921775

00:11:37.470 --> 00:11:38.928 Also prospectively studied

NOTE Confidence: 0.80921775

00:11:38.928 --> 00:11:41.358 about 105 sleep apnea patients,

NOTE Confidence: 0.80921775

 $00:11:41.360 \longrightarrow 00:11:44.270$ of which about 29% met the

NOTE Confidence: 0.80921775

00:11:44.270 --> 00:11:45.725 criteria for insomnia.

NOTE Confidence: 0.80921775

 $00:11:45.730 \longrightarrow 00:11:49.125$ So overall, in in the literature today,

 $00:11:49.130 \longrightarrow 00:11:53.286$ it's about a 30 to 50% comorbidity of

NOTE Confidence: 0.80921775

 $00{:}11{:}53.286 \dashrightarrow 00{:}11{:}56.376$ in somnia in obstructive sleep apnea.

NOTE Confidence: 0.80921775

 $00:11:56.380 \longrightarrow 00:11:59.400$ How about the risk factors?

NOTE Confidence: 0.80921775

 $00:11:59.400 \longrightarrow 00:12:00.390$ Zangon orders?

NOTE Confidence: 0.80921775

 $00:12:00.390 \longrightarrow 00:12:03.855$ Did a meta analysis on 37 studies

NOTE Confidence: 0.80921775

 $00:12:03.855 \longrightarrow 00:12:07.020$ of camisa patients and what they

NOTE Confidence: 0.80921775

 $00:12:07.020 \longrightarrow 00:12:10.492$ found that was that the predominant

NOTE Confidence: 0.80921775

00:12:10.492 --> 00:12:13.684 in somnia presentation was difficulty

NOTE Confidence: 0.80921775

00:12:13.684 --> 00:12:16.876 maintaining sleep at 42%.

NOTE Confidence: 0.80921775

 $00:12:16.880 \longrightarrow 00:12:19.895$ There was also difficulty falling

NOTE Confidence: 0.80921775

 $00:12:19.895 \longrightarrow 00:12:23.513$ asleep at 18% and early morning

NOTE Confidence: 0.80921775

 $00{:}12{:}23.513 \dashrightarrow 00{:}12{:}26.408$ awakening at 21% female patients.

NOTE Confidence: 0.80921775

 $00{:}12{:}26.408 \dashrightarrow 00{:}12{:}29.128$ Pasculli were more likely to

NOTE Confidence: 0.80921775

 $00:12:29.128 \longrightarrow 00:12:31.415$ have difficulty falling asleep

NOTE Confidence: 0.80921775

00:12:31.415 --> 00:12:33.687 and early morning awakenings,

 $00:12:33.690 \longrightarrow 00:12:36.726$ and there was a correlation between

NOTE Confidence: 0.80921775

 $00:12:36.726 \longrightarrow 00:12:40.690$ having a higher BMI and having insomnia.

NOTE Confidence: 0.766668

 $00:12:43.740 \longrightarrow 00:12:47.380$ How about the pathophysiology of cammisa?

NOTE Confidence: 0.766668

00:12:47.380 --> 00:12:49.812 It's interesting because insomnia,

NOTE Confidence: 0.766668

00:12:49.812 --> 00:12:52.238 perpetrates, obstructive sleep apnea,

NOTE Confidence: 0.766668

 $00:12:52.238 \longrightarrow 00:12:54.056$ and obstructive sleep

NOTE Confidence: 0.766668

 $00:12:54.056 \longrightarrow 00:12:55.874$ apnea perpetrates insomnia,

NOTE Confidence: 0.766668

 $00:12:55.880 \longrightarrow 00:13:02.120$ so it is just a a vicious cycle.

NOTE Confidence: 0.766668

 $00{:}13{:}02.120 \dashrightarrow 00{:}13{:}05.543$ Sleep onset Eegs of patients with Camisa

NOTE Confidence: 0.766668

00:13:05.543 --> 00:13:08.540 did show elevated cortical arousal,

NOTE Confidence: 0.766668

00:13:08.540 --> 00:13:10.680 especially during entry to

NOTE Confidence: 0.766668

 $00:13:10.680 \longrightarrow 00:13:13.355$ sleep when compared to controls.

NOTE Confidence: 0.766668

 $00:13:13.360 \longrightarrow 00:13:17.272$ Also, we do have studies shown that chronic

NOTE Confidence: 0.766668

 $00{:}13{:}17.272 \dashrightarrow 00{:}13{:}19.779$ in somniacs suffer from hyperarousal,

NOTE Confidence: 0.766668

 $00:13:19.780 \longrightarrow 00:13:23.518$ evidenced by increased 24 our metabolic rate.

NOTE Confidence: 0.766668

00:13:23.520 --> 00:13:26.275 Basically, this state of Hyperarousal

00:13:26.275 --> 00:13:30.480 keeps them in a lighter stage of sleep,

NOTE Confidence: 0.766668

 $00:13:30.480 \longrightarrow 00:13:32.508$ which increases their vulnerability.

NOTE Confidence: 0.766668

00:13:32.508 --> 00:13:36.793 To have Nick episodes also when they have

NOTE Confidence: 0.766668

00:13:36.793 --> 00:13:39.129 ventilatory overshoots during arouse,

NOTE Confidence: 0.766668

00:13:39.130 --> 00:13:42.220 our customers increase our CO2 clearance,

NOTE Confidence: 0.766668

 $00:13:42.220 \longrightarrow 00:13:45.601$ which leads to a decrease in upper

NOTE Confidence: 0.766668

00:13:45.601 --> 00:13:48.753 airway muscle tone and increases the

NOTE Confidence: 0.766668

 $00:13:48.753 \longrightarrow 00:13:52.512$ tendency for them to have a pnic episodes.

NOTE Confidence: 0.766668

 $00:13:52.520 \longrightarrow 00:13:55.610$ How about the other way around?

NOTE Confidence: 0.766668

00:13:55.610 --> 00:13:57.155 Obstructive sleep apnea?

NOTE Confidence: 0.766668

00:13:57.155 --> 00:13:58.700 Perpetrate in insomnia?

NOTE Confidence: 0.766668

 $00:13:58.700 \longrightarrow 00:14:02.354$ We do know that they can serve

NOTE Confidence: 0.766668

 $00:14:02.354 \longrightarrow 00:14:03.920$ as a precipitant.

NOTE Confidence: 0.766668

00:14:03.920 --> 00:14:06.530 For both our difficulty initiating

NOTE Confidence: 0.766668

00:14:06.530 --> 00:14:09.140 and difficulty maintaining and sleep,

 $00:14:09.140 \longrightarrow 00:14:13.308$ and the idea is that when there is

NOTE Confidence: 0.766668

00:14:13.308 --> 00:14:15.930 repeated struction of light sleep,

NOTE Confidence: 0.766668

 $00:14:15.930 \longrightarrow 00:14:19.647$ it can subsequently lead to a perception

NOTE Confidence: 0.766668

 $00:14:19.647 \longrightarrow 00:14:22.710$ of continued wakefulness for the patients.

NOTE Confidence: 0.766668

00:14:22.710 --> 00:14:23.214 Now,

NOTE Confidence: 0.766668

00:14:23.214 --> 00:14:26.238 this perceived sleep onset of sleep

NOTE Confidence: 0.766668

 $00:14:26.238 \longrightarrow 00:14:28.364$ maintenance difficulty can subsequently

NOTE Confidence: 0.766668

00:14:28.364 --> 00:14:31.059 lead to sleep related anxiety,

NOTE Confidence: 0.766668

 $00{:}14{:}31.060 \dashrightarrow 00{:}14{:}33.304$ thereby triggering the simple net

NOTE Confidence: 0.766668

00:14:33.304 --> 00:14:34.987 sympathetic nervous system.

NOTE Confidence: 0.766668

 $00:14:34.990 \longrightarrow 00:14:38.236$ As well as the hypothalamic pituitary

NOTE Confidence: 0.766668

 $00:14:38.236 \longrightarrow 00:14:42.008$ adrenal axis and which if this occurs

NOTE Confidence: 0.766668

 $00:14:42.008 \longrightarrow 00:14:45.038$ repeatedly overtime it becomes a cue

NOTE Confidence: 0.766668

 $00:14:45.038 \longrightarrow 00:14:49.411$ that then leads to conditioned insomnia

NOTE Confidence: 0.766668

 $00:14:49.411 \longrightarrow 00:14:51.676$ or psychophysiological insomnia.

NOTE Confidence: 0.7632057

 $00:14:53.810 \longrightarrow 00:14:57.512$ They thought mechanism I wanted to

 $00:14:57.512 \longrightarrow 00:15:01.679$ highlight was the mechanism of sleep depths.

NOTE Confidence: 0.7632057

 $00:15:01.680 \longrightarrow 00:15:06.528$ We do know that patients with camisa they

NOTE Confidence: 0.7632057

 $00{:}15{:}06.528 {\:\dashrightarrow\:} 00{:}15{:}10.713$ have excessive wake time and basically we

NOTE Confidence: 0.7632057

00:15:10.713 --> 00:15:14.989 know that in patients with sleep apnea,

NOTE Confidence: 0.7632057

 $00:15:14.990 \longrightarrow 00:15:18.015$ one of the pathophysiological Pheno

NOTE Confidence: 0.7632057

 $00:15:18.015 \longrightarrow 00:15:21.040$ type is low arousal threshold.

NOTE Confidence: 0.7632057

 $00:15:21.040 \longrightarrow 00:15:24.760$ However, we studies have shown that.

NOTE Confidence: 0.7632057

 $00:15:24.760 \longrightarrow 00:15:27.100$ Arousal threshold varies across

NOTE Confidence: 0.7632057

 $00:15:27.100 \longrightarrow 00:15:30.025$ patients with obstructive sleep apnea,

NOTE Confidence: 0.7632057

 $00{:}15{:}30.030 \dashrightarrow 00{:}15{:}34.041$ and we know that our results treshold

NOTE Confidence: 0.7632057

 $00:15:34.041 \longrightarrow 00:15:37.069$ reflex the patients sleep debts.

NOTE Confidence: 0.7632057

 $00:15:37.070 \longrightarrow 00:15:41.342$ Now, Unisan colleagues came up with a good

NOTE Confidence: 0.7632057

 $00{:}15{:}41.342 \dashrightarrow 00{:}15{:}46.048$ way to measure a patients and slipped EPS

NOTE Confidence: 0.7632057

 $00:15:46.048 \longrightarrow 00:15:51.130$ by a concept called the odds ratio products,

NOTE Confidence: 0.7632057

 $00:15:51.130 \longrightarrow 00:15:55.344$ which you know basically is calculated from.

00:15:55.350 --> 00:15:59.165 The EEG and it ranges from zero,

NOTE Confidence: 0.7632057

00:15:59.170 --> 00:16:02.440 which means deep sleep to 2.5,

NOTE Confidence: 0.7632057

 $00:16:02.440 \longrightarrow 00:16:05.275$ which means wakefulness and studies

NOTE Confidence: 0.7632057

 $00:16:05.275 \longrightarrow 00:16:09.287$ have shown that the sum of arouser

NOTE Confidence: 0.7632057

 $00:16:09.287 \longrightarrow 00:16:12.515$ of arousals and during sleep there

NOTE Confidence: 0.7632057

 $00:16:12.515 \longrightarrow 00:16:15.517$ is ability index has a strong,

NOTE Confidence: 0.7632057

 $00:16:15.520 \longrightarrow 00:16:17.700$ almost perfect correlation with

NOTE Confidence: 0.7632057

 $00:16:17.700 \longrightarrow 00:16:20.970$ the odds and wish your products.

NOTE Confidence: 0.7632057

 $00{:}16{:}20.970 \dashrightarrow 00{:}16{:}23.740$ Also, the odds ratio products

NOTE Confidence: 0.7632057

 $00:16:23.740 \longrightarrow 00:16:25.956$ correlates with the AHI.

NOTE Confidence: 0.7632057

 $00:16:25.960 \longrightarrow 00:16:29.044$ So patients with obstructive sleep apnea

NOTE Confidence: 0.7632057

 $00{:}16{:}29.044 \dashrightarrow 00{:}16{:}32.428$ have a setting degree of sleep depth,

NOTE Confidence: 0.7632057

 $00:16:32.430 \longrightarrow 00:16:36.414$ which we think is probably a traits cause.

NOTE Confidence: 0.7632057

00:16:36.420 --> 00:16:38.408 Different patients with sleep

NOTE Confidence: 0.7632057

00:16:38.408 --> 00:16:40.893 apnea have different sleep debts,

NOTE Confidence: 0.7632057

 $00:16:40.900 \longrightarrow 00:16:44.932$ and even when we control for the patients

00:16:44.932 --> 00:16:48.865 age high by treating them with C Pap,

NOTE Confidence: 0.7632057

00:16:48.870 --> 00:16:49.740 you know,

NOTE Confidence: 0.7632057

 $00:16:49.740 \longrightarrow 00:16:52.785$ see PAP would improve the patients hi

NOTE Confidence: 0.7632057

00:16:52.785 --> 00:16:56.389 and improve the Arousal Awakening index.

NOTE Confidence: 0.7632057

 $00:16:56.390 \longrightarrow 00:16:58.928$ But really doesn't have any effects

NOTE Confidence: 0.7632057

 $00:16:58.928 \longrightarrow 00:17:02.279$ on the odds and wish your products,

NOTE Confidence: 0.7632057

 $00:17:02.280 \longrightarrow 00:17:04.092$ also confirming that patients

NOTE Confidence: 0.7632057

00:17:04.092 --> 00:17:06.357 have this intrinsic slip depth,

NOTE Confidence: 0.7632057

00:17:06.360 --> 00:17:09.066 which in turn determines how aroused,

NOTE Confidence: 0.7632057

 $00:17:09.070 \longrightarrow 00:17:11.524$ able and they have all their

NOTE Confidence: 0.7632057

 $00:17:11.524 \longrightarrow 00:17:14.755$ tendency to arouse when there is an

NOTE Confidence: 0.7632057

 $00:17:14.755 \longrightarrow 00:17:16.775$ external or internal disturbance.

NOTE Confidence: 0.7632057

00:17:16.780 --> 00:17:19.576 The odds ratio products nine year

NOTE Confidence: 0.7632057

 $00:17:19.576 \longrightarrow 00:17:22.659$ is just a better or a simple.

NOTE Confidence: 0.7632057

00:17:22.660 --> 00:17:25.444 I would say simpler way to

 $00:17:25.444 \longrightarrow 00:17:27.300$ measure the odds ratio.

NOTE Confidence: 0.7632057

 $00{:}17{:}27.300 --> 00{:}17{:}28.788 \ \mathrm{Products} \ \mathrm{and} \ \mathrm{it's},$

NOTE Confidence: 0.7632057

 $00:17:28.788 \longrightarrow 00:17:29.780$ you know,

NOTE Confidence: 0.7632057

 $00:17:29.780 \longrightarrow 00:17:32.145$ the measurements of the orchestration

NOTE Confidence: 0.7632057

 $00:17:32.145 \longrightarrow 00:17:35.720$ products in the 1st 9 seconds after,

NOTE Confidence: 0.7632057

 $00:17:35.720 \longrightarrow 00:17:37.205$ and arousal events.

NOTE Confidence: 0.7632057

 $00:17:37.205 \longrightarrow 00:17:39.680$ So putting all this together,

NOTE Confidence: 0.7632057

 $00{:}17{:}39.680 \dashrightarrow 00{:}17{:}42.896$ insomnia in itself will cause hyper

NOTE Confidence: 0.7632057

 $00:17:42.896 \longrightarrow 00:17:45.578$ arousability and increase the propensity

NOTE Confidence: 0.7632057

 $00:17:45.578 \longrightarrow 00:17:48.749$ of the patient of a patient with

NOTE Confidence: 0.7632057

 $00{:}17{:}48.749 \dashrightarrow 00{:}17{:}52.613$ commissa to wake up on the other and

NOTE Confidence: 0.7632057

 $00{:}17{:}52.613 \dashrightarrow 00{:}17{:}54.525$ obstructive sleep apnea increases

NOTE Confidence: 0.7632057

 $00:17:54.530 \longrightarrow 00:17:58.247$ apnic episodes and in the presence of.

NOTE Confidence: 0.7632057

00:17:58.250 --> 00:17:58.788 No,

NOTE Confidence: 0.7632057

 $00:17:58.788 \longrightarrow 00:18:00.940$ arousal threshold increases their

NOTE Confidence: 0.7632057

 $00:18:00.940 \longrightarrow 00:18:03.092$ propensity to have excessive

 $00:18:03.092 \longrightarrow 00:18:05.458$ wait time through the night,

NOTE Confidence: 0.7632057

 $00{:}18{:}05.460 \dashrightarrow 00{:}18{:}08.352$ and when we combine that with

NOTE Confidence: 0.7632057

 $00:18:08.352 \longrightarrow 00:18:11.471$ an already low sleep depth as

NOTE Confidence: 0.7632057

00:18:11.471 --> 00:18:14.729 measured by the odds ratio products,

NOTE Confidence: 0.7632057

 $00:18:14.730 \longrightarrow 00:18:18.153$ all of that comes together to determine

NOTE Confidence: 0.7632057

 $00{:}18{:}18.153 \dashrightarrow 00{:}18{:}21.428$ the mechanism for excessive wait time.

NOTE Confidence: 0.7632057

 $00:18:21.430 \longrightarrow 00:18:25.278$ In Camisa there is still a lot of

NOTE Confidence: 0.7632057

 $00:18:25.278 \longrightarrow 00:18:28.708$ variance that is still not explained.

NOTE Confidence: 0.7632057

 $00:18:28.710 \longrightarrow 00:18:30.090$ So you know,

NOTE Confidence: 0.7632057

 $00{:}18{:}30.090 \dashrightarrow 00{:}18{:}32.390$ we still need further research

NOTE Confidence: 0.7632057

 $00{:}18{:}32.390 \dashrightarrow 00{:}18{:}35.278$ for better understanding of this.

NOTE Confidence: 0.7632057

 $00:18:35.280 \longrightarrow 00:18:38.226$ Patients haven't talked about the risk

NOTE Confidence: 0.7632057

 $00:18:38.226 \longrightarrow 00:18:42.349$ factors as well as the mechanism of camisa.

NOTE Confidence: 0.7632057

 $00:18:42.350 \longrightarrow 00:18:46.284$ Let's delve a little bit into what

NOTE Confidence: 0.7632057

00:18:46.284 --> 00:18:48.486 their clinical characteristics might

 $00:18:48.486 \longrightarrow 00:18:51.440$ be Hans Dot C and his colleagues.

NOTE Confidence: 0.7632057

 $00{:}18{:}51.440 \dashrightarrow 00{:}18{:}53.960$ They examine the Icelandic sleep

NOTE Confidence: 0.7632057

00:18:53.960 --> 00:18:56.485 apnea co-ops, pretty large cohort,

NOTE Confidence: 0.7632057

00:18:56.485 --> 00:18:59.542 and basically they were, you know.

NOTE Confidence: 0.7632057

 $00:18:59.542 \longrightarrow 00:19:02.122$ Looking for the prevalence of

NOTE Confidence: 0.7632057

00:19:02.122 --> 00:19:04.924 insomnia symptoms in this patient

NOTE Confidence: 0.7632057

 $00:19:04.924 \longrightarrow 00:19:06.676$ sandwich sleep apnea.

NOTE Confidence: 0.7632057

00:19:06.680 --> 00:19:09.866 They had two groups of patients,

NOTE Confidence: 0.7632057

 $00{:}19{:}09.870 \dashrightarrow 00{:}19{:}12.530$ those untreated with sleep apnea.

NOTE Confidence: 0.7632057

00:19:12.530 --> 00:19:14.942 Sample size of 824,

NOTE Confidence: 0.7632057

 $00{:}19{:}14.942 \dashrightarrow 00{:}19{:}18.560$ and a control group of sample

NOTE Confidence: 0.8462328

 $00:19:18.691 \longrightarrow 00:19:22.810$ size of 760. At two they obtained a

NOTE Confidence: 0.8462328

 $00:19:22.810 \longrightarrow 00:19:26.061$ symptoms or defined in somnia based on

NOTE Confidence: 0.8462328

00:19:26.061 --> 00:19:29.157 the basic Nordic slip question here,

NOTE Confidence: 0.8462328

 $00:19:29.160 \longrightarrow 00:19:32.870$ which basically looks at two major questions.

NOTE Confidence: 0.8462328

 $00{:}19{:}32.870 \dashrightarrow 00{:}19{:}35.540$ Have you had difficulties falling a sleep

 $00:19:35.540 \longrightarrow 00:19:39.311$ in the past three months that basically

NOTE Confidence: 0.8462328

00:19:39.311 --> 00:19:41.855 defines difficulty initiating sleep,

NOTE Confidence: 0.8462328

00:19:41.860 --> 00:19:45.192 or how often have you awakened at

NOTE Confidence: 0.8462328

 $00:19:45.192 \longrightarrow 00:19:48.521$ night and during the past three

NOTE Confidence: 0.8462328

00:19:48.521 --> 00:19:50.917 months to finding difficulty?

NOTE Confidence: 0.8462328

 $00:19:50.920 \longrightarrow 00:19:53.995$ Maintaining sleep and this questions

NOTE Confidence: 0.8462328

 $00:19:53.995 \longrightarrow 00:19:58.067$ were rated on five points and if

NOTE Confidence: 0.8462328

00:19:58.067 --> 00:20:00.743 you have four or more points,

NOTE Confidence: 0.8462328

 $00{:}20{:}00.750 \dashrightarrow 00{:}20{:}04.500$ you are defined as having insomnia

NOTE Confidence: 0.8462328

 $00:20:04.500 \longrightarrow 00:20:07.000$ in that respective category.

NOTE Confidence: 0.8462328

 $00:20:07.000 \longrightarrow 00:20:10.030$ And of course they use excessive

NOTE Confidence: 0.8462328

 $00:20:10.030 \longrightarrow 00:20:12.050$ sleep at the airport,

NOTE Confidence: 0.8462328

00:20:12.050 --> 00:20:14.070 sleepiness and score to

NOTE Confidence: 0.8462328

 $00:20:14.070 \longrightarrow 00:20:15.585$ determine excessive sleepiness.

NOTE Confidence: 0.8462328

 $00:20:15.590 \longrightarrow 00:20:18.920$ So basically what they found.

 $00:20:18.920 \longrightarrow 00:20:20.588$ What's that difficulty?

NOTE Confidence: 0.8462328

 $00:20:20.588 \longrightarrow 00:20:23.924$ Maintaining sleep just as observed earlier,

NOTE Confidence: 0.8462328

 $00:20:23.930 \longrightarrow 00:20:27.278$ and was the overall most common,

NOTE Confidence: 0.8462328

 $00:20:27.280 \longrightarrow 00:20:28.903$ presenting insomnia complaints

NOTE Confidence: 0.8462328

 $00:20:28.903 \longrightarrow 00:20:31.608$ in sleep apnea patients when

NOTE Confidence: 0.8462328

 $00:20:31.608 \longrightarrow 00:20:34.519$ compared to the general population,

NOTE Confidence: 0.8462328

 $00:20:34.520 \longrightarrow 00:20:37.598$ they also found that woman with

NOTE Confidence: 0.8462328

00:20:37.598 --> 00:20:39.650 obstructive sleep apnea who

NOTE Confidence: 0.8462328

 $00:20:39.742 \longrightarrow 00:20:43.084$ tend to have both initiating and

NOTE Confidence: 0.8462328

 $00:20:43.084 \longrightarrow 00:20:45.312$ maintaining sleep insomnia when

NOTE Confidence: 0.8462328

 $00{:}20{:}45.399 \dashrightarrow 00{:}20{:}48.897$ they present on patients who also

NOTE Confidence: 0.8462328

00:20:48.897 --> 00:20:51.229 had difficulty maintaining sleep,

NOTE Confidence: 0.8462328

 $00:20:51.230 \longrightarrow 00:20:52.556$ tend to have.

NOTE Confidence: 0.8462328

00:20:52.556 --> 00:20:56.508 A higher F was sleeping at a scale

NOTE Confidence: 0.8462328

 $00:20:56.508 \longrightarrow 00:21:00.248$ compared to those who presented

NOTE Confidence: 0.8462328

 $00:21:00.248 \longrightarrow 00:21:03.240$ with difficulty initiating sleep.

 $00:21:06.550 \longrightarrow 00:21:09.910$ So among the patients who had

NOTE Confidence: 0.81749433

00:21:09.910 --> 00:21:12.710 obstructive sleep apnea and insomnia,

NOTE Confidence: 0.81749433

 $00:21:12.710 \longrightarrow 00:21:16.046$ female gender and smoking were independent

NOTE Confidence: 0.81749433

 $00:21:16.046 \longrightarrow 00:21:19.374$ risk factors for difficulty initiating sleep

NOTE Confidence: 0.81749433

 $00{:}21{:}19.374 \dashrightarrow 00{:}21{:}22.937$ while age and RLS were independent risk

NOTE Confidence: 0.81749433

 $00:21:22.937 \longrightarrow 00:21:26.150$ factors for difficulty maintaining sleep.

NOTE Confidence: 0.81749433

 $00:21:26.150 \longrightarrow 00:21:30.486$ So I realized his restless leg syndrome also

NOTE Confidence: 0.81749433

 $00:21:30.486 \longrightarrow 00:21:34.620$ lower mental and physical qualities of life.

NOTE Confidence: 0.81749433

 $00:21:34.620 \longrightarrow 00:21:37.986$ We also see that with both difficult in the

NOTE Confidence: 0.81749433

 $00:21:37.986 \longrightarrow 00:21:40.855$ shading and difficulty maintaining sleep both

NOTE Confidence: 0.81749433

 $00{:}21{:}40.855 \dashrightarrow 00{:}21{:}44.230$ amongst the controls as well as patients,

NOTE Confidence: 0.81749433

 $00:21:44.230 \longrightarrow 00:21:47.638$ we are sleep apnea.

NOTE Confidence: 0.81749433

 $00{:}21{:}47.640 \dashrightarrow 00{:}21{:}51.875$ So a study by Wallace and colleagues

NOTE Confidence: 0.81749433

 $00:21:51.875 \longrightarrow 00:21:54.979$ arm followed up with this.

NOTE Confidence: 0.81749433

 $00:21:54.980 \longrightarrow 00:21:58.876$ An initial study an in Wallace study is

 $00:21:58.876 \longrightarrow 00:22:03.589$ aim was to identify sleep apnea patients

NOTE Confidence: 0.81749433

 $00{:}22{:}03.589 \dashrightarrow 00{:}22{:}07.219$ based on their insomnia presentation.

NOTE Confidence: 0.81749433

 $00:22:07.220 \longrightarrow 00:22:11.357$ So he was to determine their their

NOTE Confidence: 0.81749433

00:22:11.357 --> 00:22:15.179 category based on the ISI profiles,

NOTE Confidence: 0.81749433

 $00:22:15.180 \longrightarrow 00:22:17.584$ Insomnia Severity Index profiles.

NOTE Confidence: 0.81749433

 $00:22:17.584 \longrightarrow 00:22:21.809$ And basically what it did was that

NOTE Confidence: 0.81749433

 $00:22:21.809 \longrightarrow 00:22:25.477$ he also wanted to determine what the

NOTE Confidence: 0.81749433

00:22:25.477 --> 00:22:28.628 predictors of these profiles where,

NOTE Confidence: 0.81749433

 $00:22:28.630 \longrightarrow 00:22:31.420$ and as we can see,

NOTE Confidence: 0.81749433

00:22:31.420 --> 00:22:34.870 a large percentage of this patients

NOTE Confidence: 0.81749433

 $00{:}22{:}34.870 \mathrel{--}{>} 00{:}22{:}38.678$ actually up to some the 774% of

NOTE Confidence: 0.81749433

 $00:22:38.678 \longrightarrow 00:22:41.468$ this patients actually had insomnia.

NOTE Confidence: 0.81749433

 $00:22:41.470 \longrightarrow 00:22:43.099$ The caveat, though,

NOTE Confidence: 0.81749433

 $00:22:43.099 \longrightarrow 00:22:46.900$ is that this study was done among

NOTE Confidence: 0.81749433

00:22:47.009 --> 00:22:49.058 VA veteran patients.

NOTE Confidence: 0.81749433

 $00:22:49.060 \longrightarrow 00:22:53.028$ Who we know have a higher level of

 $00:22:53.028 \longrightarrow 00:22:56.108$ insomnia than the general population

NOTE Confidence: 0.81749433

 $00{:}22{:}56.108 {\:\dashrightarrow\:} 00{:}22{:}59.403$ which regards to predict us.

NOTE Confidence: 0.81749433

00:22:59.410 --> 00:23:02.860 He found out that mood disorder,

NOTE Confidence: 0.81749433

00:23:02.860 --> 00:23:04.010 chronic pain,

NOTE Confidence: 0.81749433

 $00{:}23{:}04.010 \dashrightarrow 00{:}23{:}06.885$ and PTSD were predictors for

NOTE Confidence: 0.81749433

00:23:06.885 --> 00:23:08.610 having severe insomnia,

NOTE Confidence: 0.81749433

00:23:08.610 --> 00:23:12.614 whereas age was more of a predictor

NOTE Confidence: 0.81749433

 $00:23:12.614 \longrightarrow 00:23:15.700$ for having less of insomnia

NOTE Confidence: 0.81749433

 $00:23:15.700 \longrightarrow 00:23:18.825$ and having more of daytime.

NOTE Confidence: 0.81749433

 $00{:}23{:}18.830 \to 00{:}23{:}21.932$ Symptoms and actually a one year

NOTE Confidence: 0.81749433

 $00:23:21.932 \longrightarrow 00:23:25.102$ age increment was associated with an

NOTE Confidence: 0.81749433

 $00{:}23{:}25.102 \dashrightarrow 00{:}23{:}27.683$ approximately 4% lower likelihood of

NOTE Confidence: 0.81749433

 $00{:}23{:}27.683 \to 00{:}23{:}30.809$ belonging to the severe in somnia category.

NOTE Confidence: 0.7885802

 $00:23:34.910 \longrightarrow 00:23:39.066$ So now that we know what the clinical

NOTE Confidence: 0.7885802

00:23:39.066 --> 00:23:41.789 characteristics of this patients is,

 $00:23:41.790 \longrightarrow 00:23:43.826$ what I had consequences.

NOTE Confidence: 0.7885802

 $00{:}23{:}43.826 \dashrightarrow 00{:}23{:}46.880$ Why is camisa important and why

NOTE Confidence: 0.7885802

 $00:23:46.975 \longrightarrow 00:23:50.245$ should we know about this condition?

NOTE Confidence: 0.7885802

 $00:23:50.250 \longrightarrow 00:23:54.359$ Well, the study by Cyrus Ranta and

NOTE Confidence: 0.7885802

 $00:23:54.359 \longrightarrow 00:23:57.139$ colleagues really delved into that

NOTE Confidence: 0.7885802

 $00:23:57.139 \longrightarrow 00:24:00.345$ he was a cluster analysis and it

NOTE Confidence: 0.7885802

 $00:24:00.345 \longrightarrow 00:24:03.587$ was a large quarts of patients.

NOTE Confidence: 0.7885802

 $00:24:03.590 \longrightarrow 00:24:05.835$ The patients were actually got

NOTE Confidence: 0.7885802

 $00{:}24{:}05.835 \dashrightarrow 00{:}24{:}08.621$ in from the European sleep apnea

NOTE Confidence: 0.7885802

00:24:08.621 --> 00:24:11.363 database and she looked at almost

NOTE Confidence: 0.7885802

 $00{:}24{:}11.363 \dashrightarrow 00{:}24{:}13.730$ 7000 patients with obstructive sleep

NOTE Confidence: 0.7885802

 $00:24:13.730 \longrightarrow 00:24:16.472$ apnea in this database and what

NOTE Confidence: 0.7885802

00:24:16.472 --> 00:24:19.690 you know she found out was she.

NOTE Confidence: 0.7885802

 $00{:}24{:}19.690 \dashrightarrow 00{:}24{:}22.450$ She came up with four categories,

NOTE Confidence: 0.7885802

 $00:24:22.450 \longrightarrow 00:24:23.830$ those with insomnia,

NOTE Confidence: 0.7885802

 $00:24:23.830 \longrightarrow 00:24:26.130$ those with excessive daytime sleepiness,

 $00:24:26.130 \longrightarrow 00:24:28.430$ those with both insomnia and

NOTE Confidence: 0.7885802

 $00{:}24{:}28.430 {\: --> \:} 00{:}24{:}29.810$ excessive day time sleepiness,

NOTE Confidence: 0.7885802

 $00:24:29.810 \longrightarrow 00:24:33.914$ as well as those who had none of.

NOTE Confidence: 0.7885802

 $00:24:33.920 \longrightarrow 00:24:37.539$ This symptoms and again as we can

NOTE Confidence: 0.7885802

00:24:37.539 --> 00:24:41.280 see a large population more than

NOTE Confidence: 0.7885802

 $00:24:41.280 \longrightarrow 00:24:44.694$ 50% had some form of insomnia and

NOTE Confidence: 0.7885802

 $00:24:44.694 \longrightarrow 00:24:47.996$ the other thing she found out was

NOTE Confidence: 0.7885802

 $00:24:47.996 \longrightarrow 00:24:50.774$ there was a higher comma mobility

NOTE Confidence: 0.7885802

00:24:50.774 --> 00:24:52.913 of cardiovascular pulmonary

NOTE Confidence: 0.7885802

 $00{:}24{:}52.913 \dashrightarrow 00{:}24{:}56.065$ psychiatric disorders with respect

NOTE Confidence: 0.7885802

00:24:56.065 --> 00:24:59.217 to the insomnia category,

NOTE Confidence: 0.7885802

 $00:24:59.220 \longrightarrow 00:25:04.467$ and they also had a trend towards lower CPK.

NOTE Confidence: 0.7885802

 $00:25:04.470 \longrightarrow 00:25:06.218$ Usage which has been

NOTE Confidence: 0.7885802

00:25:06.218 --> 00:25:07.966 improving in the literature.

NOTE Confidence: 0.810811640000001

 $00:25:12.010 \longrightarrow 00:25:14.894$ So there are other studies that have

 $00:25:14.894 \longrightarrow 00:25:17.654$ looked at the other possible consequences

NOTE Confidence: 0.810811640000001

 $00:25:17.654 \longrightarrow 00:25:21.643$ and what we know is that there is

NOTE Confidence: 0.810811640000001

 $00:25:21.643 \longrightarrow 00:25:24.961$ greater use of sedative and psychotropic

NOTE Confidence: 0.810811640000001

 $00:25:24.961 \longrightarrow 00:25:27.107$ medications in commissa patients.

NOTE Confidence: 0.810811640000001

 $00:25:27.107 \longrightarrow 00:25:30.029$ They do have greater daytime impairments.

NOTE Confidence: 0.810811640000001

00:25:30.030 --> 00:25:32.544 They have poorer physical and mental

NOTE Confidence: 0.810811640000001

 $00:25:32.544 \longrightarrow 00:25:35.872$ quality of life an they have higher

NOTE Confidence: 0.810811640000001

 $00:25:35.872 \longrightarrow 00:25:37.972$ likelihood of cerebrovascular disease

NOTE Confidence: 0.810811640000001

 $00{:}25{:}37.972 \dashrightarrow 00{:}25{:}41.229$ as observed by Gupta and colleagues.

NOTE Confidence: 0.79638267

 $00:25:43.640 \longrightarrow 00:25:45.684$ So having said that,

NOTE Confidence: 0.79638267

 $00{:}25{:}45.684 \dashrightarrow 00{:}25{:}49.452$ we can see that the health care burden

NOTE Confidence: 0.79638267

 $00:25:49.452 \longrightarrow 00:25:53.058$ of camisa he is quite astronomical.

NOTE Confidence: 0.79638267

 $00:25:53.060 \longrightarrow 00:25:56.500$ Not only that, we can see that to

NOTE Confidence: 0.79638267

 $00:25:56.500 \longrightarrow 00:25:59.673$ some extent as conditions we we

NOTE Confidence: 0.79638267

 $00:25:59.673 \longrightarrow 00:26:02.443$ under diagnose patients with camisa

NOTE Confidence: 0.79638267

 $00:26:02.443 \longrightarrow 00:26:05.774$ as opposed to just obstructive

 $00:26:05.774 \longrightarrow 00:26:09.119$ sleep apnea or standalone insomnia.

NOTE Confidence: 0.79638267

 $00{:}26{:}09.120 \dashrightarrow 00{:}26{:}13.075$ So let's talk about diagnosis and treatment.

NOTE Confidence: 0.79638267

 $00:26:13.080 \longrightarrow 00:26:16.440$ What are the clinical challenges and that

NOTE Confidence: 0.79638267

 $00:26:16.440 \longrightarrow 00:26:19.940$ we face taking care of those patients?

NOTE Confidence: 0.79638267

 $00:26:19.940 \longrightarrow 00:26:23.293$ So my finger here illustrates what the

NOTE Confidence: 0.79638267

 $00:26:23.293 \longrightarrow 00:26:26.288$ conventional approach is and to the

NOTE Confidence: 0.79638267

 $00:26:26.288 \longrightarrow 00:26:28.758$ clinical management of commissa patients.

NOTE Confidence: 0.79638267

00:26:28.760 --> 00:26:32.029 Usually they come to us without presenting

NOTE Confidence: 0.79638267

 $00{:}26{:}32.029 \dashrightarrow 00{:}26{:}35.128$ complaints or a reason for referral,

NOTE Confidence: 0.79638267

 $00:26:35.130 \longrightarrow 00:26:38.070$ and that serves as a basis

NOTE Confidence: 0.79638267

00:26:38.070 --> 00:26:40.030 for a provisional diagnosis,

NOTE Confidence: 0.79638267

 $00{:}26{:}40.030 \dashrightarrow 00{:}26{:}43.537$ which then leads us to two parallel.

NOTE Confidence: 0.79638267

 $00{:}26{:}43.540 {\:\dashrightarrow\:} 00{:}26{:}45.508$ Clinical pathways if we're

NOTE Confidence: 0.79638267

00:26:45.508 --> 00:26:47.476 thinking more towards insomnia,

NOTE Confidence: 0.79638267

00:26:47.480 --> 00:26:50.438 would probably get a sleep diary,

 $00:26:50.440 \longrightarrow 00:26:52.180$ actigraphy some question yes,

NOTE Confidence: 0.79638267

 $00:26:52.180 \longrightarrow 00:26:54.790$ and go down the Lane of

NOTE Confidence: 0.79638267

00:26:54.878 --> 00:26:56.849 treating their insomnia.

NOTE Confidence: 0.79638267

00:26:56.850 --> 00:26:59.808 With CBT, I or sometimes hypnotics,

NOTE Confidence: 0.79638267

 $00:26:59.810 \longrightarrow 00:27:02.270$ and on the other hand,

NOTE Confidence: 0.79638267

00:27:02.270 --> 00:27:04.735 if we're thinking of more

NOTE Confidence: 0.79638267

 $00:27:04.735 \longrightarrow 00:27:06.707$ of obstructive sleep apnea,

NOTE Confidence: 0.79638267

 $00:27:06.710 \longrightarrow 00:27:10.182$ we go down that route, assess them,

NOTE Confidence: 0.79638267

 $00:27:10.182 \longrightarrow 00:27:13.689$ sat them on either CPAP therapy oral.

NOTE Confidence: 0.79638267

00:27:13.690 --> 00:27:15.710 Appliance or power airway

NOTE Confidence: 0.79638267

 $00{:}27{:}15.710 \dashrightarrow 00{:}27{:}18.240$ stimulation and less likely surgery.

NOTE Confidence: 0.79638267

 $00:27:18.240 \longrightarrow 00:27:20.516$ That's usually the conventional

NOTE Confidence: 0.79638267

 $00:27:20.516 \longrightarrow 00:27:23.930$ approach and and the problem with

NOTE Confidence: 0.79638267

00:27:24.018 --> 00:27:26.818 this approach is a lot of times,

NOTE Confidence: 0.79638267

 $00:27:26.820 \longrightarrow 00:27:29.850$ like I alluded to earlier on,

NOTE Confidence: 0.79638267

 $00{:}27{:}29.850 \dashrightarrow 00{:}27{:}31.758$ you know, commissa patients.

00:27:31.758 --> 00:27:35.410 They come combined with with the symptoms,

NOTE Confidence: 0.79638267

 $00{:}27{:}35.410 \dashrightarrow 00{:}27{:}40.460$ and if we focus on one more than the order,

NOTE Confidence: 0.79638267

 $00:27:40.460 \longrightarrow 00:27:44.596$ we may lose diagnosis of the order parameter.

NOTE Confidence: 0.79638267

00:27:44.600 --> 00:27:46.304 I'm while I'm going,

NOTE Confidence: 0.79638267

 $00:27:46.304 \longrightarrow 00:27:48.702$ you know, through the process.

NOTE Confidence: 0.79638267

00:27:48.702 --> 00:27:50.758 But having said that,

NOTE Confidence: 0.79638267

 $00:27:50.760 \longrightarrow 00:27:54.048$ I think you know one of the more

NOTE Confidence: 0.79638267

 $00{:}27{:}54.048 \dashrightarrow 00{:}27{:}56.432$ interesting things to us today is

NOTE Confidence: 0.79638267

 $00:27:56.432 \longrightarrow 00:27:58.652$ how do we manage this patients?

NOTE Confidence: 0.79638267

 $00:27:58.660 \longrightarrow 00:28:01.030$ Is there an advantage of CBT?

NOTE Confidence: 0.79638267

00:28:01.030 --> 00:28:03.494 I I'm in addition to see Pap

NOTE Confidence: 0.79638267

 $00:28:03.494 \longrightarrow 00:28:05.968$ in in commissa patients and if

NOTE Confidence: 0.79638267

00:28:05.968 --> 00:28:07.744 there is an advantage,

NOTE Confidence: 0.79638267

 $00:28:07.750 \longrightarrow 00:28:10.156$ what would be the best signing

NOTE Confidence: 0.79638267

 $00:28:10.156 \longrightarrow 00:28:12.880$ for CDT I should we have CBT?

 $00:28:12.880 \longrightarrow 00:28:15.855$ I proud to see Pap or concurrently

NOTE Confidence: 0.79638267

 $00:28:15.855 \longrightarrow 00:28:19.206$ with CPAP or is there any role for.

NOTE Confidence: 0.79638267

 $00:28:19.210 \longrightarrow 00:28:21.880$ Hypnotics we see perhaps in the

NOTE Confidence: 0.79638267

 $00:28:21.880 \longrightarrow 00:28:23.660$ treatment of commissa patients.

NOTE Confidence: 0.79638267

 $00:28:23.660 \longrightarrow 00:28:25.890$ So to answer those questions,

NOTE Confidence: 0.79638267

 $00:28:25.890 \longrightarrow 00:28:29.886$ I would go back as far back as 2004.

NOTE Confidence: 0.79638267

00:28:29.890 --> 00:28:32.200 Crack how Anne and colleagues

NOTE Confidence: 0.79638267

 $00:28:32.200 \longrightarrow 00:28:35.680$ and he was the first to look at.

NOTE Confidence: 0.79638267 00:28:35.680 --> 00:28:36.123 It.

NOTE Confidence: 0.79638267

00:28:36.123 --> 00:28:38.781 Looked at 17 patients with chronic

NOTE Confidence: 0.79638267

 $00{:}28{:}38.781 \dashrightarrow 00{:}28{:}41.020$ in somnia and he placed it.

NOTE Confidence: 0.79638267

 $00{:}28{:}41.020 \dashrightarrow 00{:}28{:}43.196$ Did a prospective observational

NOTE Confidence: 0.79638267

 $00:28:43.196 \longrightarrow 00:28:46.875$ study place this patients on CBT I

NOTE Confidence: 0.79638267

00:28:46.875 --> 00:28:49.515 and after four weeks of CBT I he.

NOTE Confidence: 0.79638267

 $00:28:49.520 \longrightarrow 00:28:51.970$ Dan sent them for a sleep study

NOTE Confidence: 0.79638267

 $00:28:51.970 \longrightarrow 00:28:54.383$ and have them evaluated for

00:28:54.383 --> 00:28:56.300 sleep disordered breathing,

NOTE Confidence: 0.79638267

 $00{:}28{:}56.300 \dashrightarrow 00{:}28{:}59.222$ and patients who had sleep disordered

NOTE Confidence: 0.79638267

 $00:28:59.222 \longrightarrow 00:29:01.617$ breathing were then placed on

NOTE Confidence: 0.79638267

00:29:01.617 --> 00:29:03.982 some form of therapy, either CPAP,

NOTE Confidence: 0.79638267

 $00{:}29{:}03.982 \dashrightarrow 00{:}29{:}06.237$ an oral appliance or surgery.

NOTE Confidence: 0.79638267

 $00:29:06.240 \longrightarrow 00:29:08.670$ His outcome measures where changes

NOTE Confidence: 0.79638267

 $00:29:08.670 \longrightarrow 00:29:11.976$ in the severity of insomnia and the

NOTE Confidence: 0.79638267

 $00:29:11.976 \longrightarrow 00:29:14.769$ quality of sleep as measured by the

NOTE Confidence: 0.79638267

 $00:29:14.769 \longrightarrow 00:29:17.524$ highest I and the functional outcome

NOTE Confidence: 0.79638267

 $00:29:17.524 \longrightarrow 00:29:20.290$ of sleep questionnaire or the PSQI.

NOTE Confidence: 0.79638267

 $00{:}29{:}20.290 \dashrightarrow 00{:}29{:}23.720$ And you wanted to also know how

NOTE Confidence: 0.79638267

 $00{:}29{:}23.720 \dashrightarrow 00{:}29{:}27.478$ they did with regards to CPAP use.

NOTE Confidence: 0.79638267

 $00{:}29{:}27.480 \longrightarrow 00{:}29{:}30.837$ And as we can see in this graph of

NOTE Confidence: 0.79638267

 $00:29:30.837 \longrightarrow 00:29:33.885$ amine insomnia severity index against

NOTE Confidence: 0.79638267

00:29:33.885 --> 00:29:38.220 time when this patients initially got CBT,

 $00:29:38.220 \longrightarrow 00:29:41.148$ I there was a pretty significant

NOTE Confidence: 0.79638267

 $00{:}29{:}41.148 --> 00{:}29{:}43.100$ drop in their insomnia

NOTE Confidence: 0.76736057

00:29:43.195 --> 00:29:46.190 and severity. And then when they

NOTE Confidence: 0.76736057

 $00:29:46.190 \longrightarrow 00:29:48.490$ were followed with treatment for

NOTE Confidence: 0.76736057

 $00:29:48.490 \longrightarrow 00:29:51.219$ their sleep disordered breathing.

NOTE Confidence: 0.76736057

 $00:29:51.220 \longrightarrow 00:29:54.937$ There was a further decrease in their

NOTE Confidence: 0.76736057

00:29:54.937 --> 00:29:57.934 insomnia symptom just to give the

NOTE Confidence: 0.76736057

 $00:29:57.934 \longrightarrow 00:30:01.190$ specific numbers for the 7% of the

NOTE Confidence: 0.76736057

 $00{:}30{:}01.190 \dashrightarrow 00{:}30{:}04.370$ patients did show a clinical improvement

NOTE Confidence: 0.76736057

 $00:30:04.370 \longrightarrow 00:30:08.476$ in the first phase after CBT I but

NOTE Confidence: 0.76736057

 $00{:}30{:}08.476 \dashrightarrow 00{:}30{:}11.519$ after the second phase we had 88%

NOTE Confidence: 0.76736057

 $00:30:11.520 \longrightarrow 00:30:13.990$ improvement in their insomnia symptom.

NOTE Confidence: 0.76736057

 $00:30:13.990 \longrightarrow 00:30:18.445$ I mean we can argue that it's a small.

NOTE Confidence: 0.76736057

 $00:30:18.450 \longrightarrow 00:30:20.794$ It's a small study.

NOTE Confidence: 0.76736057

 $00:30:20.794 \longrightarrow 00:30:25.140$ You know there were no control group.

NOTE Confidence: 0.76736057

 $00:30:25.140 \longrightarrow 00:30:28.074$ But then Sweetman and colleagues Butte

 $00:30:28.074 \longrightarrow 00:30:31.100$ Appan there and crack house study,

NOTE Confidence: 0.76736057

 $00:30:31.100 \longrightarrow 00:30:34.082$ and indeed more of a randomized

NOTE Confidence: 0.76736057

 $00:30:34.082 \longrightarrow 00:30:35.076$ controlled trial.

NOTE Confidence: 0.76736057

00:30:35.080 --> 00:30:38.433 Looking at CBT I prior to CPAP

NOTE Confidence: 0.76736057

 $00:30:38.433 \longrightarrow 00:30:40.550$ versus treatment as usual,

NOTE Confidence: 0.76736057

 $00:30:40.550 \longrightarrow 00:30:44.518$ which is which which was just tap therapy.

NOTE Confidence: 0.76736057

00:30:44.520 --> 00:30:47.649 And he looked at 145 patients with

NOTE Confidence: 0.76736057

00:30:47.649 --> 00:30:50.978 Camisa is primary outcome was objective,

NOTE Confidence: 0.76736057

00:30:50.980 --> 00:30:53.510 average CPAP adherence as well

NOTE Confidence: 0.76736057

 $00:30:53.510 \longrightarrow 00:30:55.534$ as changes in sleep.

NOTE Confidence: 0.76736057

 $00:30:55.540 \longrightarrow 00:30:57.248$ Efficiency at six months.

NOTE Confidence: 0.76736057

 $00{:}30{:}57.248 \dashrightarrow 00{:}30{:}59.810$ Secondary outcomes were rates of him

NOTE Confidence: 0.76736057

 $00:30:59.886 \longrightarrow 00:31:02.370$ idiotsitter acceptance or rejection.

NOTE Confidence: 0.76736057

00:31:02.370 --> 00:31:04.322 Changes in sleep parameters,

NOTE Confidence: 0.76736057

 $00:31:04.322 \longrightarrow 00:31:07.250$ insomnia and severity and daytime impairment.

 $00:31:07.250 \longrightarrow 00:31:10.978$ And this was what is flow chart looks

NOTE Confidence: 0.76736057

 $00:31:10.978 \dashrightarrow 00:31:15.059$ like two groups CBT I with 72 patients.

NOTE Confidence: 0.76736057

 $00:31:15.060 \longrightarrow 00:31:17.616$ Treatment as usual with 73 patients

NOTE Confidence: 0.76736057

 $00:31:17.616 \longrightarrow 00:31:20.555$ and then six weeks post randomization

NOTE Confidence: 0.76736057

 $00:31:20.555 \longrightarrow 00:31:22.867$ and they were tightening.

NOTE Confidence: 0.76736057

 $00{:}31{:}22.870 \dashrightarrow 00{:}31{:}25.870$ They got C pap titration and

NOTE Confidence: 0.76736057

 $00:31:25.870 \longrightarrow 00:31:28.320$ they were set up on.

NOTE Confidence: 0.76736057

00:31:28.320 --> 00:31:31.144 On C PAP and then followed up three

NOTE Confidence: 0.76736057

 $00:31:31.144 \longrightarrow 00:31:34.356$ months and then six months and with

NOTE Confidence: 0.76736057

00:31:34.356 --> 00:31:36.300 basic questionnaire sleep diary,

NOTE Confidence: 0.76736057

 $00:31:36.300 \longrightarrow 00:31:39.480$ home polysomnogram as well as assessments

NOTE Confidence: 0.76736057

 $00:31:39.480 \longrightarrow 00:31:43.069$ of their see PAP at the parents.

NOTE Confidence: 0.76736057

 $00:31:43.070 \longrightarrow 00:31:46.556$ This is a result of the study.

NOTE Confidence: 0.76736057

 $00:31:46.560 \longrightarrow 00:31:49.717$ This is a graph of diary measured

NOTE Confidence: 0.76736057

 $00:31:49.717 \longrightarrow 00:31:52.030$ sleep efficiency during treatments.

NOTE Confidence: 0.76736057

 $00{:}31{:}52.030 \dashrightarrow 00{:}31{:}54.520$ I'm sleep efficiency against time.

 $00:31:54.520 \longrightarrow 00:31:58.504$ The blue line represents and the CBT group,

NOTE Confidence: 0.76736057

 $00:31:58.510 \longrightarrow 00:32:01.000$ and the orange dashed line

NOTE Confidence: 0.76736057

 $00:32:01.000 \longrightarrow 00:32:03.490$ represents treatment as usual group.

NOTE Confidence: 0.76736057

 $00:32:03.490 \longrightarrow 00:32:07.466$ And as we can see there was this

NOTE Confidence: 0.76736057

 $00{:}32{:}07.466 \dashrightarrow 00{:}32{:}09.560$ initial improvement in sleep

NOTE Confidence: 0.76736057

 $00:32:09.560 \dashrightarrow 00:32:13.053$ efficiency going all the way from 60s.

NOTE Confidence: 0.76736057

 $00:32:13.060 \longrightarrow 00:32:16.380$ Up to about 84% and they kind of

NOTE Confidence: 0.76736057

 $00{:}32{:}16.380 \dashrightarrow 00{:}32{:}19.040$ coasted and maintain that over

NOTE Confidence: 0.76736057

 $00:32:19.040 \longrightarrow 00:32:21.930$ the course of their treatment.

NOTE Confidence: 0.76736057

 $00:32:21.930 \dashrightarrow 00:32:25.388$ Also with regards to Insomnia severity index.

NOTE Confidence: 0.76736057

 $00:32:25.390 \longrightarrow 00:32:25.921$ Again,

NOTE Confidence: 0.76736057

 $00:32:25.921 \longrightarrow 00:32:28.045$ the insomnia severity against

NOTE Confidence: 0.76736057

 $00{:}32{:}28.045 \dashrightarrow 00{:}32{:}32.579$ time we can see in the CBT I group

NOTE Confidence: 0.76736057

 $00:32:32.579 \longrightarrow 00:32:35.243$ and that there was a decrease.

NOTE Confidence: 0.76736057

 $00:32:35.250 \longrightarrow 00:32:38.196$ You know in, in, in insomnia.

 $00:32:38.200 \longrightarrow 00:32:40.984$ And they also maintain that over

NOTE Confidence: 0.76736057

 $00:32:40.984 \dashrightarrow 00:32:44.180$ time as compared to the treatment.

NOTE Confidence: 0.76736057

 $00:32:44.180 \longrightarrow 00:32:47.588$ As usual group and it was.

NOTE Confidence: 0.76736057

 $00:32:47.590 \longrightarrow 00:32:49.858$ It was clinically significant

NOTE Confidence: 0.76736057

 $00:32:49.858 \longrightarrow 00:32:52.693$ which regards to CPAP adherence.

NOTE Confidence: 0.76736057

 $00:32:52.700 \dashrightarrow 00:32:55.385$ There was improved average nightly

NOTE Confidence: 0.76736057

 $00:32:55.385 \longrightarrow 00:32:58.950$ at the parents by 61 minutes.

NOTE Confidence: 0.76736057

 $00:32:58.950 \longrightarrow 00:33:00.086$ Pretty significant.

NOTE Confidence: 0.76736057

00:33:00.086 --> 00:33:02.926 There was also lower initial

NOTE Confidence: 0.76736057

 $00:33:02.926 \longrightarrow 00:33:04.630$ PAP and rejection.

NOTE Confidence: 0.76736057

 $00{:}33{:}04.630 \dashrightarrow 00{:}33{:}08.709$ In fact there was an 87% reduction

NOTE Confidence: 0.76736057

00:33:08.709 --> 00:33:12.054 in immediate CPAP rejection among

NOTE Confidence: 0.76736057

 $00:33:12.054 \longrightarrow 00:33:15.629$ participants in the CBT I group.

NOTE Confidence: 0.76736057

 $00:33:15.630 \longrightarrow 00:33:17.930$ He followed the initial study

NOTE Confidence: 0.76736057

 $00:33:17.930 \longrightarrow 00:33:20.802$ with a second report looking at

NOTE Confidence: 0.76736057

 $00:33:20.802 \longrightarrow 00:33:23.247$ sleepiness the week following CBT.

 $00:33:23.250 \longrightarrow 00:33:26.834$ I mean that that the city I component

NOTE Confidence: 0.76736057

 $00:33:26.834 \longrightarrow 00:33:29.852$ of sleep restriction and there was

NOTE Confidence: 0.76736057

00:33:29.852 --> 00:33:33.008 a 15% increase in in sleepiness.

NOTE Confidence: 0.76736057

00:33:33.008 --> 00:33:37.389 But then that went back down to the

NOTE Confidence: 0.76736057

00:33:37.389 --> 00:33:40.039 pre treatment levels over time.

NOTE Confidence: 0.76736057

00:33:40.040 --> 00:33:44.328 Now he followed that by a third report,

NOTE Confidence: 0.76736057

 $00:33:44.330 \longrightarrow 00:33:46.282$ which was quite interesting,

NOTE Confidence: 0.76736057

 $00{:}33{:}46.282 \dashrightarrow 00{:}33{:}49.210$ and I thought I should share

NOTE Confidence: 0.76736057

 $00:33:49.303 \longrightarrow 00:33:50.759$ that information.

NOTE Confidence: 0.76736057

 $00:33:50.760 \longrightarrow 00:33:51.230 \text{ Yes},$

NOTE Confidence: 0.76736057

 $00:33:51.230 \longrightarrow 00:33:54.520$ this this is a graph of change

NOTE Confidence: 0.76736057

 $00:33:54.520 \dashrightarrow 00:33:58.257$ in AHI against control and CBT.

NOTE Confidence: 0.8501122

 $00{:}33{:}58.260 \dashrightarrow 00{:}34{:}00.965$ I looking at different parameters

NOTE Confidence: 0.8501122

 $00{:}34{:}00.965 \dashrightarrow 00{:}34{:}03.670$ in different stages of sleep

NOTE Confidence: 0.8501122

 $00:34:03.766 \longrightarrow 00:34:06.296$ and basically the green bars.

 $00:34:06.300 \longrightarrow 00:34:10.276$ Yeah, the darker green bars and that's.

NOTE Confidence: 0.8501122

00:34:10.280 --> 00:34:12.465 In the summer time position

NOTE Confidence: 0.8501122

 $00:34:12.465 \longrightarrow 00:34:15.160$ and the lights are green bars.

NOTE Confidence: 0.8501122

00:34:15.160 --> 00:34:18.238 That's in the non supine position

NOTE Confidence: 0.8501122

 $00:34:18.238 \longrightarrow 00:34:21.262$ and basically just told report was

NOTE Confidence: 0.8501122

 $00{:}34{:}21.262 \dashrightarrow 00{:}34{:}23.908$ evaluating the effects of CBT I

NOTE Confidence: 0.8501122

 $00:34:23.908 \longrightarrow 00:34:27.040$ on tap on the hi they were looking

NOTE Confidence: 0.8501122

 $00:34:27.040 \longrightarrow 00:34:30.056$ at the hi to see if there was

NOTE Confidence: 0.8501122

 $00:34:30.056 \longrightarrow 00:34:33.946$ any effect on on the hi and as we

NOTE Confidence: 0.8501122

 $00:34:33.946 \longrightarrow 00:34:36.784$ can see there was a significant

NOTE Confidence: 0.8501122

 $00:34:36.784 \longrightarrow 00:34:40.029$ effect on the Ahi in this patient.

NOTE Confidence: 0.8501122

 $00:34:40.030 \longrightarrow 00:34:40.904$ There was.

NOTE Confidence: 0.8501122

 $00:34:40.904 \longrightarrow 00:34:45.370$ Is 7 and a half events an hour greater?

NOTE Confidence: 0.8501122

 $00{:}34{:}45.370 \dashrightarrow 00{:}34{:}48.292$ Hi difference across all sleep stages

NOTE Confidence: 0.8501122

 $00:34:48.292 \longrightarrow 00:34:51.372$ and postures so when we controlled

NOTE Confidence: 0.8501122

 $00:34:51.372 \longrightarrow 00:34:54.498$ for sleep stage and controlled for

00:34:54.498 --> 00:34:57.307 body position and when compared to

NOTE Confidence: 0.8501122

 $00{:}34{:}57.307 \dashrightarrow 00{:}35{:}00.268$ control there was a 7.5 event per

NOTE Confidence: 0.8501122

 $00:35:00.268 \longrightarrow 00:35:03.334$ hour reduction in HI which I thought

NOTE Confidence: 0.8501122

 $00:35:03.334 \longrightarrow 00:35:05.903$ was pretty significant that that

NOTE Confidence: 0.8501122

00:35:05.903 --> 00:35:09.101 was the first study that actually

NOTE Confidence: 0.8501122

 $00:35:09.101 \longrightarrow 00:35:12.220$ showed that now hung and colleagues.

NOTE Confidence: 0.8501122

 $00:35:12.220 \longrightarrow 00:35:16.450$ Did follow up an with a study of their

NOTE Confidence: 0.8501122

00:35:16.450 --> 00:35:20.590 own after the Sweet Man study and

NOTE Confidence: 0.8501122

 $00:35:20.590 \longrightarrow 00:35:25.198$ basically what they did was to compare CBT.

NOTE Confidence: 0.8501122

 $00:35:25.200 \longrightarrow 00:35:29.528$ I prior to Peter ARTPOP therapy versus CBT.

NOTE Confidence: 0.8501122

 $00:35:29.530 \dashrightarrow 00:35:33.016$ I concurrent with pap therapy versus

NOTE Confidence: 0.8501122

00:35:33.016 --> 00:35:36.770 just pop therapy only and so they

NOTE Confidence: 0.8501122

 $00:35:36.770 \longrightarrow 00:35:39.857$ had three hands of the study and

NOTE Confidence: 0.8501122

 $00:35:39.961 \longrightarrow 00:35:43.166$ basically followed them over 90.

NOTE Confidence: 0.8501122

 $00:35:43.170 \longrightarrow 00:35:47.034$ Days and the outcome measure was pretty

00:35:47.034 --> 00:35:51.407 much the same with the Sweet Man study.

NOTE Confidence: 0.8501122

00:35:51.410 --> 00:35:53.054 Primary outcome sipopa

NOTE Confidence: 0.8501122

00:35:53.054 --> 00:35:54.698 Darren secondary outcome.

NOTE Confidence: 0.8501122

 $00:35:54.700 \longrightarrow 00:35:57.988$ Influence on insomnia and sleep symptoms.

NOTE Confidence: 0.8501122

 $00:35:57.990 \longrightarrow 00:36:02.760$ And as you can see there was a reduction

NOTE Confidence: 0.8501122

 $00{:}36{:}02.760 \dashrightarrow 00{:}36{:}06.869$ in the Insomnia Severity Index.

NOTE Confidence: 0.8501122

 $00:36:06.870 \longrightarrow 00:36:11.510$ In this draft, the blue line here is the CBT.

NOTE Confidence: 0.8501122

00:36:11.510 --> 00:36:15.686 I prior to CPAP, the red line is CBT,

NOTE Confidence: 0.8501122

 $00{:}36{:}15.690 \dashrightarrow 00{:}36{:}18.854$ I concurrent with C pap and the

NOTE Confidence: 0.8501122

 $00:36:18.854 \longrightarrow 00:36:21.720$ green line is part as usual.

NOTE Confidence: 0.8501122

 $00:36:21.720 \longrightarrow 00:36:25.424$ So yes, there was a reduction in insomnia.

NOTE Confidence: 0.8501122

 $00:36:25.430 \longrightarrow 00:36:27.750$ He was clinically significant between

NOTE Confidence: 0.8501122

 $00:36:27.750 \longrightarrow 00:36:30.999$ the CBT groups and the pub groups.

NOTE Confidence: 0.8501122

 $00:36:31.000 \longrightarrow 00:36:31.487$ However,

NOTE Confidence: 0.8501122

 $00:36:31.487 \longrightarrow 00:36:33.922$ when you measure the difference

NOTE Confidence: 0.8501122

 $00:36:33.922 \longrightarrow 00:36:36.388$ between CBT before Pap versus

00:36:36.388 --> 00:36:38.578 City I concurrent with pop.

NOTE Confidence: 0.8501122

 $00:36:38.580 \longrightarrow 00:36:41.646$ There was no difference at the 90

NOTE Confidence: 0.8501122

 $00:36:41.646 \longrightarrow 00:36:45.059$ day and time points or end points.

NOTE Confidence: 0.79616076

00:36:47.670 --> 00:36:51.510 Yeah, they also looked at specific

NOTE Confidence: 0.79616076

 $00:36:51.510 \longrightarrow 00:36:55.370$ clinical endpoints which they define as

NOTE Confidence: 0.79616076

 $00:36:55.370 \longrightarrow 00:36:58.577$ good sleepers, remission or response.

NOTE Confidence: 0.79616076

 $00:36:58.577 \longrightarrow 00:37:02.591$ So basically a good sleeper was

NOTE Confidence: 0.79616076

 $00:37:02.591 \longrightarrow 00:37:07.220$ defined as someone who had a large AA

NOTE Confidence: 0.79616076

 $00:37:07.220 \dashrightarrow 00:37:11.005$ five point difference less than five

NOTE Confidence: 0.79616076

 $00{:}37{:}11.005 \dashrightarrow 00{:}37{:}14.375$ difference in their PSQI remission.

NOTE Confidence: 0.79616076

 $00:37:14.380 \longrightarrow 00:37:18.930$ Clinically, was defined as an ISI score.

NOTE Confidence: 0.79616076

 $00:37:18.930 \longrightarrow 00:37:21.946$ Of less than eight at study end points

NOTE Confidence: 0.79616076

 $00{:}37{:}21.946 \dashrightarrow 00{:}37{:}24.619$ and the response was basically defined

NOTE Confidence: 0.79616076

 $00:37:24.619 \longrightarrow 00:37:28.330$ as a reduction in the ISI score by

NOTE Confidence: 0.79616076

 $00:37:28.330 \longrightarrow 00:37:31.403$ more than seven points, so you know.

00:37:31.403 --> 00:37:35.230 Again, Green is CBT before pop Blue is CBT.

NOTE Confidence: 0.79616076

00:37:35.230 --> 00:37:38.654 I whip up an Gray is pop only,

NOTE Confidence: 0.79616076

 $00:37:38.660 \dashrightarrow 00:37:41.240$ so there was a significant difference.

NOTE Confidence: 0.79616076

 $00:37:41.240 \longrightarrow 00:37:45.530$ When we look at CBT with pop versus pop only.

NOTE Confidence: 0.79616076

 $00:37:45.530 \longrightarrow 00:37:48.197$ But when we look at the timing

NOTE Confidence: 0.79616076

 $00:37:48.197 \longrightarrow 00:37:51.198$ of CBT I before pop versus.

NOTE Confidence: 0.79616076

 $00{:}37{:}51.200 \dashrightarrow 00{:}37{:}54.452$ We pop, there was no clinically

NOTE Confidence: 0.79616076

 $00:37:54.452 \longrightarrow 00:37:56.078$ significant and difference,

NOTE Confidence: 0.79616076

 $00{:}37{:}56.080 {\:{\circ}{\circ}{\circ}}>00{:}37{:}59.326$ and that was quite interesting that,

NOTE Confidence: 0.79616076

00:37:59.330 --> 00:38:02.576 you know, we have two randomized,

NOTE Confidence: 0.79616076

 $00:38:02.580 \longrightarrow 00:38:05.826$ well done and randomized control trials,

NOTE Confidence: 0.79616076

 $00:38:05.830 \longrightarrow 00:38:09.316$ but giving us different results with

NOTE Confidence: 0.79616076

00:38:09.316 --> 00:38:12.880 regards to economics and and see Pap,

NOTE Confidence: 0.79616076

 $00:38:12.880 \longrightarrow 00:38:15.990$ we already know that benzodiazapines

NOTE Confidence: 0.79616076

 $00:38:15.990 \longrightarrow 00:38:19.100$ don't help and they increase

NOTE Confidence: 0.79616076

 $00{:}38{:}19.205 \dashrightarrow 00{:}38{:}22.080$ at Nick episodes and increase.

 $00:38:22.080 \longrightarrow 00:38:25.446$ The Noddy oxygen disseration during sleep.

NOTE Confidence: 0.79616076

 $00:38:25.450 \longrightarrow 00:38:28.865$ However non benzodiazepine's might you

NOTE Confidence: 0.79616076

00:38:28.865 --> 00:38:32.907 know show some efficacy year literary

NOTE Confidence: 0.79616076

 $00:38:32.907 \longrightarrow 00:38:37.067$ and colleagues and did look at a couple

NOTE Confidence: 0.79616076

 $00{:}38{:}37.067 \dashrightarrow 00{:}38{:}41.160$ of patients and and they showed that.

NOTE Confidence: 0.79616076

 $00:38:41.160 \longrightarrow 00:38:43.900$ And on benzodiazapines pasquali eggs

NOTE Confidence: 0.79616076

 $00:38:43.900 \longrightarrow 00:38:47.832$ or peak lawn and can improve tolerance

NOTE Confidence: 0.79616076

 $00:38:47.832 \longrightarrow 00:38:52.216$ of C pap titration and can also improve

NOTE Confidence: 0.79616076

 $00{:}38{:}52.313 \dashrightarrow 00{:}38{:}55.673$ adherence to CPAP when used in in

NOTE Confidence: 0.79616076

00:38:55.673 --> 00:39:01.190 the initial days of a C pap therapy.

NOTE Confidence: 0.79616076

 $00:39:01.190 \longrightarrow 00:39:04.634$ So in summary with regards to the rapy,

NOTE Confidence: 0.79616076

 $00:39:04.640 \longrightarrow 00:39:08.584$ CBT plus pop is better than pop alone.

NOTE Confidence: 0.79616076

 $00{:}39{:}08.590 \dashrightarrow 00{:}39{:}11.050$ For insomnia symptoms the effects

NOTE Confidence: 0.79616076

 $00:39:11.050 \longrightarrow 00:39:12.526$ on pop adherence,

NOTE Confidence: 0.7961607600:39:12.530 --> 00:39:12.959 well,

 $00:39:12.959 \longrightarrow 00:39:15.962$ we have two very well done studies

NOTE Confidence: 0.79616076

 $00:39:15.962 \longrightarrow 00:39:18.450$ that show different results,

NOTE Confidence: 0.79616076

 $00:39:18.450 \longrightarrow 00:39:21.222$ so that's still unclear the with

NOTE Confidence: 0.79616076

 $00:39:21.222 \longrightarrow 00:39:23.070$ regards to sequential versus

NOTE Confidence: 0.79616076

 $00:39:23.152 \longrightarrow 00:39:25.727$ concurrent CTI wypad again two

NOTE Confidence: 0.79616076

 $00:39:25.727 \longrightarrow 00:39:28.302$ different results that still unclear.

NOTE Confidence: 0.79616076

 $00:39:28.310 \longrightarrow 00:39:31.316$ We need for the studies too.

NOTE Confidence: 0.79616076

 $00:39:31.320 \longrightarrow 00:39:33.966$ Before the clarify what should be

NOTE Confidence: 0.79616076

 $00{:}39{:}33.966 \dashrightarrow 00{:}39{:}37.115$ done we are seeing from the Sweet

NOTE Confidence: 0.79616076

00:39:37.115 --> 00:39:40.139 Man study that CBT I can potentially

NOTE Confidence: 0.79616076

 $00{:}39{:}40.233 \dashrightarrow 00{:}39{:}43.243$ decrease the severity of obstructive

NOTE Confidence: 0.79616076

 $00:39:43.243 \longrightarrow 00:39:46.253$ sleep apnea and zopiclone improves

NOTE Confidence: 0.79616076

 $00{:}39{:}46.260 \dashrightarrow 00{:}39{:}48.252$ CPAP titration and adherence.

NOTE Confidence: 0.79616076

00:39:48.252 --> 00:39:51.240 So having said all of that,

NOTE Confidence: 0.79616076

 $00:39:51.240 \longrightarrow 00:39:55.040$ I think you know one of the most

NOTE Confidence: 0.79616076

 $00{:}39{:}55.040 \dashrightarrow 00{:}39{:}58.515$ important things I'm in taking care of

00:39:58.515 --> 00:40:01.910 Camisa patients is a patient centered.

NOTE Confidence: 0.79616076

 $00:40:01.910 \longrightarrow 00:40:02.508$ Yeah,

NOTE Confidence: 0.79616076

00:40:02.508 --> 00:40:04.900 and that's you know,

NOTE Confidence: 0.79616076

00:40:04.900 --> 00:40:09.076 developing a treatment plan that puts.

NOTE Confidence: 0.79616076

 $00:40:09.080 \longrightarrow 00:40:10.511$ In the forefront,

NOTE Confidence: 0.79616076

 $00:40:10.511 \longrightarrow 00:40:12.896$ what is personally relevant to

NOTE Confidence: 0.79616076

 $00:40:12.896 \longrightarrow 00:40:15.583$ the patient as our previously

NOTE Confidence: 0.79616076

 $00{:}40{:}15.583 \mathrel{--}{>} 00{:}40{:}17.779$ presented different patients do

NOTE Confidence: 0.79616076

 $00:40:17.779 \longrightarrow 00:40:20.530$ have different risk factors and

NOTE Confidence: 0.79616076

 $00:40:20.530 \longrightarrow 00:40:23.085$ today presents in different ways.

NOTE Confidence: 0.79616076

 $00{:}40{:}23.090 \dashrightarrow 00{:}40{:}25.600$ And understanding of this risk

NOTE Confidence: 0.79616076

00:40:25.600 --> 00:40:28.736 factors would help us to better

NOTE Confidence: 0.79616076

 $00{:}40{:}28.736 \to 00{:}40{:}31.396$ take care of these patients.

NOTE Confidence: 0.79616076

 $00:40:31.400 \longrightarrow 00:40:34.809$ I think one thing is important and

NOTE Confidence: 0.79616076

 $00:40:34.809 \longrightarrow 00:40:38.150$ essential that taking care of commissa

 $00:40:38.150 \longrightarrow 00:40:40.534$ patients is multi disciplinary.

NOTE Confidence: 0.79616076

 $00{:}40{:}40.540 \dashrightarrow 00{:}40{:}43.150$ It involves a sleep specialist

NOTE Confidence: 0.79616076

 $00:40:43.150 \longrightarrow 00:40:44.716$ on the primary.

NOTE Confidence: 0.79616076

 $00:40:44.720 \longrightarrow 00:40:47.340$ Care specialists are behavioral specialists.

NOTE Confidence: 0.79616076

 $00:40:47.340 \longrightarrow 00:40:51.120$ We you know we have to have all of

NOTE Confidence: 0.79616076

 $00:40:51.120 \longrightarrow 00:40:55.344$ of this on board and also frequent

NOTE Confidence: 0.79616076

 $00{:}40{:}55.344 \dashrightarrow 00{:}40{:}58.936$ followups is a senchal to keep

NOTE Confidence: 0.79616076

 $00:40:58.936 \longrightarrow 00:41:02.002$ tabs with the patient and see

NOTE Confidence: 0.79616076

 $00{:}41{:}02.002 \dashrightarrow 00{:}41{:}05.122$ if what we're actually doing is

NOTE Confidence: 0.79616076

 $00:41:05.122 \longrightarrow 00:41:08.260$ making a difference in their lives.

NOTE Confidence: 0.79616076

 $00:41:08.260 \longrightarrow 00:41:09.334$ Future directions.

NOTE Confidence: 0.79616076

 $00:41:09.334 \longrightarrow 00:41:12.019$ I think we need implementation.

NOTE Confidence: 0.79616076

 $00:41:12.020 \longrightarrow 00:41:15.016$ So these are in camisa to provide

NOTE Confidence: 0.79616076

 $00:41:15.016 \longrightarrow 00:41:16.300$ guidance for what

NOTE Confidence: 0.7714207

 $00:41:16.384 \longrightarrow 00:41:19.552$ the optimal therapy as well as

NOTE Confidence: 0.7714207

 $00:41:19.552 \longrightarrow 00:41:21.664$ combinations and sequence should

 $00:41:21.756 \longrightarrow 00:41:25.396$ be we do need guidance for other

NOTE Confidence: 0.7714207

00:41:25.396 --> 00:41:27.367 treatment combinations beyond just

NOTE Confidence: 0.7714207

00:41:27.367 --> 00:41:30.623 see DTI and tap terapy and I think

NOTE Confidence: 0.7714207

 $00:41:30.623 \longrightarrow 00:41:33.995$ it's interesting to study what the

NOTE Confidence: 0.7714207

 $00:41:33.995 \longrightarrow 00:41:37.420$ interplay would be between sleep debt,

NOTE Confidence: 0.7714207

 $00:41:37.420 \longrightarrow 00:41:38.416$ objective wakefulness,

NOTE Confidence: 0.7714207

 $00:41:38.416 \longrightarrow 00:41:39.910$ obstructive sleep apnea.

NOTE Confidence: 0.7714207

 $00:41:39.910 \longrightarrow 00:41:43.000$ During CBT I and C pap.

NOTE Confidence: 0.7714207

 $00{:}41{:}43.000 \dashrightarrow 00{:}41{:}45.535$ Impatience with Camisa just to

NOTE Confidence: 0.7714207

 $00:41:45.535 \longrightarrow 00:41:48.070$ further elucidate what the potential

NOTE Confidence: 0.7714207

 $00{:}41{:}48.147 \dashrightarrow 00{:}41{:}50.187$ mechanisms and like I said,

NOTE Confidence: 0.7714207

 $00{:}41{:}50.190 \dashrightarrow 00{:}41{:}53.207$ there's still a lot of variance and

NOTE Confidence: 0.7714207

 $00{:}41{:}53.207 \dashrightarrow 00{:}41{:}56.165$ that is unexplained with regards to

NOTE Confidence: 0.7714207

 $00:41:56.165 \longrightarrow 00:41:58.810$ excessive wakefulness in this patient.

NOTE Confidence: 0.7714207

 $00:41:58.810 \longrightarrow 00:42:00.235$ So in conclusion,

 $00:42:00.235 \longrightarrow 00:42:02.135$ comorbid in somnia in obstructive

NOTE Confidence: 0.7714207

 $00:42:02.135 \longrightarrow 00:42:05.029$ sleep apnea is a highly prevalent,

NOTE Confidence: 0.7714207

 $00:42:05.030 \longrightarrow 00:42:06.950$ but under recognized and

NOTE Confidence: 0.7714207

 $00:42:06.950 \longrightarrow 00:42:08.870$ condition commits to patients.

NOTE Confidence: 0.7714207

00:42:08.870 --> 00:42:11.260 They do have higher psychiatric,

NOTE Confidence: 0.7714207

00:42:11.260 --> 00:42:11.751 cardiovascular,

NOTE Confidence: 0.7714207

 $00:42:11.751 \longrightarrow 00:42:14.206$ and cerebral cerebral vascular comorbidities.

NOTE Confidence: 0.7714207

 $00:42:14.210 \longrightarrow 00:42:16.515$ When compared to patients with

NOTE Confidence: 0.7714207

 $00{:}42{:}16.515 \dashrightarrow 00{:}42{:}18.820$ some obstructive sleep apnea alone,

NOTE Confidence: 0.7714207

00:42:18.820 --> 00:42:20.768 the Insomnia severity Index,

NOTE Confidence: 0.7714207

 $00{:}42{:}20.768 \longrightarrow 00{:}42{:}23.690$ sleep diary and other measures of

NOTE Confidence: 0.7714207

 $00:42:23.771 \longrightarrow 00:42:25.939$ daytime impairment there paramounts

NOTE Confidence: 0.7714207

00:42:25.939 --> 00:42:29.608 in evaluating this patients CBT I \pm

NOTE Confidence: 0.7714207

 $00:42:29.608 \longrightarrow 00:42:32.304$ C PAP is better than CPAP alone and

NOTE Confidence: 0.7714207

00:42:32.304 --> 00:42:34.494 multi disciplinary approach is key.

NOTE Confidence: 0.7714207

 $00:42:34.494 \longrightarrow 00:42:36.338$ So having said that,

00:42:36.340 --> 00:42:39.720 I want to say a big thank you to my

NOTE Confidence: 0.7714207

 $00:42:39.824 \longrightarrow 00:42:44.178$ program director and Doctor King for support.

NOTE Confidence: 0.7714207

00:42:44.180 --> 00:42:47.000 Doctor crager. Four is awesome.

NOTE Confidence: 0.7714207

 $00:42:47.000 \longrightarrow 00:42:48.620$ Support doctors in troop.

NOTE Confidence: 0.7714207

00:42:48.620 --> 00:42:50.738 Thank you. You're always there.

NOTE Confidence: 0.7714207

 $00:42:50.738 \longrightarrow 00:42:53.354$ Always there to give a helping

NOTE Confidence: 0.7714207

 $00:42:53.354 \longrightarrow 00:42:55.117$ hand and to you know,

NOTE Confidence: 0.7714207

 $00:42:55.120 \longrightarrow 00:42:58.368$ direct me in in the right direction.

NOTE Confidence: 0.7714207

 $00:42:58.370 \longrightarrow 00:43:01.002$ So thank you so much for being

NOTE Confidence: 0.7714207

 $00:43:01.002 \longrightarrow 00:43:02.830$ such a great mentor.

NOTE Confidence: 0.7714207

00:43:02.830 --> 00:43:04.860 And of course Dr Schneeberg,

NOTE Confidence: 0.7714207

 $00:43:04.860 \longrightarrow 00:43:08.514$ we send you a ton of patients with insomnia.

NOTE Confidence: 0.7714207

 $00{:}43{:}08.520 \dashrightarrow 00{:}43{:}11.776$ I want to say thank you for you

NOTE Confidence: 0.7714207

00:43:11.776 --> 00:43:14.533 know keeping tabs on this patient

NOTE Confidence: 0.7714207

 $00:43:14.533 \longrightarrow 00:43:16.843$ and taking care of them.

00:43:16.850 --> 00:43:17.813 Having said that,

NOTE Confidence: 0.7714207

00:43:17.813 --> 00:43:20.850 I am going to close my talk for today.

NOTE Confidence: 0.8218679

 $00:43:28.990 \longrightarrow 00:43:30.638$ Thank you second call.

NOTE Confidence: 0.8218679

 $00:43:30.638 \longrightarrow 00:43:33.110$ That was really a great overview.

NOTE Confidence: 0.8218679

 $00:43:33.110 \longrightarrow 00:43:36.406$ I want to open it up for questions.

NOTE Confidence: 0.8218679

 $00:43:36.410 \longrightarrow 00:43:38.058$ I will start off.

NOTE Confidence: 0.8218679

00:43:38.058 --> 00:43:41.062 I, you know, having read all of

NOTE Confidence: 0.8218679

 $00:43:41.062 \longrightarrow 00:43:43.238$ this literature and seeing what

NOTE Confidence: 0.8218679

 $00{:}43{:}43.238 \dashrightarrow 00{:}43{:}45.452$ the data is for using concurrent

NOTE Confidence: 0.8218679

00:43:45.452 --> 00:43:47.896 CBT and C PAP initiation or

NOTE Confidence: 0.8218679

 $00{:}43{:}47.896 \dashrightarrow 00{:}43{:}50.410$ CBT prior to C PAP initiation,

NOTE Confidence: 0.8218679

00:43:50.410 --> 00:43:52.888 how will this change your practice?

NOTE Confidence: 0.8218679

 $00:43:52.890 \longrightarrow 00:43:54.123$ Everything you've learned

NOTE Confidence: 0.8218679

00:43:54.123 --> 00:43:55.767 in preparing for this?

NOTE Confidence: 0.8883347

00:43:58.100 --> 00:44:00.279 So I I think.

NOTE Confidence: 0.8186888

00:44:02.310 --> 00:44:04.638 You know, going through sleep fellowship,

 $00:44:04.640 \longrightarrow 00:44:07.416$ you know at the beginning there's a there

NOTE Confidence: 0.8186888

 $00{:}44{:}07.416 \dashrightarrow 00{:}44{:}10.320$ was a lot of partial knowledge and you

NOTE Confidence: 0.8186888

00:44:10.320 --> 00:44:13.588 know we put all that knowledge together.

NOTE Confidence: 0.8186888

 $00:44:13.590 \longrightarrow 00:44:15.704$ But as I come to the end

NOTE Confidence: 0.8186888

00:44:15.704 --> 00:44:18.259 of my my sleep fellowship,

NOTE Confidence: 0.8186888

 $00:44:18.260 \longrightarrow 00:44:21.340$ you know a lot of the knowledge has

NOTE Confidence: 0.8186888

00:44:21.340 --> 00:44:23.708 been consolidated and with my practice,

NOTE Confidence: 0.8186888

 $00:44:23.710 \longrightarrow 00:44:26.426$ absolutely this patients say they need CBT.

NOTE Confidence: 0.8186888

00:44:26.430 --> 00:44:29.951 I we have to, you know, put them on.

NOTE Confidence: 0.8186888

00:44:29.951 --> 00:44:32.333 CBT I you know we know.

NOTE Confidence: 0.8186888

00:44:32.340 --> 00:44:34.500 It's going to improve your CPAP,

NOTE Confidence: 0.8186888

 $00:44:34.500 \longrightarrow 00:44:37.380$ had errands is gonna help them cope better.

NOTE Confidence: 0.8186888

 $00{:}44{:}37.380 \dashrightarrow 00{:}44{:}40.308$ So CBT I proud to see Pap would

NOTE Confidence: 0.8186888

 $00:44:40.308 \longrightarrow 00:44:42.776$ be the way to go for me.

NOTE Confidence: 0.8186888

 $00:44:42.780 \longrightarrow 00:44:45.594$ I know you would have further been

00:44:45.594 --> 00:44:48.437 research into this to see what you know

NOTE Confidence: 0.8186888

 $00{:}44{:}48.437 \dashrightarrow 00{:}44{:}51.059$ should be done but I would do CBT.

NOTE Confidence: 0.8186888

 $00:44:51.060 \longrightarrow 00:44:52.860$ I proud to see Bob.

NOTE Confidence: 0.84635043

 $00:44:57.030 \longrightarrow 00:44:57.742$ Great thanks.

NOTE Confidence: 0.84635043

00:44:57.742 --> 00:44:59.878 Yeah, I think you know logistically.

NOTE Confidence: 0.84635043

00:44:59.880 --> 00:45:01.655 Sometimes we run into challenges

NOTE Confidence: 0.84635043

 $00:45:01.655 \longrightarrow 00:45:03.075$ of making that happen,

NOTE Confidence: 0.84635043

 $00:45:03.080 \longrightarrow 00:45:04.037$ and it's interesting.

NOTE Confidence: 0.84635043

 $00{:}45{:}04.037 \dashrightarrow 00{:}45{:}05.951$ The questions that that sort of

NOTE Confidence: 0.84635043

 $00:45:05.951 \longrightarrow 00:45:07.709$ that your presentation raises.

NOTE Confidence: 0.84635043

 $00{:}45{:}07.710 \dashrightarrow 00{:}45{:}10.230$ I think about some of the current

NOTE Confidence: 0.84635043

00:45:10.230 --> 00:45:12.687 insurance rules about when we see someone,

NOTE Confidence: 0.84635043

 $00:45:12.690 \longrightarrow 00:45:14.916$ and then when their sleep study

NOTE Confidence: 0.84635043

 $00:45:14.916 \longrightarrow 00:45:17.132$ has to be completed and when

NOTE Confidence: 0.84635043

 $00:45:17.132 \longrightarrow 00:45:19.094$ they have to receive C pap.

NOTE Confidence: 0.84635043

 $00:45:19.100 \longrightarrow 00:45:21.881$ And if in fact one of the routes for

00:45:21.881 --> 00:45:24.081 care is that they should actually

NOTE Confidence: 0.84635043

00:45:24.081 --> 00:45:27.251 get CBT 1st and get plugged in with

NOTE Confidence: 0.84635043

 $00:45:27.251 \longrightarrow 00:45:29.813$ that before they get their machine.

NOTE Confidence: 0.84635043

00:45:29.820 --> 00:45:32.417 That kind of changes our thinking about

NOTE Confidence: 0.84635043

00:45:32.417 --> 00:45:35.139 how we should arrange this workflow,

NOTE Confidence: 0.84635043

 $00:45:35.140 \longrightarrow 00:45:36.187$ but thank you.

NOTE Confidence: 0.84635043

00:45:36.187 --> 00:45:38.281 It was a really excellent overview

NOTE Confidence: 0.84635043

00:45:38.281 --> 00:45:40.859 of everything question anyone else.

NOTE Confidence: 0.86312586

00:45:43.450 --> 00:45:45.886 Although I have a quick question,

NOTE Confidence: 0.86312586

 $00:45:45.886 \longrightarrow 00:45:47.916$ do you think that all

NOTE Confidence: 0.86312586

 $00{:}45{:}47.920 \dashrightarrow 00{:}45{:}51.015$ sleep apnea patients should receive CBT I?

NOTE Confidence: 0.86312586

 $00{:}45{:}51.015 \dashrightarrow 00{:}45{:}53.200$ Prior to being started on treatment.

NOTE Confidence: 0.7842147

 $00{:}45{:}55.340 \dashrightarrow 00{:}45{:}58.796$ So I I I do not think all

NOTE Confidence: 0.7842147

00:45:58.796 --> 00:46:01.539 sleep apnea patients shoot,

NOTE Confidence: 0.7842147

 $00:46:01.540 \longrightarrow 00:46:05.560$ you know, they all have this.

00:46:05.560 --> 00:46:07.856 Multiple clinical phenotypes of

NOTE Confidence: 0.7842147

 $00:46:07.856 \longrightarrow 00:46:11.300$ how you know they they present.

NOTE Confidence: 0.7842147

00:46:11.300 --> 00:46:14.170 Certainly the patients with insomnia,

NOTE Confidence: 0.7842147

00:46:14.170 --> 00:46:15.892 you know, should,

NOTE Confidence: 0.7842147

00:46:15.892 --> 00:46:19.336 especially those who have you know,

NOTE Confidence: 0.7842147

 $00{:}46{:}19.340 \dashrightarrow 00{:}46{:}22.425$ difficulty initiating sleep and and

NOTE Confidence: 0.7842147

00:46:22.425 --> 00:46:26.638 have this iPod arousal state is usually

NOTE Confidence: 0.7842147

00:46:26.638 --> 00:46:30.236 very difficult for them to cope with.

NOTE Confidence: 0.7842147

00:46:30.240 --> 00:46:33.690 You know, using using C pap,

NOTE Confidence: 0.7842147

00:46:33.690 --> 00:46:37.218 so definitely those patients I would.

NOTE Confidence: 0.7842147

 $00{:}46{:}37.220 --> 00{:}46{:}39.404$ You know, put on CBC I bought,

NOTE Confidence: 0.7842147

00:46:39.410 --> 00:46:41.288 but not not everyone, not everyone.

NOTE Confidence: 0.8885628

 $00:46:46.550 \longrightarrow 00:46:47.530$ I would love to hear.

NOTE Confidence: 0.8885628

 $00:46:47.530 \longrightarrow 00:46:49.190$ I know there is some.

NOTE Confidence: 0.8885628

 $00:46:49.190 \longrightarrow 00:46:50.708$ Oh God, is there a question?

NOTE Confidence: 0.85586345

00:46:53.690 --> 00:46:56.930 I was going to say I would love to hear

00:46:57.020 --> 00:47:00.100 from many of the psychologist I know.

NOTE Confidence: 0.85586345

 $00:47:00.100 \longrightarrow 00:47:03.276$ We have at least a couple I think

NOTE Confidence: 0.85586345

 $00:47:03.276 \longrightarrow 00:47:05.378$ behavioral psychologists on the call today.

NOTE Confidence: 0.85586345

00:47:05.380 --> 00:47:09.150 If people want to chime in and sort of share,

NOTE Confidence: 0.85586345

 $00{:}47{:}09.150 \dashrightarrow 00{:}47{:}11.412$ you know their experience about managing

NOTE Confidence: 0.85586345

 $00{:}47{:}11.412 \to 00{:}47{:}13.343$ patients who are concurrently dealing

NOTE Confidence: 0.85586345

 $00:47:13.343 \longrightarrow 00:47:15.557$ with both insomnia and CPAP acclimation.

NOTE Confidence: 0.85586345

 $00:47:15.560 \longrightarrow 00:47:18.584$ I know that those can be challenging

NOTE Confidence: 0.85586345

 $00{:}47{:}18.584 \to 00{:}47{:}21.660$ things to deal with simultaneously.

NOTE Confidence: 0.85586345

 $00:47:21.660 \longrightarrow 00:47:24.748$ But it's it's heartening to see that we

NOTE Confidence: 0.85586345

00:47:24.748 --> 00:47:27.250 can potentially have favorable impact on

NOTE Confidence: 0.85586345

 $00:47:27.250 \longrightarrow 00:47:30.230$ each disease with treatment of the other.

NOTE Confidence: 0.87493503

 $00:47:42.640 \longrightarrow 00:47:46.584$ I have a quick question to ask her.

NOTE Confidence: 0.87493503

 $00{:}47{:}46.584 \dashrightarrow 00{:}47{:}50.042$ This is the stupid man from California

NOTE Confidence: 0.87493503

 $00:47:50.042 \longrightarrow 00:47:53.786$ in patients who have strictly sleep

 $00:47:53.790 \longrightarrow 00:47:56.134$ maintenance in somnia with zero

NOTE Confidence: 0.87493503

 $00{:}47{:}56.134 \dashrightarrow 00{:}47{:}59.986$ sleep onset insomnia I have seen.

NOTE Confidence: 0.87493503

 $00:47:59.990 \longrightarrow 00:48:02.106$ Usually very good result.

NOTE Confidence: 0.87493503

 $00:48:02.106 \longrightarrow 00:48:05.950$ When you can control the sleep apnea.

NOTE Confidence: 0.87493503

 $00{:}48{:}05.950 \dashrightarrow 00{:}48{:}08.658$ The sleep maintenance in somnia

NOTE Confidence: 0.87493503

 $00{:}48{:}08.658 \dashrightarrow 00{:}48{:}12.720$ improves is that a special group

NOTE Confidence: 0.87493503

00:48:12.836 --> 00:48:16.708 that would tend not to need CPI CPI?

NOTE Confidence: 0.859701

 $00:48:20.000 \longrightarrow 00:48:24.090$ So yeah, so absolutely there is.

NOTE Confidence: 0.859701

 $00{:}48{:}24.090 \to 00{:}48{:}29.546$ You know that group of patients who have,

NOTE Confidence: 0.859701

 $00:48:29.550 \longrightarrow 00:48:33.710$ you know, just you know, sleep,

NOTE Confidence: 0.859701

00:48:33.710 --> 00:48:36.710 maintenance, insomnia that is

NOTE Confidence: 0.859701

 $00:48:36.710 \longrightarrow 00:48:39.710$ particularly majorly driven by.

NOTE Confidence: 0.859701

00:48:39.710 --> 00:48:42.832 The Apric episodes they get so we

NOTE Confidence: 0.859701

00:48:42.832 --> 00:48:45.574 do have those group of patients

NOTE Confidence: 0.859701

 $00:48:45.574 \longrightarrow 00:48:48.626$ that you place them on C pap

NOTE Confidence: 0.859701

 $00{:}48{:}48.727 \dashrightarrow 00{:}48{:}51.667$ and they will improve our ever.

00:48:51.670 --> 00:48:55.261 The problem is we also have a group of

NOTE Confidence: 0.859701

 $00:48:55.261 \longrightarrow 00:48:58.302$ patients that would also present the same

NOTE Confidence: 0.859701

00:48:58.302 --> 00:49:01.789 way but would not necessarily improve.

NOTE Confidence: 0.859701

00:49:01.790 --> 00:49:04.898 You know with C pap and that's

NOTE Confidence: 0.859701

 $00:49:04.898 \longrightarrow 00:49:08.220$ where the issue of sleep depth as

NOTE Confidence: 0.859701

 $00:49:08.220 \longrightarrow 00:49:11.058$ a trait comes into play 'cause.

NOTE Confidence: 0.859701

00:49:11.060 --> 00:49:13.224 Different people have different

NOTE Confidence: 0.859701

 $00:49:13.224 \longrightarrow 00:49:15.929$ sleep debts and have different

NOTE Confidence: 0.859701

 $00{:}49{:}15.929 \dashrightarrow 00{:}49{:}18.100$ tendencies to arouse from sleep.

NOTE Confidence: 0.859701

 $00:49:18.100 \longrightarrow 00:49:20.200$ When there's a disturbance.

NOTE Confidence: 0.859701

 $00:49:20.200 \dashrightarrow 00:49:25.138$ So I would say again when it comes to that,

NOTE Confidence: 0.859701

00:49:25.140 --> 00:49:28.668 the individual patient and an you know,

NOTE Confidence: 0.859701

00:49:28.670 --> 00:49:31.676 like I mentioned in the presentation,

NOTE Confidence: 0.859701

 $00:49:31.680 \longrightarrow 00:49:34.620$ that I would follow up this

NOTE Confidence: 0.859701

 $00:49:34.620 \longrightarrow 00:49:37.105$ patients frequently 'cause you know

 $00:49:37.105 \longrightarrow 00:49:39.739$ sometimes you just have to tailor

NOTE Confidence: 0.859701

 $00:49:39.739 \longrightarrow 00:49:42.750$ things to the individual patient.

NOTE Confidence: 0.8748629

 $00{:}49{:}54.500 \dashrightarrow 00{:}49{:}56.515$ Alright, well if there's numerous

NOTE Confidence: 0.8748629

 $00:49:56.515 \longrightarrow 00:49:59.340$ questions and I think I'll let everybody

NOTE Confidence: 0.8748629

00:49:59.340 --> 00:50:01.554 know about our talk next week.

NOTE Confidence: 0.8748629

 $00:50:01.560 \longrightarrow 00:50:04.297$ So we're going to have our another

NOTE Confidence: 0.8748629

 $00:50:04.297 \longrightarrow 00:50:06.355$ sleep fellow, Doctor Glenda Bowen,

NOTE Confidence: 0.8748629

 $00:50:06.355 \longrightarrow 00:50:08.905$ who's going to be speaking about

NOTE Confidence: 0.8748629

 $00{:}50{:}08.905 \dashrightarrow 00{:}50{:}10.792$ narcolepsy and provide a review

NOTE Confidence: 0.8748629

 $00:50:10.792 \longrightarrow 00:50:12.527$ in an update on treatment.

NOTE Confidence: 0.8748629

 $00:50:12.530 \longrightarrow 00:50:14.074$ And in the mean time,

NOTE Confidence: 0.8748629

 $00:50:14.074 \longrightarrow 00:50:16.853$ if anyone is interested in joining us

NOTE Confidence: 0.8748629

00:50:16.853 --> 00:50:19.199 for the Sleep Symposium this Friday,

NOTE Confidence: 0.8748629

 $00:50:19.200 \longrightarrow 00:50:22.032$ please feel free to sign up and thank

NOTE Confidence: 0.8748629

 $00:50:22.032 \longrightarrow 00:50:25.078$ you again only for a great presentation.

NOTE Confidence: 0.9051739

 $00:50:26.340 \longrightarrow 00:50:27.130$ Thank you.