WEBVTT

NOTE duration: "00:55:02.4320000"

NOTE language:en-us

NOTE Confidence: 0.8996268

00:00:14.440 --> 00:00:17.338 Alright, hello everybody.

NOTE Confidence: 0.8996268

 $00{:}00{:}17.340 \dashrightarrow 00{:}00{:}20.166$ My name is Andres in check and I am

NOTE Confidence: 0.8996268

 $00{:}00{:}20.166 \dashrightarrow 00{:}00{:}22.378$ from assistant professor at Yale

NOTE Confidence: 0.8996268

00:00:22.378 --> 00:00:25.550 School of Medicine and Work at the

NOTE Confidence: 0.8996268

 $00{:}00{:}25.550 \dashrightarrow 00{:}00{:}28.077$ Sleep Center at Yale and so thank

NOTE Confidence: 0.8996268

00:00:28.077 --> 00:00:30.710 you very much for joining us for

NOTE Confidence: 0.8996268

 $00{:}00{:}30.710 \dashrightarrow 00{:}00{:}33.000$ yet another edition of the joints.

NOTE Confidence: 0.8996268

00:00:33.000 --> 00:00:35.290 Yale, Harvard and Tufts Sleep Conference,

NOTE Confidence: 0.8996268

 $00{:}00{:}35.290 \dashrightarrow 00{:}00{:}37.964$ and we're excited to have you back,

NOTE Confidence: 0.8996268

 $00:00:37.970 \longrightarrow 00:00:40.256$ and we have a special session

NOTE Confidence: 0.8996268

 $00{:}00{:}40.256 \dashrightarrow 00{:}00{:}42.214$ today with Doctor Omesh Toolsie

NOTE Confidence: 0.8996268

 $00:00:42.214 \longrightarrow 00:00:45.028$ from the Tufts Medical Center is a

NOTE Confidence: 0.8996268

 $00:00:45.028 \longrightarrow 00:00:47.340$ fellow or first felt a presence.

NOTE Confidence: 0.8996268

00:00:47.340 --> 00:00:49.755 Princeton I think first hopefully of many,

 $00:00:49.760 \dashrightarrow 00:00:52.182$ and I just also want to introduce

NOTE Confidence: 0.8996268

 $00:00:52.182 \longrightarrow 00:00:52.874$ Doctor already.

NOTE Confidence: 0.8996268

 $00:00:52.880 \longrightarrow 00:00:55.646$ Grover, who is from the Tufts Medical Center.

NOTE Confidence: 0.8996268

 $00:00:55.646 \longrightarrow 00:00:57.965$ Who is the medical director at the

NOTE Confidence: 0.8996268

 $00{:}00{:}57.965 \dashrightarrow 00{:}01{:}00.016$ Central Sleep Medicine and a program

NOTE Confidence: 0.8996268

00:01:00.016 --> 00:01:02.557 director of the Sleep Fellowship at Tufts,

NOTE Confidence: 0.8996268

 $00:01:02.560 \longrightarrow 00:01:04.290$ and so she will kindly

NOTE Confidence: 0.8996268

 $00:01:04.290 \longrightarrow 00:01:05.328$ introduce Doctor Mitchell.

NOTE Confidence: 0.8996268

 $00:01:05.330 \longrightarrow 00:01:08.120$ See for the rest of the talk and

NOTE Confidence: 0.8996268

 $00{:}01{:}08.120 \dashrightarrow 00{:}01{:}10.605$ just wanted to ask you to just

NOTE Confidence: 0.8996268

00:01:10.605 --> 00:01:12.940 keep in mind to mute yourself as

NOTE Confidence: 0.8996268

 $00:01:12.940 \longrightarrow 00:01:14.665$ the talk that progress is.

NOTE Confidence: 0.8996268

 $00:01:14.670 \longrightarrow 00:01:17.550$ If you wanted to ask a question or.

NOTE Confidence: 0.8996268

 $00:01:17.550 \longrightarrow 00:01:18.096$ Keep up,

NOTE Confidence: 0.8996268

 $00:01:18.096 \longrightarrow 00:01:20.007$ feel free to raise your hand or

 $00:01:20.007 \longrightarrow 00:01:22.252$ put your question in the chat and

NOTE Confidence: 0.8996268

 $00{:}01{:}22.252 \dashrightarrow 00{:}01{:}23.923$ we can certainly stop talking

NOTE Confidence: 0.8996268

 $00{:}01{:}23.923 \dashrightarrow 00{:}01{:}25.945$ and ask questions at the time.

NOTE Confidence: 0.8996268

 $00:01:25.950 \longrightarrow 00:01:27.945$ Or we can summarize things at the

NOTE Confidence: 0.8996268

 $00:01:27.945 \longrightarrow 00:01:30.299$ end and have a nice discussion then.

NOTE Confidence: 0.8996268

 $00:01:30.300 \longrightarrow 00:01:32.477$ So without further ado Doctor Eric Brewer.

NOTE Confidence: 0.84253323

 $00:01:36.180 \longrightarrow 00:01:41.250$ Hi good afternoon everyone. Thank you Andre.

NOTE Confidence: 0.7615383

00:01:41.250 --> 00:01:44.680 I again my name is Artie Grover.

NOTE Confidence: 0.7615383

00:01:44.680 --> 00:01:47.130 Like understood, I wear from

NOTE Confidence: 0.7615383

00:01:47.130 --> 00:01:49.090 Tufts Medical Center and.

NOTE Confidence: 0.7892779

00:01:51.160 --> 00:01:52.840 It's my pleasure to introduce

NOTE Confidence: 0.7892779

 $00{:}01{:}52.840 --> 00{:}01{:}54.184$ the speaker for today.

NOTE Confidence: 0.7892779

00:01:54.190 --> 00:01:55.783 Doctor Omesh Toolsie,

NOTE Confidence: 0.7892779

00:01:55.783 --> 00:01:58.438 who's our Sleep Medicine fellow?

NOTE Confidence: 0.7892779

 $00:01:58.440 \longrightarrow 00:02:00.140$ I just to introduce

NOTE Confidence: 0.7892779

 $00:02:00.140 \longrightarrow 00:02:01.840$ Doctor Chelsea to briefly.

 $00{:}02{:}01.840 \dashrightarrow 00{:}02{:}04.664$ He comes to us from New York after

NOTE Confidence: 0.7892779

 $00{:}02{:}04.664 \dashrightarrow 00{:}02{:}06.458$ completing his pulmonary critical

NOTE Confidence: 0.7892779

 $00:02:06.458 \longrightarrow 00:02:09.488$ Care fellowship from the Monte Fiore.

NOTE Confidence: 0.7892779

 $00:02:09.490 \longrightarrow 00:02:10.398$ Albert Einstein,

NOTE Confidence: 0.7892779

 $00{:}02{:}10.398 \dashrightarrow 00{:}02{:}13.122$ with the Bronx health care system

NOTE Confidence: 0.7892779

00:02:13.122 --> 00:02:15.078 Program combined program doctor

NOTE Confidence: 0.7892779

 $00:02:15.078 \longrightarrow 00:02:17.030$ Chelsea completed completed his

NOTE Confidence: 0.7892779

 $00:02:17.030 \longrightarrow 00:02:19.370$ residency program also at the

NOTE Confidence: 0.7892779

 $00:02:19.370 \dashrightarrow 00:02:21.278$ Bronx Care Health System in New

NOTE Confidence: 0.7892779

 $00{:}02{:}21.278 \dashrightarrow 00{:}02{:}23.479$ York and he completed his medical

NOTE Confidence: 0.7892779

 $00:02:23.479 \longrightarrow 00:02:25.544$ degree from University of West

NOTE Confidence: 0.7892779

00:02:25.544 --> 00:02:27.769 Indies in Trinidad and Tobago.

NOTE Confidence: 0.7892779

 $00{:}02{:}27.770 --> 00{:}02{:}28.680$ Doctor tulsi.

NOTE Confidence: 0.7892779

 $00:02:28.680 \longrightarrow 00:02:30.500$ During his residency and

NOTE Confidence: 0.7892779

 $00:02:30.500 \longrightarrow 00:02:31.865$ fellowship has completed,

 $00:02:31.870 \longrightarrow 00:02:33.040$ several investigative research

NOTE Confidence: 0.7892779

 $00:02:33.040 \longrightarrow 00:02:34.990$ projects has been involved in

NOTE Confidence: 0.7892779

 $00:02:34.990 \longrightarrow 00:02:36.590$ many poster presentations.

NOTE Confidence: 0.7892779

 $00:02:36.590 \longrightarrow 00:02:37.454$ Oral presentations.

NOTE Confidence: 0.7892779

00:02:37.454 --> 00:02:40.046 In addition to many peer reviewed

NOTE Confidence: 0.7892779

 $00:02:40.046 \longrightarrow 00:02:42.247$ Journal articles as well as

NOTE Confidence: 0.7892779

 $00:02:42.247 \longrightarrow 00:02:43.522$ quality improvement initiatives

NOTE Confidence: 0.7892779

 $00:02:43.522 \longrightarrow 00:02:45.600$ during his fellowship this year,

NOTE Confidence: 0.7892779

 $00{:}02{:}45.600 \dashrightarrow 00{:}02{:}47.730$ Doctor Chelsea has been very

NOTE Confidence: 0.7892779

00:02:47.730 --> 00:02:49.860 involved with the Fellowship in

NOTE Confidence: 0.7892779

 $00{:}02{:}49.935 \dashrightarrow 00{:}02{:}52.135$ terms of teaching the residents

NOTE Confidence: 0.7892779

 $00{:}02{:}52.135 \dashrightarrow 00{:}02{:}54.335$ and teaching at Ents residence

NOTE Confidence: 0.7892779

00:02:54.411 --> 00:02:56.326 in terms of sleep lectures.

NOTE Confidence: 0.7892779

 $00:02:56.330 \longrightarrow 00:02:59.120$ He has been very involved with.

NOTE Confidence: 0.7892779

 $00:02:59.120 \longrightarrow 00:03:00.386$ King lecture star.

NOTE Confidence: 0.7892779

00:03:00.386 --> 00:03:01.230 Sleep technologist.

 $00{:}03{:}01.230 \dashrightarrow 00{:}03{:}04.317$ In a sleep lab as well and he's been

NOTE Confidence: 0.7892779

 $00{:}03{:}04.317 \dashrightarrow 00{:}03{:}06.716$ integral part of our hypoglossal

NOTE Confidence: 0.7892779

00:03:06.716 --> 00:03:08.696 nerve stimulator program at

NOTE Confidence: 0.7892779

 $00:03:08.696 \longrightarrow 00:03:10.910$ Tufts Medical Center as well.

NOTE Confidence: 0.7892779

 $00:03:10.910 \longrightarrow 00:03:13.015$ Today he will be speaking

NOTE Confidence: 0.7892779

 $00:03:13.015 \longrightarrow 00:03:14.278$ about overlap syndrome.

NOTE Confidence: 0.7892779

00:03:14.280 --> 00:03:15.700 OSA COPD overlap syndrome,

NOTE Confidence: 0.7892779

 $00:03:15.700 \longrightarrow 00:03:17.475$ and he will be discussing

NOTE Confidence: 0.7892779

00:03:17.475 --> 00:03:18.910 the pathophysiology,

NOTE Confidence: 0.7892779

 $00:03:18.910 \longrightarrow 00:03:20.158$ clinical presentation management

NOTE Confidence: 0.7892779

00:03:20.158 --> 00:03:21.822 and morbidity and mortality

NOTE Confidence: 0.7892779

 $00{:}03{:}21.822 \dashrightarrow 00{:}03{:}23.540$ associated with this disease.

NOTE Confidence: 0.7892779

 $00:03:23.540 \longrightarrow 00:03:25.740$ So, without further ado,

NOTE Confidence: 0.7892779

 $00:03:25.740 \longrightarrow 00:03:28.490$ I would like to introduce

NOTE Confidence: 0.7892779

 $00:03:28.490 \longrightarrow 00:03:31.170$ Doctor Chelsea for the talk.

 $00:03:31.170 \longrightarrow 00:03:33.370$ Thank you.

NOTE Confidence: 0.7892779 00:03:33.370 --> 00:03:33.720 So NOTE Confidence: 0.83332604

 $00:03:33.720 \longrightarrow 00:03:34.764$ good afternoon everyone.

NOTE Confidence: 0.83332604

 $00:03:34.764 \longrightarrow 00:03:37.206$ I'm a mesh, very grateful for the

NOTE Confidence: 0.83332604

 $00:03:37.206 \longrightarrow 00:03:39.300$ opportunity to present at today's conference.

NOTE Confidence: 0.83332604

 $00:03:39.300 \longrightarrow 00:03:41.236$ So I was only able to kind of

NOTE Confidence: 0.83332604

00:03:41.236 --> 00:03:43.335 share the presentation in the

NOTE Confidence: 0.83332604

00:03:43.335 --> 00:03:44.886 traditional PowerPoint format,

NOTE Confidence: 0.83332604

 $00{:}03{:}44.890 \dashrightarrow 00{:}03{:}47.458$ but nonetheless it will not take away from

NOTE Confidence: 0.83332604

 $00:03:47.458 \longrightarrow 00:03:49.767$ the essence of the presentation anyway,

NOTE Confidence: 0.83332604

 $00:03:49.770 \longrightarrow 00:03:51.870$ so there there are no Commission.

NOTE Confidence: 0.83332604

 $00:03:51.870 \longrightarrow 00:03:53.262$ There's no commercial support

NOTE Confidence: 0.83332604

00:03:53.262 --> 00:03:54.654 for this grand rounds.

NOTE Confidence: 0.83332604

 $00:03:54.660 \longrightarrow 00:03:57.796$ There are no conflicts of interest from

NOTE Confidence: 0.83332604

 $00:03:57.796 \longrightarrow 00:04:01.799$ me or any of my faculty here at Tufts.

NOTE Confidence: 0.83332604

 $00:04:01.800 \longrightarrow 00:04:03.760$ And to receive credit for.

 $00{:}04{:}03.760 \dashrightarrow 00{:}04{:}04.930$ This afternoon's conference

NOTE Confidence: 0.83332604

 $00:04:04.930 \longrightarrow 00:04:06.880$ stood up to text 21610.

NOTE Confidence: 0.83332604

00:04:06.880 --> 00:04:08.840 To this number, 2034429435, OK,

NOTE Confidence: 0.83332604

 $00:04:08.840 \longrightarrow 00:04:11.535$ so I'd like to start today's conference

NOTE Confidence: 0.83332604

 $00{:}04{:}11.535 \dashrightarrow 00{:}04{:}14.657$ by reviewing a case of a patient that's

NOTE Confidence: 0.83332604

00:04:14.657 --> 00:04:17.050 still being followed here at Tufts,

NOTE Confidence: 0.83332604

 $00:04:17.050 \longrightarrow 00:04:19.506$ 57 year old female who was sent to

NOTE Confidence: 0.83332604

 $00:04:19.506 \longrightarrow 00:04:21.870$ us from a community health provider

NOTE Confidence: 0.83332604

00:04:21.870 --> 00:04:25.319 because of normal chest X Ray was done

NOTE Confidence: 0.83332604

 $00:04:25.319 \longrightarrow 00:04:27.911$ because she has some upper respiratory

NOTE Confidence: 0.83332604

 $00{:}04{:}27.911 \dashrightarrow 00{:}04{:}30.420$ symptoms on the chest X Rays.

NOTE Confidence: 0.83332604

 $00:04:30.420 \longrightarrow 00:04:32.060$ She they saw her.

NOTE Confidence: 0.83332604

 $00{:}04{:}32.060 \dashrightarrow 00{:}04{:}34.685$ Memory care physician so along module and

NOTE Confidence: 0.83332604

 $00:04:34.685 \longrightarrow 00:04:37.398$ sensor across two or pulmonary colleagues,

NOTE Confidence: 0.83332604

 $00:04:37.400 \longrightarrow 00:04:39.044$ she has medical morbidities

00:04:39.044 --> 00:04:39.866 including hypertension,

NOTE Confidence: 0.83332604

 $00:04:39.870 \longrightarrow 00:04:40.267$ diabetes,

NOTE Confidence: 0.83332604

00:04:40.267 --> 00:04:41.458 chronic kidney disease,

NOTE Confidence: 0.83332604

 $00:04:41.458 \longrightarrow 00:04:43.840$ she's obese and also has a

NOTE Confidence: 0.83332604

 $00:04:43.914 \longrightarrow 00:04:45.582$ history of hypothyroidism and

NOTE Confidence: 0.83332604

00:04:45.582 --> 00:04:48.084 while she's not a current smoker,

NOTE Confidence: 0.83332604

 $00{:}04{:}48.090 \dashrightarrow 00{:}04{:}50.090$ she does have a significant

NOTE Confidence: 0.83332604

00:04:50.090 --> 00:04:52.610 smoking history of 35 pack years.

NOTE Confidence: 0.83332604

 $00{:}04{:}52.610 --> 00{:}04{:}54.665$ So while speaking to our

NOTE Confidence: 0.83332604

00:04:54.665 --> 00:04:55.487 pulmonary colleagues,

NOTE Confidence: 0.83332604

 $00:04:55.490 \longrightarrow 00:04:57.735$ in addition to having some

NOTE Confidence: 0.83332604

 $00:04:57.735 \longrightarrow 00:04:59.980$ complaints of dyspnea on exertion

NOTE Confidence: 0.83332604

 $00:05:00.055 \longrightarrow 00:05:02.147$ and some intermittent cough.

NOTE Confidence: 0.83332604

00:05:02.150 --> 00:05:04.306 She also complained of feeling very sleepy,

NOTE Confidence: 0.83332604

 $00:05:04.310 \longrightarrow 00:05:06.347$ but after spending 10 or 12 hours

NOTE Confidence: 0.83332604

 $00:05:06.347 \longrightarrow 00:05:08.948$ in bed and she had just retired she,

 $00:05:08.950 \longrightarrow 00:05:10.948$ she worked in healthcare and while

NOTE Confidence: 0.83332604

 $00{:}05{:}10.948 \dashrightarrow 00{:}05{:}12.660$ initially planning to retire at 60,

NOTE Confidence: 0.83332604

00:05:12.660 --> 00:05:15.172 she opted to retire now because of Kovid

NOTE Confidence: 0.83332604

 $00:05:15.172 \longrightarrow 00:05:18.217$ and she said that now but she has more time,

NOTE Confidence: 0.83332604

 $00:05:18.220 \longrightarrow 00:05:20.313$ which seems very sleepy during the day

NOTE Confidence: 0.83332604

 $00:05:20.313 \longrightarrow 00:05:22.537$ and she takes naps in the afternoon.

NOTE Confidence: 0.83332604

 $00:05:22.540 \longrightarrow 00:05:24.115$ So pulmonary colleagues center across

NOTE Confidence: 0.83332604

 $00{:}05{:}24.115 \dashrightarrow 00{:}05{:}26.229$ to US phone evaluation in addition to

NOTE Confidence: 0.83332604

 $00:05:26.229 \longrightarrow 00:05:28.149$ ordering the see T chest on PFTS for

NOTE Confidence: 0.83332604

 $00{:}05{:}28.205 \dashrightarrow 00{:}05{:}29.957$ evaluation of pulmonary complaints.

NOTE Confidence: 0.83332604

 $00:05:29.960 \longrightarrow 00:05:31.510$ So they Sleep Medicine clinic.

NOTE Confidence: 0.83332604

 $00:05:31.510 \longrightarrow 00:05:33.974$ We sort by one of our telehealth visits.

NOTE Confidence: 0.83332604

 $00{:}05{:}33.980 \dashrightarrow 00{:}05{:}35.888$ She had never seen a Sleep

NOTE Confidence: 0.83332604

 $00{:}05{:}35.888 \dashrightarrow 00{:}05{:}37.160$ Medicine specialist before now.

NOTE Confidence: 0.83332604

 $00:05:37.160 \longrightarrow 00:05:39.065$ How to sleep study before

 $00:05:39.065 \longrightarrow 00:05:40.589$ she complained of snoring.

NOTE Confidence: 0.83332604

 $00:05:40.590 \longrightarrow 00:05:41.376$ Nor witnessed.

NOTE Confidence: 0.83332604

00:05:41.376 --> 00:05:43.341 Apneas ducting said though she

NOTE Confidence: 0.83332604

 $00:05:43.341 \longrightarrow 00:05:45.539$ did not have a bad partner.

NOTE Confidence: 0.83332604

 $00:05:45.540 \longrightarrow 00:05:48.207$ She complained of some arousals at night,

NOTE Confidence: 0.83332604

00:05:48.210 --> 00:05:50.877 about four to five browsers at night,

NOTE Confidence: 0.83332604

 $00:05:50.880 \longrightarrow 00:05:53.596$ some of which she said were spontaneous

NOTE Confidence: 0.83332604

 $00:05:53.596 \longrightarrow 00:05:55.450$ or this triggered by cough.

NOTE Confidence: 0.83332604

 $00{:}05{:}55.450 \dashrightarrow 00{:}05{:}57.568$ All this, triggered with the urge

NOTE Confidence: 0.83332604

 $00:05:57.568 \longrightarrow 00:06:00.399$ to to to use the restroom.

NOTE Confidence: 0.83332604

 $00{:}06{:}00.400 \dashrightarrow 00{:}06{:}03.067$ She very often woke up feeling tired,

NOTE Confidence: 0.83332604

 $00{:}06{:}03.070 \dashrightarrow 00{:}06{:}04.802$ complaining of nonrestorative sleep,

NOTE Confidence: 0.83332604

 $00:06:04.802 \longrightarrow 00:06:06.967$ having headaches and some nights

NOTE Confidence: 0.83332604

 $00:06:06.967 \longrightarrow 00:06:08.469$ and efforts cause 12.

NOTE Confidence: 0.83332604

 $00:06:08.470 \longrightarrow 00:06:10.360$ Um, she said that while she,

NOTE Confidence: 0.83332604

00:06:10.360 --> 00:06:11.008 you know,

 $00:06:11.008 \longrightarrow 00:06:12.628$ in retrospect you noticed symptoms

NOTE Confidence: 0.83332604

 $00{:}06{:}12.628 \dashrightarrow 00{:}06{:}14.460$ progressed over the past five years.

NOTE Confidence: 0.83332604

00:06:14.460 --> 00:06:16.540 It's only when she retired that she really

NOTE Confidence: 0.83332604

 $00:06:16.540 \longrightarrow 00:06:18.550$ began to appreciate these complaints.

NOTE Confidence: 0.83332604

 $00{:}06{:}18.550 \dashrightarrow 00{:}06{:}20.440$ So as part of our investigation,

NOTE Confidence: 0.83332604

 $00:06:20.440 \longrightarrow 00:06:22.645$ of course, we ordered a sleep study,

NOTE Confidence: 0.83332604

 $00:06:22.650 \longrightarrow 00:06:24.848$ so while waiting for that sleep study,

NOTE Confidence: 0.83332604

 $00:06:24.850 \longrightarrow 00:06:26.740$ she had her CAT scan done.

NOTE Confidence: 0.83332604

 $00:06:26.740 \longrightarrow 00:06:27.685$ By the way,

NOTE Confidence: 0.83332604

 $00{:}06{:}27.685 \dashrightarrow 00{:}06{:}29.890$ there was known audio to be found,

NOTE Confidence: 0.83332604

 $00:06:29.890 \longrightarrow 00:06:30.691$ but was found.

NOTE Confidence: 0.83332604

00:06:30.691 --> 00:06:33.231 As you may see on this axial cutter for

NOTE Confidence: 0.83332604

 $00{:}06{:}33.231 \dashrightarrow 00{:}06{:}35.663$ see T chess is an exploratory film you

NOTE Confidence: 0.7804302

 $00:06:35.729 \longrightarrow 00:06:38.396$ can see basically different Shades of Grey.

NOTE Confidence: 0.7804302

 $00:06:38.400 \longrightarrow 00:06:40.165$ You can see some areas

 $00:06:40.165 \longrightarrow 00:06:41.930$ that are very hyper Lucent.

NOTE Confidence: 0.7804302

 $00{:}06{:}41.930 \dashrightarrow 00{:}06{:}43.635$ On some areas that appear

NOTE Confidence: 0.7804302

00:06:43.635 --> 00:06:45.340 like normal long parent Kima,

NOTE Confidence: 0.7804302

 $00:06:45.340 \longrightarrow 00:06:47.332$ and that is really a radiological

NOTE Confidence: 0.7804302

 $00:06:47.332 \longrightarrow 00:06:49.407$ finding that we turn wiziq, music.

NOTE Confidence: 0.7804302

00:06:49.407 --> 00:06:51.309 Profusion or some people say mosaic

NOTE Confidence: 0.7804302

 $00:06:51.309 \longrightarrow 00:06:53.518$ attenuation in the right clinical context.

NOTE Confidence: 0.7804302

 $00:06:53.520 \longrightarrow 00:06:56.224$ What it basically means is that there is

NOTE Confidence: 0.7804302

 $00{:}06{:}56.224 \to 00{:}06{:}58.721$ the presence of air trapping and there's

NOTE Confidence: 0.7804302

00:06:58.721 --> 00:07:01.368 certainly some areas of her long as well.

NOTE Confidence: 0.7804302

 $00:07:01.370 \longrightarrow 00:07:03.070$ They look hyper loose ends,

NOTE Confidence: 0.7804302

 $00{:}07{:}03.070 \dashrightarrow 00{:}07{:}04.640$ especially along the power septal

NOTE Confidence: 0.7804302

00:07:04.640 --> 00:07:06.654 areas that look like it's probably

NOTE Confidence: 0.7804302

 $00{:}07{:}06.654 \dashrightarrow 00{:}07{:}08.190$ emphysematous lung as well.

NOTE Confidence: 0.7804302

 $00:07:08.190 \longrightarrow 00:07:10.647$ So she then went on to get

NOTE Confidence: 0.7804302

00:07:10.647 --> 00:07:12.580 her PFTS here at Tufts.

00:07:12.580 --> 00:07:14.124 AF V1 FEC ratio,

NOTE Confidence: 0.7804302

 $00:07:14.124 \longrightarrow 00:07:16.843$ which is the marker obstruction for from

NOTE Confidence: 0.7804302

 $00:07:16.843 \longrightarrow 00:07:19.777$ for PFTS less than .70 or less than the

NOTE Confidence: 0.7804302

 $00:07:19.860 \longrightarrow 00:07:22.458$ lower limit of normal depending on.

NOTE Confidence: 0.7804302

 $00:07:22.460 \longrightarrow 00:07:23.182$ Your lab.

NOTE Confidence: 0.7804302

00:07:23.182 --> 00:07:25.348 Showed that she had evidence of

NOTE Confidence: 0.7804302

 $00:07:25.348 \longrightarrow 00:07:27.399$ obstruction and it was irreversible.

NOTE Confidence: 0.7804302

 $00:07:27.400 \longrightarrow 00:07:29.236$ Obstruction meaning that the LCD one

NOTE Confidence: 0.7804302

 $00{:}07{:}29.236 \dashrightarrow 00{:}07{:}31.505$ did not improve after administration of

NOTE Confidence: 0.7804302

 $00:07:31.505 \longrightarrow 00:07:33.477$ bronchodilators that actually dropped,

NOTE Confidence: 0.7804302

 $00:07:33.480 \longrightarrow 00:07:35.655$ which means that would persistent

NOTE Confidence: 0.7804302

 $00:07:35.655 \longrightarrow 00:07:37.395$ respiratory effort hoefl who

NOTE Confidence: 0.7804302

 $00{:}07{:}37.395 \dashrightarrow 00{:}07{:}39.741$ energy or the effort that it took

NOTE Confidence: 0.7804302

 $00:07:39.741 \longrightarrow 00:07:41.444$ to produce that forced expiatori

NOTE Confidence: 0.7804302

 $00:07:41.444 \longrightarrow 00:07:43.439$ flow in one minute actually.

 $00:07:43.440 \longrightarrow 00:07:45.786$ So so in addition to having

NOTE Confidence: 0.7804302

00:07:45.786 --> 00:07:46.568 irreversible obstruction,

NOTE Confidence: 0.7804302

00:07:46.570 --> 00:07:49.194 she was also found to have an increased

NOTE Confidence: 0.7804302

 $00:07:49.194 \longrightarrow 00:07:51.705$ total lung capacity and increased residual

NOTE Confidence: 0.7804302

 $00:07:51.705 \longrightarrow 00:07:54.381$ volume to total lung capacity ratio.

NOTE Confidence: 0.7804302

 $00:07:54.390 \longrightarrow 00:07:56.538$ So the residual volume is really

NOTE Confidence: 0.7804302

 $00:07:56.538 \longrightarrow 00:07:59.719$ volume of remaining A and lungs in the

NOTE Confidence: 0.7804302

 $00:07:59.719 \longrightarrow 00:08:01.819$ lungs after maximum forceful expiration.

NOTE Confidence: 0.7804302

 $00:08:01.820 \longrightarrow 00:08:04.256$ So what that ratio tells us is

NOTE Confidence: 0.7804302

 $00:08:04.256 \longrightarrow 00:08:06.509$ after you force everything out.

NOTE Confidence: 0.7804302

 $00{:}08{:}06.510 \dashrightarrow 00{:}08{:}09.401$ This in very simple terms after you

NOTE Confidence: 0.7804302

 $00:08:09.401 \longrightarrow 00:08:12.319$ force everything out how much is left

NOTE Confidence: 0.7804302

 $00:08:12.319 \longrightarrow 00:08:14.324$ relative to total lung capacity.

NOTE Confidence: 0.7804302

 $00:08:14.330 \longrightarrow 00:08:16.220$ And for her it's 50%,

NOTE Confidence: 0.7804302

 $00:08:16.220 \longrightarrow 00:08:18.100$ which is very much elevated.

NOTE Confidence: 0.7804302

 $00:08:18.100 \longrightarrow 00:08:20.466$ 35 to 37 really is the upper

 $00:08:20.466 \longrightarrow 00:08:22.250$ limit of what's accepted.

NOTE Confidence: 0.7804302

 $00:08:22.250 \longrightarrow 00:08:24.506$ So in addition to having this

NOTE Confidence: 0.7804302

00:08:24.506 --> 00:08:25.258 irreversible obstruction,

NOTE Confidence: 0.7804302

 $00:08:25.260 \longrightarrow 00:08:26.756$ she certainly has hyperinflation.

NOTE Confidence: 0.7804302

 $00:08:26.756 \longrightarrow 00:08:30.538$ So she came to get her sleep study here tops.

NOTE Confidence: 0.7804302

 $00:08:30.540 \longrightarrow 00:08:33.556$ She had a sleep efficiency of just 58%,

NOTE Confidence: 0.7804302

 $00:08:33.560 \longrightarrow 00:08:35.064$ about 2 hours after.

NOTE Confidence: 0.7804302

 $00{:}08{:}35.064 \dashrightarrow 00{:}08{:}38.078$ You know she fell as leep, she was awake.

NOTE Confidence: 0.7804302

00:08:38.078 --> 00:08:40.334 She had very poor quality sleep,

NOTE Confidence: 0.7804302

 $00:08:40.340 \longrightarrow 00:08:42.979$ very limited amounts of sleep or REM.

NOTE Confidence: 0.7804302

 $00:08:42.980 \longrightarrow 00:08:45.446$ Duration was reduced to about 7.6%.

NOTE Confidence: 0.7804302

 $00:08:45.450 \longrightarrow 00:08:49.386$ She spent all the night in supine sleep,

NOTE Confidence: 0.7804302

 $00:08:49.390 \longrightarrow 00:08:52.348$ where she had 99 apneas and

NOTE Confidence: 0.7804302

 $00:08:52.348 \longrightarrow 00:08:53.827$ 105 high partners.

NOTE Confidence: 0.7804302

 $00:08:53.830 \longrightarrow 00:08:56.788$ So that was calculated for age.

00:08:56.790 --> 00:09:00.114 I opting hypotony index of 41

NOTE Confidence: 0.7804302

00:09:00.114 --> 00:09:03.799 with an oxygen need year of 59%.

NOTE Confidence: 0.7804302

 $00{:}09{:}03.800 \dashrightarrow 00{:}09{:}05.752$ And I took this out of the part

NOTE Confidence: 0.7804302

 $00:09:05.752 \longrightarrow 00:09:07.626$ of the hypnogram studies that

NOTE Confidence: 0.7804302

 $00:09:07.626 \longrightarrow 00:09:09.386$ we usually give patients,

NOTE Confidence: 0.7804302

 $00{:}09{:}09{:}390 \dashrightarrow 00{:}09{:}11.700$ and you can see that Bahari artifacts.

NOTE Confidence: 0.7804302

 $00:09:11.700 \longrightarrow 00:09:13.730$ They are quite significant fluctuations

NOTE Confidence: 0.7804302

 $00:09:13.730 \longrightarrow 00:09:15.760$ in her oxygen saturation where

NOTE Confidence: 0.7804302

 $00:09:15.821 \longrightarrow 00:09:17.613$ it dips as low as the high 50s,

NOTE Confidence: 0.7804302

 $00:09:17.620 \longrightarrow 00:09:18.284$ low 60s.

NOTE Confidence: 0.7804302

00:09:18.284 --> 00:09:20.276 Around 1:10 you can actually actually

NOTE Confidence: 0.7804302

 $00:09:20.276 \longrightarrow 00:09:21.899$ went into REM sleep here,

NOTE Confidence: 0.7804302

 $00:09:21.900 \longrightarrow 00:09:24.332$ and you can see that that even after

NOTE Confidence: 0.7804302

 $00:09:24.332 \longrightarrow 00:09:26.170$ the significant drops in saturation,

NOTE Confidence: 0.7804302

 $00:09:26.170 \longrightarrow 00:09:27.860$ they don't actually recover to

NOTE Confidence: 0.7804302

 $00:09:27.860 \longrightarrow 00:09:30.449$ levels that she had during non REM *****.

 $00:09:30.450 \longrightarrow 00:09:32.781 ****** 3:00 AM$ was when she actually

NOTE Confidence: 0.7804302

 $00:09:32.781 \longrightarrow 00:09:35.178$ woke up and she just could not.

NOTE Confidence: 0.7804302

 $00:09:35.180 \longrightarrow 00:09:37.260$ All sleep after that I took a 10

NOTE Confidence: 0.7804302

00:09:37.260 --> 00:09:39.157 minute extra from her REM sleep

NOTE Confidence: 0.7804302

 $00{:}09{:}39.157 \dashrightarrow 00{:}09{:}40.797$ to kind of demonstrated pointed.

NOTE Confidence: 0.7804302

 $00:09:40.800 \longrightarrow 00:09:45.200$ I'm trying to make that she goes down to 67%.

NOTE Confidence: 0.8151015

 $00:09:45.200 \longrightarrow 00:09:47.664$ She does not actually reach anyway above 91%,

NOTE Confidence: 0.8151015

 $00:09:47.670 \longrightarrow 00:09:50.148$ so the High Street which is 91% and

NOTE Confidence: 0.8151015

00:09:50.148 --> 00:09:52.612 that's why I took this 10 minute excerpt.

NOTE Confidence: 0.8151015

 $00:09:52.620 \longrightarrow 00:09:54.892$ As you can see, it's marked with significant

NOTE Confidence: 0.8151015

00:09:54.892 --> 00:09:56.938 amount of respiratory events as well,

NOTE Confidence: 0.8151015

 $00:09:56.940 \longrightarrow 00:10:00.110$ so you know at this point she has a diagram.

NOTE Confidence: 0.8151015

 $00:10:00.110 \longrightarrow 00:10:01.945$ This is officially off obstructive

NOTE Confidence: 0.8151015

 $00:10:01.945 \longrightarrow 00:10:03.046$ obstructive sleep apnea,

NOTE Confidence: 0.8151015

 $00:10:03.050 \longrightarrow 00:10:05.234$ moderate COPD and it's likely that

 $00:10:05.234 \longrightarrow 00:10:07.100$ these two conditions were present

NOTE Confidence: 0.8151015

00:10:07.100 --> 00:10:09.522 in her for sometime prior to the

NOTE Confidence: 0.8151015

 $00:10:09.522 \longrightarrow 00:10:11.488$ presentation and very much explained.

NOTE Confidence: 0.8151015

 $00:10:11.490 \longrightarrow 00:10:13.224$ Do we should present it before

NOTE Confidence: 0.8151015

 $00:10:13.224 \longrightarrow 00:10:15.815$ I kind of go into explaining the

NOTE Confidence: 0.8151015

 $00{:}10{:}15.815 \longrightarrow 00{:}10{:}18.085$ interplay of these two conditions.

NOTE Confidence: 0.8151015

 $00:10:18.090 \longrightarrow 00:10:21.370$ I do want to touch on a little bit about

NOTE Confidence: 0.8151015

00:10:21.456 --> 00:10:24.326 COPD just for those of US demeanor.

NOTE Confidence: 0.8151015

 $00{:}10{:}24.330 \dashrightarrow 00{:}10{:}26.235$ Have a background in pulmonary

NOTE Confidence: 0.8151015

00:10:26.235 --> 00:10:28.739 medicine so COPD as defined by gold.

NOTE Confidence: 0.8151015

 $00:10:28.740 \longrightarrow 00:10:30.700$ Gold is the global initiative.

NOTE Confidence: 0.8151015

00:10:30.700 --> 00:10:32.388 For chronic obstructive pulmonary

NOTE Confidence: 0.8151015

00:10:32.388 --> 00:10:34.920 disease and they really is suited,

NOTE Confidence: 0.8151015

 $00:10:34.920 \longrightarrow 00:10:37.446$ standards of care that we follow.

NOTE Confidence: 0.8151015

00:10:37.450 --> 00:10:40.404 Every ending is yearly guidelines for us,

NOTE Confidence: 0.8151015

 $00:10:40.410 \longrightarrow 00:10:43.778$ and that defines the PD as a common,

 $00:10:43.780 \longrightarrow 00:10:46.260$ preventable and treatable disease that

NOTE Confidence: 0.8151015

 $00{:}10{:}46.260 \dashrightarrow 00{:}10{:}48.244$ characterized by persistent respiratory

NOTE Confidence: 0.8151015

 $00:10:48.244 \longrightarrow 00:10:50.423$ symptoms and airflow limitation that is

NOTE Confidence: 0.8151015

 $00:10:50.423 \longrightarrow 00:10:52.539$ due to airway and valvular abnormalities

NOTE Confidence: 0.8151015

 $00:10:52.539 \longrightarrow 00:10:54.704$ usually caused by significant exposure

NOTE Confidence: 0.8151015

 $00:10:54.704 \longrightarrow 00:10:56.973$ to noxious particles of gases.

NOTE Confidence: 0.8151015

 $00:10:56.973 \longrightarrow 00:11:00.704$ I really couldn't have said it better.

NOTE Confidence: 0.8151015

 $00{:}11{:}00.710 \longrightarrow 00{:}11{:}02.822$ And you know those noxious particles

NOTE Confidence: 0.8151015

 $00:11:02.822 \longrightarrow 00:11:05.096$ in gases in the developed world

NOTE Confidence: 0.8151015

 $00{:}11{:}05.096 \dashrightarrow 00{:}11{:}07.490$ tends to come from cigarette smoking

NOTE Confidence: 0.8151015

 $00:11:07.490 \longrightarrow 00:11:09.509$ in the developing world.

NOTE Confidence: 0.8151015

 $00{:}11{:}09.510 \dashrightarrow 00{:}11{:}12.588$ It tends to come from the use of biomass

NOTE Confidence: 0.8151015

 $00:11:12.588 \longrightarrow 00:11:15.906$ fuels for heating and for cooking especially,

NOTE Confidence: 0.8151015

 $00{:}11{:}15.910 \dashrightarrow 00{:}11{:}17.690$ and there's those noxious particles

NOTE Confidence: 0.8151015

 $00:11:17.690 \longrightarrow 00:11:19.470$ that attract large numbers of

 $00:11:19.524 \longrightarrow 00:11:21.232$ inflammatory cells like neutrophils

NOTE Confidence: 0.8151015

 $00{:}11{:}21.232 \dashrightarrow 00{:}11{:}23.367$ and and macrophages that produces

NOTE Confidence: 0.8151015

 $00:11:23.367 \longrightarrow 00:11:25.110$ hydrogen peroxide and proteases.

NOTE Confidence: 0.8151015

 $00:11:25.110 \longrightarrow 00:11:27.110$ So these are proteolytic enzymes,

NOTE Confidence: 0.8151015

 $00:11:27.110 \longrightarrow 00:11:28.774$ the overwhelm the antiprotease

NOTE Confidence: 0.8151015

 $00:11:28.774 \longrightarrow 00:11:30.854$ activity of the long so.

NOTE Confidence: 0.8151015

 $00:11:30.860 \longrightarrow 00:11:33.375$ Aren't proteins activity towards responsible

NOTE Confidence: 0.8151015

 $00:11:33.375 \longrightarrow 00:11:36.320$ for the normal reparative processes of

NOTE Confidence: 0.8151015

 $00:11:36.320 \longrightarrow 00:11:38.528$ the longer these ideas cellular level?

NOTE Confidence: 0.8151015

 $00:11:38.530 \longrightarrow 00:11:40.785$ So then these proteolytic enzymes

NOTE Confidence: 0.8151015

 $00:11:40.785 \longrightarrow 00:11:43.040$ destroyed along parent Kima irreversibly.

NOTE Confidence: 0.8151015

 $00:11:43.040 \longrightarrow 00:11:45.770$ So this chronic inflammation from from

NOTE Confidence: 0.8151015

 $00:11:45.770 \longrightarrow 00:11:48.983$ these cells that are present in the

NOTE Confidence: 0.8151015

 $00:11:48.983 \longrightarrow 00:11:51.605$ long leads to small airway fibrosis.

NOTE Confidence: 0.8151015

00:11:51.610 --> 00:11:53.735 So what you have developing

NOTE Confidence: 0.8151015

 $00{:}11{:}53.735 \dashrightarrow 00{:}11{:}55.860$ pathologically is emphysema and air

 $00:11:55.936 \longrightarrow 00:11:58.366$ trapping from small airway fibrosis.

NOTE Confidence: 0.8151015

00:11:58.370 --> 00:11:58.874 Clinically,

NOTE Confidence: 0.8151015

00:11:58.874 --> 00:12:01.898 it presents us dyspnea chronic cough.

NOTE Confidence: 0.8151015

00:12:01.900 --> 00:12:03.476 And chronic phlegm production,

NOTE Confidence: 0.8151015

00:12:03.476 --> 00:12:04.658 chronic phlegm production,

NOTE Confidence: 0.8151015

00:12:04.660 --> 00:12:05.448 I think,

NOTE Confidence: 0.8151015

 $00:12:05.448 \longrightarrow 00:12:08.600$ is one of the last things to present.

NOTE Confidence: 0.8151015

 $00:12:08.600 \longrightarrow 00:12:10.964$ But it's one of the most

NOTE Confidence: 0.8151015

00:12:10.964 --> 00:12:12.540 debilitating along with cough,

NOTE Confidence: 0.8151015

 $00:12:12.540 \longrightarrow 00:12:14.988$ and it tends to occur when

NOTE Confidence: 0.8151015

00:12:14.988 --> 00:12:16.620 chronic inflammation has really

NOTE Confidence: 0.8151015

 $00:12:16.691 \longrightarrow 00:12:18.446$ set in in these patients,

NOTE Confidence: 0.8151015

00:12:18.450 --> 00:12:20.163 not unlike asthma,

NOTE Confidence: 0.8151015

 $00{:}12{:}20.163 \dashrightarrow 00{:}12{:}23.018$ which is a clinical diagnosis.

NOTE Confidence: 0.8151015

 $00:12:23.020 \longrightarrow 00:12:25.320$ It is a spirometric diagnosis,

 $00:12:25.320 \longrightarrow 00:12:28.533$ so as I was able to demonstrate

NOTE Confidence: 0.8151015

 $00:12:28.533 \longrightarrow 00:12:29.910$ in our patient,

NOTE Confidence: 0.8151015

00:12:29.910 --> 00:12:33.116 you do need spirometry to diagnose COPD,

NOTE Confidence: 0.8151015

 $00:12:33.120 \longrightarrow 00:12:33.939$ so we use.

NOTE Confidence: 0.8151015

 $00:12:33.939 \longrightarrow 00:12:36.513$ I'm sorry we used it in a criteria

NOTE Confidence: 0.8151015

00:12:36.513 --> 00:12:39.981 after a patient has shown and

NOTE Confidence: 0.8151015

 $00:12:39.981 \longrightarrow 00:12:41.715$ demonstrated irreversible obstruction

NOTE Confidence: 0.8151015

00:12:41.793 --> 00:12:44.847 to categorize the severity of theopedia

NOTE Confidence: 0.8151015

 $00{:}12{:}44.847 {\:{\circ}{\circ}{\circ}}>00{:}12{:}47.348$ is important clinically and it's

NOTE Confidence: 0.8151015

 $00:12:47.348 \longrightarrow 00:12:49.638$ important also for research purposes.

NOTE Confidence: 0.8151015

 $00{:}12{:}49.640 \dashrightarrow 00{:}12{:}53.007$ So based on the Fe V1 there.

NOTE Confidence: 0.8151015

 $00:12:53.010 \longrightarrow 00:12:54.036$ Given spirometric classifications

NOTE Confidence: 0.8151015

 $00:12:54.036 \longrightarrow 00:12:55.746$ as mild as above 80,

NOTE Confidence: 0.8151015

 $00:12:55.750 \longrightarrow 00:12:58.137$ all the way down to very severe.

NOTE Confidence: 0.8151015

 $00:12:58.140 \longrightarrow 00:13:00.102$ This less on 30 and his symptom

NOTE Confidence: 0.8151015

00:13:00.102 --> 00:13:01.900 categories based on two things,

 $00{:}13{:}01.900 \dashrightarrow 00{:}13{:}04.147$ the severity of the symptoms and we

NOTE Confidence: 0.8151015

00:13:04.147 --> 00:13:06.455 just spoke about how it affects the

NOTE Confidence: 0.8151015

00:13:06.455 --> 00:13:08.381 quality of life and the frequency

NOTE Confidence: 0.8295704

00:13:08.442 --> 00:13:09.430 of exacerbation.

NOTE Confidence: 0.8295704

 $00:13:09.430 \longrightarrow 00:13:11.684$ So they get a gold severity grade

NOTE Confidence: 0.8295704

 $00:13:11.684 \longrightarrow 00:13:13.869$ and a category symptom grade an.

NOTE Confidence: 0.8295704

00:13:13.870 --> 00:13:16.264 Those things together help us to determine,

NOTE Confidence: 0.8295704

00:13:16.270 --> 00:13:18.804 for example, when you need to escalate

NOTE Confidence: 0.8295704

 $00:13:18.804 \longrightarrow 00:13:21.011$ therapy when you need to deescalate

NOTE Confidence: 0.8295704

 $00:13:21.011 \longrightarrow 00:13:23.117$ therapy when you need to get.

NOTE Confidence: 0.8295704

 $00{:}13{:}23.120 \dashrightarrow 00{:}13{:}24.935$ Pulmonary rehab or when you

NOTE Confidence: 0.8295704

 $00:13:24.935 \longrightarrow 00:13:27.294$ need to consider even that long

NOTE Confidence: 0.8295704

 $00:13:27.294 \longrightarrow 00:13:29.178$ transplant for these patients.

NOTE Confidence: 0.8295704

 $00:13:29.180 \longrightarrow 00:13:31.966$ Now in respect to Theo PD and

NOTE Confidence: 0.8295704

 $00:13:31.966 \longrightarrow 00:13:34.045$ sleep irrespective of whether or

00:13:34.045 --> 00:13:36.445 not there is a sleep disorder,

NOTE Confidence: 0.8295704

 $00:13:36.450 \longrightarrow 00:13:40.160$ patients would still be tend to have.

NOTE Confidence: 0.8295704

 $00:13:40.160 \longrightarrow 00:13:42.295$ Very much fragmented sleep because

NOTE Confidence: 0.8295704

 $00:13:42.295 \longrightarrow 00:13:44.899$ of some of these symptoms associated

NOTE Confidence: 0.8295704

 $00:13:44.899 \longrightarrow 00:13:47.275$ with UPD and also of course,

NOTE Confidence: 0.8295704

 $00:13:47.280 \longrightarrow 00:13:49.380$ because it could also be

NOTE Confidence: 0.8295704

 $00:13:49.380 \longrightarrow 00:13:50.640$ in certain phenotypes.

NOTE Confidence: 0.8295704

 $00:13:50.640 \longrightarrow 00:13:52.464$ Undiagnosed obstructive sleep apnea.

NOTE Confidence: 0.8295704

 $00{:}13{:}52.464 \dashrightarrow 00{:}13{:}55.200$ So group of researchers from the

NOTE Confidence: 0.8295704

 $00:13:55.271 \longrightarrow 00:13:57.421$ Boltzmann Institute of COPD looked

NOTE Confidence: 0.8295704

 $00{:}13{:}57.421 \dashrightarrow 00{:}13{:}59.571$ at this and they prospectively

NOTE Confidence: 0.8295704

 $00:13:59.637 \longrightarrow 00:14:02.136$ assessed about 50 or 52 patients with

NOTE Confidence: 0.8295704

 $00:14:02.136 \longrightarrow 00:14:04.046$ mild to moderate the opedia matched

NOTE Confidence: 0.8295704

 $00:14:04.046 \longrightarrow 00:14:06.136$ controls and administered TV stations.

NOTE Confidence: 0.8295704

 $00:14:06.140 \longrightarrow 00:14:06.992$ Sleep disorders.

NOTE Confidence: 0.8295704

 $00:14:06.992 \longrightarrow 00:14:08.696$ Question is reliable questionnaire

 $00:14:08.696 \longrightarrow 00:14:09.974$ it's a validated.

NOTE Confidence: 0.8295704

 $00:14:09.980 \longrightarrow 00:14:12.728$ Questionnaire on it uses about 175

NOTE Confidence: 0.8295704

00:14:12.728 --> 00:14:14.560 questions to categorize symptoms

NOTE Confidence: 0.8295704

 $00{:}14{:}14.637 \dashrightarrow 00{:}14{:}16.757$ into four main sleep disorders,

NOTE Confidence: 0.8295704

00:14:16.760 --> 00:14:18.568 sleep apnea, narcolepsy, PLM,

NOTE Confidence: 0.8295704

 $00:14:18.568 \longrightarrow 00:14:20.376$ and psychiatric sleep disorders.

NOTE Confidence: 0.8295704

00:14:20.380 --> 00:14:23.110 So what they found was that patients

NOTE Confidence: 0.8295704

00:14:23.110 --> 00:14:25.919 with seal PD had hired higher

NOTE Confidence: 0.8295704

 $00:14:25.919 \longrightarrow 00:14:28.509$ where they complained more snoring.

NOTE Confidence: 0.8295704

 $00:14:28.510 \longrightarrow 00:14:31.125$ They complete more storing that

NOTE Confidence: 0.8295704

 $00{:}14{:}31.125 \dashrightarrow 00{:}14{:}33.740$ disturbed others that these symptoms

NOTE Confidence: 0.8295704

00:14:33.826 --> 00:14:36.143 were worse if they were on their

NOTE Confidence: 0.8295704

 $00:14:36.143 \longrightarrow 00:14:38.910$ back or if they consumed alcohol.

NOTE Confidence: 0.8295704

 $00:14:38.910 \longrightarrow 00:14:41.856$ Not surprisingly, they were more smokers.

NOTE Confidence: 0.8295704

 $00:14:41.860 \longrightarrow 00:14:43.675$ These patients also week woke

 $00:14:43.675 \longrightarrow 00:14:45.970$ up more often during the night.

NOTE Confidence: 0.8295704

 $00:14:45.970 \longrightarrow 00:14:48.970$ They tended to have more in some way,

NOTE Confidence: 0.8295704

00:14:48.970 --> 00:14:51.208 and I think part of that,

NOTE Confidence: 0.8295704

 $00:14:51.210 \longrightarrow 00:14:53.394$ as well as contributed by concommitant

NOTE Confidence: 0.8295704

 $00:14:53.394 \longrightarrow 00:14:55.626$ use of stimulants like nicotine or

NOTE Confidence: 0.8295704

 $00:14:55.626 \longrightarrow 00:14:57.774$ even if there are nicotine replacements

NOTE Confidence: 0.8295704

 $00:14:57.774 \longrightarrow 00:14:59.712$ that may actually delay their

NOTE Confidence: 0.8295704

 $00:14:59.712 \longrightarrow 00:15:02.034$ sleep onset and lower the arousal

NOTE Confidence: 0.8295704

 $00{:}15{:}02.034 \dashrightarrow 00{:}15{:}04.542$ thresholds very much similar to.

NOTE Confidence: 0.8295704

 $00:15:04.542 \longrightarrow 00:15:05.598$ To alcohol,

NOTE Confidence: 0.8295704

 $00:15:05.600 \longrightarrow 00:15:07.410$ and these patients tend to

NOTE Confidence: 0.8295704

 $00:15:07.410 \longrightarrow 00:15:08.858$ have more fragmented sleep,

NOTE Confidence: 0.8295704

 $00:15:08.860 \longrightarrow 00:15:10.984$ they tend to have increased wake

NOTE Confidence: 0.8295704

 $00{:}15{:}10.984 \to 00{:}15{:}13.202$ after sleep onset periods as our

NOTE Confidence: 0.8295704

 $00:15:13.202 \longrightarrow 00:15:14.670$ patient demonstrated as well.

NOTE Confidence: 0.8295704

 $00:15:14.670 \longrightarrow 00:15:16.122$ So not surprisingly, then,

 $00:15:16.122 \longrightarrow 00:15:18.300$ they have reduced total sleep time.

NOTE Confidence: 0.8295704

 $00{:}15{:}18.300 \dashrightarrow 00{:}15{:}20.256$ They have reduced REM sleep and

NOTE Confidence: 0.8295704

 $00:15:20.256 \longrightarrow 00:15:22.394$ you know they have reduced sleep

NOTE Confidence: 0.8295704

00:15:22.394 --> 00:15:24.698 efficiency so you know what you

NOTE Confidence: 0.8295704

 $00:15:24.698 \longrightarrow 00:15:27.363$ see happening then is a pattern of

NOTE Confidence: 0.8295704

 $00{:}15{:}27.363 \dashrightarrow 00{:}15{:}29.188$ sleep deprivation and patients with

NOTE Confidence: 0.8295704

 $00:15:29.190 \longrightarrow 00:15:31.128$ COPD develop both the acute and

NOTE Confidence: 0.8295704

 $00:15:31.128 \longrightarrow 00:15:33.180$ chronic effects of sleep deprivation?

NOTE Confidence: 0.8295704

 $00:15:33.180 \longrightarrow 00:15:34.446$ The acute effects.

NOTE Confidence: 0.8295704

 $00:15:34.446 \longrightarrow 00:15:36.134$ Like in pair cognition,

NOTE Confidence: 0.8295704

 $00{:}15{:}36.140 \dashrightarrow 00{:}15{:}38.258$ which can certainly have any effects

NOTE Confidence: 0.8295704

 $00:15:38.258 \longrightarrow 00:15:40.208$ on medication adherence or forgetting

NOTE Confidence: 0.8295704

 $00{:}15{:}40.208 \dashrightarrow 00{:}15{:}42.100$ their clinic appointments or

NOTE Confidence: 0.8295704

00:15:42.100 --> 00:15:43.862 forgetting inhaler, technique use,

NOTE Confidence: 0.8295704

 $00:15:43.862 \longrightarrow 00:15:46.122$ and of course, the chronic.

00:15:46.122 --> 00:15:48.206 Effects of sleep deprivation,

NOTE Confidence: 0.8295704

 $00{:}15{:}48.210 \dashrightarrow 00{:}15{:}49.458$ like systemic inflammation,

NOTE Confidence: 0.8295704

00:15:49.458 --> 00:15:50.706 altered immune function,

NOTE Confidence: 0.8295704

 $00:15:50.710 \longrightarrow 00:15:54.046$ puts them at increased risk of of infections,

NOTE Confidence: 0.8295704

 $00:15:54.050 \longrightarrow 00:15:56.258$ which which which obviously puts them

NOTE Confidence: 0.8295704

 $00:15:56.258 \longrightarrow 00:15:58.630$ an increased risk of exacerbation.

NOTE Confidence: 0.8295704

 $00:15:58.630 \longrightarrow 00:16:01.060$ So you're looking at the acute

NOTE Confidence: 0.8295704

 $00:16:01.060 \longrightarrow 00:16:03.220$ and chronic effects of sleep,

NOTE Confidence: 0.8295704

 $00{:}16{:}03.220 \to 00{:}16{:}05.929$ adding to the burden of disease already

NOTE Confidence: 0.8295704

00:16:05.929 --> 00:16:08.638 present in COPDLCOPD affects the Physiology.

NOTE Confidence: 0.8295704

00:16:08.640 --> 00:16:11.136 The normal Physiology of normal ventilation,

NOTE Confidence: 0.8295704

00:16:11.140 --> 00:16:11.534 Physiology,

NOTE Confidence: 0.8295704

00:16:11.534 --> 00:16:13.898 and impatient with in in sleep

NOTE Confidence: 0.8295704

 $00{:}16{:}13.898 \dashrightarrow 00{:}16{:}16.149$ in a very specific way,

NOTE Confidence: 0.8295704

 $00:16:16.150 \longrightarrow 00:16:19.618$ and I wanted to discuss that.

NOTE Confidence: 0.8295704

00:16:19.620 --> 00:16:20.288 A bit,

 $00:16:20.288 \longrightarrow 00:16:22.626$ but I just want to touch base

NOTE Confidence: 0.8295704

 $00:16:22.626 \longrightarrow 00:16:25.544$ very quickly on what is normal

NOTE Confidence: 0.8295704

 $00:16:25.544 \longrightarrow 00:16:27.540$ ventilation changes in sleep.

NOTE Confidence: 0.8295704

 $00:16:27.540 \longrightarrow 00:16:30.459$ So during sleep we have reduced wakefulness.

NOTE Confidence: 0.8295704

 $00:16:30.460 \longrightarrow 00:16:32.848$ You have reduced activity from the

NOTE Confidence: 0.8295704

 $00:16:32.848 \longrightarrow 00:16:34.440$ reticular activating system and

NOTE Confidence: 0.8321243

00:16:34.506 --> 00:16:36.872 that in itself can induce a physiologic

NOTE Confidence: 0.8321243

 $00:16:36.872 \longrightarrow 00:16:39.639$ ventilation of a physiologic hypoventilation.

NOTE Confidence: 0.8321243

 $00{:}16{:}39.640 \to 00{:}16{:}42.559$ But you also have reduced metabolic rate.

NOTE Confidence: 0.8321243

 $00:16:42.560 \longrightarrow 00:16:44.224$ You have reduced chemosensitivity

NOTE Confidence: 0.8321243

 $00:16:44.224 \longrightarrow 00:16:46.304$ to oxygen to carbon dioxide,

NOTE Confidence: 0.8321243

 $00:16:46.310 \longrightarrow 00:16:48.806$ and you have increased airway resistance.

NOTE Confidence: 0.8321243

 $00{:}16{:}48.810 {\:{\circ}{\circ}{\circ}}>00{:}16{:}50.722$ So increased airway resistance

NOTE Confidence: 0.8321243

 $00:16:50.722 \longrightarrow 00:16:52.156$ is especially marked.

NOTE Confidence: 0.8321243

00:16:52.160 --> 00:16:53.492 During REM sleep,

 $00:16:53.492 \longrightarrow 00:16:55.712$ when you have respiratory muscle

NOTE Confidence: 0.8321243

 $00:16:55.712 \longrightarrow 00:16:58.401$ hypertonia and all of these factors

NOTE Confidence: 0.8321243

 $00:16:58.401 \longrightarrow 00:17:00.556$ can cause a physiologic hypoventilation

NOTE Confidence: 0.8321243

 $00:17:00.556 \longrightarrow 00:17:03.109$ as much as 1.5 liters per minute.

NOTE Confidence: 0.8321243

 $00:17:03.110 \longrightarrow 00:17:05.390$ Now those changes in a normal

NOTE Confidence: 0.8321243

 $00{:}17{:}05.390 \dashrightarrow 00{:}17{:}08.394$ subject you know is is not going

NOTE Confidence: 0.8321243

 $00:17:08.394 \longrightarrow 00:17:10.258$ to be clinically significant,

NOTE Confidence: 0.8321243

 $00:17:10.260 \longrightarrow 00:17:12.930$ but there are certain factors

NOTE Confidence: 0.8321243

 $00:17:12.930 \longrightarrow 00:17:15.066$ in patients with COPD.

NOTE Confidence: 0.8321243

00:17:15.070 --> 00:17:17.236 Not really kind of exaggerates what

NOTE Confidence: 0.8321243

 $00{:}17{:}17.236 \dashrightarrow 00{:}17{:}20.110$ you see in normal Physiology of sleep.

NOTE Confidence: 0.8321243

00:17:20.110 --> 00:17:22.476 So first of all you have increased

NOTE Confidence: 0.8321243

 $00:17:22.476 \longrightarrow 00:17:24.029$ load under respiratory system

NOTE Confidence: 0.8321243

00:17:24.029 --> 00:17:25.929 from increased airway resistance,

NOTE Confidence: 0.8321243

 $00:17:25.930 \longrightarrow 00:17:28.084$ which is further increased in patients

NOTE Confidence: 0.8321243

 $00:17:28.084 \longrightarrow 00:17:30.417$ with COPD and you have impaired

 $00:17:30.417 \longrightarrow 00:17:32.913$ ventilla Tori capacity on the implant.

NOTE Confidence: 0.8321243

 $00:17:32.920 \longrightarrow 00:17:33.696$ Surgery capacity.

NOTE Confidence: 0.8321243

00:17:33.696 --> 00:17:35.248 Steel especially during REM

NOTE Confidence: 0.8321243

 $00:17:35.248 \longrightarrow 00:17:36.800$ so patient with COPD.

NOTE Confidence: 0.8321243

 $00{:}17{:}36.800 \dashrightarrow 00{:}17{:}38.705$ They needed the accessory muscles

NOTE Confidence: 0.8321243

 $00:17:38.705 \longrightarrow 00:17:41.070$ to help them breathe very often,

NOTE Confidence: 0.8321243

 $00:17:41.070 \longrightarrow 00:17:42.618$ especially the progress to

NOTE Confidence: 0.8321243

 $00{:}17{:}42.618 \dashrightarrow 00{:}17{:}43.779$ chronic respiratory failure.

NOTE Confidence: 0.8321243

 $00:17:43.780 \longrightarrow 00:17:46.615$ That is when they become hypoxemic steel.

NOTE Confidence: 0.8321243

00:17:46.620 --> 00:17:49.404 CD's they do need the accessory

NOTE Confidence: 0.8321243

 $00:17:49.404 \longrightarrow 00:17:51.692$ muscles of respiration during REM

NOTE Confidence: 0.8321243

00:17:51.692 --> 00:17:54.142 sleep when you lose tone from the

NOTE Confidence: 0.8321243

 $00{:}17{:}54.142 \dashrightarrow 00{:}17{:}57.127$ when you lose tone when you lose

NOTE Confidence: 0.8321243

 $00:17:57.127 \longrightarrow 00:17:59.332$ tone in your respiratory accessory

NOTE Confidence: 0.8321243

 $00:17:59.340 \longrightarrow 00:18:01.585$ muscles of respiration together with

 $00{:}18{:}01.585 \dashrightarrow 00{:}18{:}03.830$ an inefficient flat and diaphragm

NOTE Confidence: 0.8321243

 $00{:}18{:}03.901 \dashrightarrow 00{:}18{:}06.445$ that leads to reduce title volumes

NOTE Confidence: 0.8321243

 $00:18:06.445 \longrightarrow 00:18:08.590$ and reduced minute ventilations and

NOTE Confidence: 0.8321243

 $00:18:08.590 \longrightarrow 00:18:10.900$ that together with a blunted neural

NOTE Confidence: 0.8321243

 $00:18:10.900 \longrightarrow 00:18:13.371$ respiratory drive is going to cause

NOTE Confidence: 0.8321243

 $00{:}18{:}13.371 \dashrightarrow 00{:}18{:}15.119$ profound alveolar hypoventilation and

NOTE Confidence: 0.8321243

 $00:18:15.119 \longrightarrow 00:18:17.150$ increased physiologic Dead Space there.

NOTE Confidence: 0.8321243

 $00:18:17.150 \longrightarrow 00:18:18.362$ So that translates.

NOTE Confidence: 0.8321243

00:18:18.362 --> 00:18:18.766 Altogether,

NOTE Confidence: 0.8321243

00:18:18.766 --> 00:18:21.699 two leading to A to causing us

NOTE Confidence: 0.8321243

 $00:18:21.699 \longrightarrow 00:18:23.904$ a clinical situation where you

NOTE Confidence: 0.8321243

00:18:23.904 --> 00:18:25.227 have profound hypoxemia,

NOTE Confidence: 0.8321243

 $00:18:25.230 \longrightarrow 00:18:27.258$ especially so in patients with with

NOTE Confidence: 0.8321243

 $00:18:27.258 \longrightarrow 00:18:29.664$ COPD and very often associated with

NOTE Confidence: 0.8321243

 $00:18:29.664 \longrightarrow 00:18:32.124$ hyperventilation as well or hypercarbia.

NOTE Confidence: 0.8321243

00:18:32.130 --> 00:18:32.535 Now,

 $00:18:32.535 \longrightarrow 00:18:34.560$ when you think about where

NOTE Confidence: 0.8321243

 $00:18:34.560 \longrightarrow 00:18:35.775$ patients with COPD,

NOTE Confidence: 0.8321243

 $00:18:35.780 \longrightarrow 00:18:38.594$ you know where they stand on the

NOTE Confidence: 0.8321243

 $00:18:38.594 \longrightarrow 00:18:40.250$ oxygen hemoglobin dissociation curve.

NOTE Confidence: 0.8321243

 $00:18:40.250 \longrightarrow 00:18:43.282$ You know they sit in a position where

NOTE Confidence: 0.8321243

00:18:43.282 --> 00:18:45.875 you know more drops in attention

NOTE Confidence: 0.8321243

 $00:18:45.875 \longrightarrow 00:18:48.830$ of oxygen or smaller drops in it.

NOTE Confidence: 0.8321243

 $00:18:48.830 \longrightarrow 00:18:50.846$ Partial pressure of oxygen is gonna

NOTE Confidence: 0.8321243

00:18:50.846 --> 00:18:53.152 cause a lot more rapid desaturations

NOTE Confidence: 0.8321243

 $00{:}18{:}53.152 \dashrightarrow 00{:}18{:}55.382$ because of the allosteric effect

NOTE Confidence: 0.8321243

 $00{:}18{:}55.382 \dashrightarrow 00{:}18{:}57.823$ of hemoglobin in the configuration

NOTE Confidence: 0.8321243

 $00:18:57.823 \longrightarrow 00:18:58.857$ of hemoglobin.

NOTE Confidence: 0.8321243

 $00{:}18{:}58.860 \dashrightarrow 00{:}19{:}01.488$ The affinity for oxygen changes so

NOTE Confidence: 0.8321243

00:19:01.488 --> 00:19:04.299 much so that especially in REM sleep,

NOTE Confidence: 0.8321243

 $00:19:04.300 \longrightarrow 00:19:06.390$ they have more profoundly saturation.

00:19:06.390 --> 00:19:10.040 And I think that certainly.

NOTE Confidence: 0.8321243

 $00:19:10.040 \dashrightarrow 00:19:13.757$ What we were able to see in our patients.

NOTE Confidence: 0.8321243

 $00:19:13.760 \longrightarrow 00:19:16.238$ So when you think about well,

NOTE Confidence: 0.8321243

 $00:19:16.240 \longrightarrow 00:19:18.300$ what is this overlap syndrome?

NOTE Confidence: 0.8321243

 $00:19:18.300 \longrightarrow 00:19:20.310$ It is this profound nocturnal

NOTE Confidence: 0.8321243

 $00:19:20.310 \longrightarrow 00:19:22.320$ desaturation that is seen in

NOTE Confidence: 0.8321243

 $00:19:22.395 \longrightarrow 00:19:24.891$ this condition that it might be

NOTE Confidence: 0.8321243

 $00:19:24.891 \longrightarrow 00:19:26.555$ otherwise present in COPDOS.

NOTE Confidence: 0.8321243

 $00:19:26.560 \longrightarrow 00:19:28.212$ Or is he alone,

NOTE Confidence: 0.8321243

00:19:28.212 --> 00:19:30.277 very often accompanied by hypercapnia.

NOTE Confidence: 0.8321243

 $00{:}19{:}30.280 \to 00{:}19{:}33.576$ So this was first described by David Flynn,

NOTE Confidence: 0.8321243

 $00:19:33.580 \longrightarrow 00:19:35.968$ leads to Davis family was a

NOTE Confidence: 0.8321243

 $00:19:35.968 \longrightarrow 00:19:37.560$ professor of respiratory medicine

NOTE Confidence: 0.8321243

 $00{:}19{:}37.626 \dashrightarrow 00{:}19{:}39.776$ from the University of Edinburgh.

NOTE Confidence: 0.8321243

 $00:19:39.780 \longrightarrow 00:19:42.660$ Gives also was a respiratory physiologist.

NOTE Confidence: 0.8321243

00:19:42.660 --> 00:19:44.976 On what he described in 1985,

 $00{:}19{:}44.980 \dashrightarrow 00{:}19{:}47.428$ what was I what I like to think

NOTE Confidence: 0.8321243

00:19:47.428 --> 00:19:49.609 is just clinical suspicion,

NOTE Confidence: 0.8321243

 $00:19:49.610 \longrightarrow 00:19:51.510$ basically saying that in a

NOTE Confidence: 0.8321243

00:19:51.510 --> 00:19:53.850 patient with COPD who were tree?

NOTE Confidence: 0.8321243

00:19:53.850 --> 00:19:54.236 Who,

NOTE Confidence: 0.8321243

 $00:19:54.236 \longrightarrow 00:19:56.166$ who being hypoxemic is treated

NOTE Confidence: 0.8321243

 $00:19:56.166 \longrightarrow 00:19:57.710$ with nocturnal oxygen therapy,

NOTE Confidence: 0.8321243

00:19:57.710 --> 00:20:00.390 but then persistently has symptoms?

NOTE Confidence: 0.8321243

 $00:20:00.390 \longrightarrow 00:20:03.010$ Including headaches that these

NOTE Confidence: 0.8321243

 $00:20:03.010 \longrightarrow 00:20:06.940$ individuals should get a sleep study.

NOTE Confidence: 0.8234433

00:20:06.940 --> 00:20:09.628 To you know to rule out the coexistence

NOTE Confidence: 0.8234433

 $00:20:09.628 \longrightarrow 00:20:11.788$ of obstructive sleep apnea so patients

NOTE Confidence: 0.8234433

 $00{:}20{:}11.788 \dashrightarrow 00{:}20{:}14.420$ with COPD with undiagnosed OSA of course.

NOTE Confidence: 0.8234433

 $00{:}20{:}14.420 \dashrightarrow 00{:}20{:}17.039$ To run the risk of poor outcomes and it's

NOTE Confidence: 0.8234433

 $00:20:17.039 \longrightarrow 00:20:18.808$ still very much clinically applicable

00:20:18.808 --> 00:20:21.860 today so you know a group of researchers

NOTE Confidence: 0.8234433

 $00:20:21.860 \longrightarrow 00:20:24.030$ from the University of Washington.

NOTE Confidence: 0.8234433

 $00:20:24.030 \longrightarrow 00:20:26.298$ What they did is that they took

NOTE Confidence: 0.8234433

 $00:20:26.298 \longrightarrow 00:20:28.873$ the cohort that was used in the

NOTE Confidence: 0.8234433

 $00:20:28.873 \longrightarrow 00:20:30.788$ long term oxygen treatment trials.

NOTE Confidence: 0.8234433

 $00:20:30.790 \longrightarrow 00:20:32.926$ That trial also a landmark trial

NOTE Confidence: 0.8234433

 $00:20:32.926 \longrightarrow 00:20:34.350$ in in pulmonary medicine,

NOTE Confidence: 0.8234433

 $00:20:34.350 \longrightarrow 00:20:35.666$ was published in 2016.

NOTE Confidence: 0.8234433

 $00{:}20{:}35.666 \dashrightarrow 00{:}20{:}38.096$ It was basically aimed at looking at

NOTE Confidence: 0.8234433

00:20:38.096 --> 00:20:40.036 mortality benefit in patients with

NOTE Confidence: 0.8234433

 $00{:}20{:}40.036 \dashrightarrow 00{:}20{:}41.950$ and without nocturnal oxygen pair.

NOTE Confidence: 0.8234433

00:20:41.950 --> 00:20:44.326 Empty and they took this quarter

NOTE Confidence: 0.8234433

00:20:44.326 --> 00:20:45.514 patients direct respectively

NOTE Confidence: 0.8234433

 $00:20:45.514 \longrightarrow 00:20:47.239$ applied a modified stock bond.

NOTE Confidence: 0.8234433

 $00:20:47.240 \longrightarrow 00:20:49.095$ Scores modified because there were

NOTE Confidence: 0.8234433

 $00:20:49.095 \longrightarrow 00:20:51.788$ no next to conference data for those

 $00:20:51.788 \longrightarrow 00:20:54.092$ individuals in this cohort on the

NOTE Confidence: 0.8234433

 $00{:}20{:}54.092 \dashrightarrow 00{:}20{:}55.652$ classified patients in intermediate

NOTE Confidence: 0.8234433

00:20:55.652 --> 00:20:58.207 high risk and low risk of having

NOTE Confidence: 0.8234433

 $00:20:58.207 \longrightarrow 00:20:59.720$ undiagnosed obstructive sleep apnea.

NOTE Confidence: 0.8234433

 $00:20:59.720 \longrightarrow 00:21:02.380$ And then they looked at some quality

NOTE Confidence: 0.8234433

 $00:21:02.447 \longrightarrow 00:21:04.625$ of life indices in this individual.

NOTE Confidence: 0.8234433

 $00:21:04.630 \longrightarrow 00:21:07.227$ In these individuals and what they were

NOTE Confidence: 0.8234433

 $00:21:07.227 \longrightarrow 00:21:09.945$ able to demonstrate was that patients with

NOTE Confidence: 0.8234433

00:21:09.945 --> 00:21:12.249 intermediate to higher risk of having.

NOTE Confidence: 0.8234433

00:21:12.250 --> 00:21:13.036 Undiagnosed COPD,

NOTE Confidence: 0.8234433

00:21:13.036 --> 00:21:13.822 I'm sorry.

NOTE Confidence: 0.8234433

 $00{:}21{:}13.822 \dashrightarrow 00{:}21{:}16.180$ Undiagnosed OSA in CPD had lower

NOTE Confidence: 0.8234433

 $00{:}21{:}16.253 \dashrightarrow 00{:}21{:}18.305$ quality of life scores and higher

NOTE Confidence: 0.8234433

00:21:18.305 --> 00:21:20.660 scores on the Saint George Respiratory

NOTE Confidence: 0.8234433

 $00:21:20.660 \longrightarrow 00:21:23.420$ Questionnaire so that reps in Georgia.

00:21:23.420 --> 00:21:25.760 Respiratory questionnaire.

NOTE Confidence: 0.8234433

 $00{:}21{:}25.760 \dashrightarrow 00{:}21{:}27.330$ It basically assesses overall health

NOTE Confidence: 0.8234433

 $00:21:27.330 \longrightarrow 00:21:29.361$ and perceived well being in patients

NOTE Confidence: 0.8234433

00:21:29.361 --> 00:21:31.009 with obstructive airway diseases,

NOTE Confidence: 0.8234433

00:21:31.010 --> 00:21:33.714 and So what they what they put forward

NOTE Confidence: 0.8234433

 $00:21:33.714 \longrightarrow 00:21:37.228$ as a conclusion for this study was that.

NOTE Confidence: 0.8234433

00:21:37.230 --> 00:21:38.546 There's there's high mobility

NOTE Confidence: 0.8234433

 $00:21:38.546 \longrightarrow 00:21:41.061$ in terms of quality of life from

NOTE Confidence: 0.8234433

 $00:21:41.061 \longrightarrow 00:21:42.957$ undiagnosed obstructive sleep apnea.

NOTE Confidence: 0.8234433

00:21:42.960 --> 00:21:44.103 In you know,

NOTE Confidence: 0.8234433

 $00{:}21{:}44.103 \dashrightarrow 00{:}21{:}46.008$ the population of patients with

NOTE Confidence: 0.8234433

00:21:46.008 --> 00:21:47.930 COPDI think what is lacking?

NOTE Confidence: 0.8234433

 $00:21:47.930 \longrightarrow 00:21:50.510$ Go is Israel epidemiologic studies to

NOTE Confidence: 0.8234433

 $00{:}21{:}50.510 \dashrightarrow 00{:}21{:}52.981$ see which particular phenotype or which

NOTE Confidence: 0.8234433

 $00:21:52.981 \longrightarrow 00:21:54.686$ population of patients with stupid

NOTE Confidence: 0.8234433

 $00{:}21{:}54.686 \to 00{:}21{:}57.581$ you may or may not be an increased

 $00:21:57.581 \longrightarrow 00:21:59.747$ risk of getting obstructive sleep apnea.

NOTE Confidence: 0.8234433

 $00:21:59.747 \longrightarrow 00:22:01.889$ Now, when looking at the prevalence

NOTE Confidence: 0.8234433

 $00:22:01.889 \longrightarrow 00:22:03.590$ of the overlap syndrome,

NOTE Confidence: 0.8234433

 $00:22:03.590 \longrightarrow 00:22:05.978$ it really does depend on the

NOTE Confidence: 0.8234433

 $00:22:05.978 \longrightarrow 00:22:07.880$ population that you look at.

NOTE Confidence: 0.8234433

 $00:22:07.880 \longrightarrow 00:22:09.032$ This is really good.

NOTE Confidence: 0.8234433

00:22:09.032 --> 00:22:11.515 Meta analysis was done by a group of

NOTE Confidence: 0.8234433

 $00{:}22{:}11.515 \dashrightarrow 00{:}22{:}13.230$ researchers from Australia and they

NOTE Confidence: 0.8234433

 $00:22:13.230 \longrightarrow 00:22:15.811$ looked at 27 studies and found that

NOTE Confidence: 0.8234433

 $00:22:15.811 \longrightarrow 00:22:17.676$ the prevalence ranged anywhere from

NOTE Confidence: 0.8234433

 $00{:}22{:}17.676 \dashrightarrow 00{:}22{:}20.409$ 11% to 66% and it really did depend

NOTE Confidence: 0.8234433

 $00:22:20.409 \longrightarrow 00:22:22.800$ on the population that you looked at.

NOTE Confidence: 0.8234433

 $00{:}22{:}22.800 \dashrightarrow 00{:}22{:}25.554$ If you require a high hi for your study

NOTE Confidence: 0.8234433

00:22:25.554 --> 00:22:28.218 and your patience for a bit younger,

NOTE Confidence: 0.8234433

 $00:22:28.220 \longrightarrow 00:22:29.920$ the prevalence is about 11%.

00:22:29.920 --> 00:22:32.168 If you require a lower hi and you

NOTE Confidence: 0.8234433

00:22:32.168 --> 00:22:34.319 look at some older population,

NOTE Confidence: 0.8234433

 $00:22:34.320 \longrightarrow 00:22:37.288$ it was about 41% if your population was

NOTE Confidence: 0.8234433

 $00:22:37.288 \longrightarrow 00:22:40.389$ higher 67 average it was as high as 66%.

NOTE Confidence: 0.8234433

 $00:22:40.390 \longrightarrow 00:22:42.380$ So what they're basically implying

NOTE Confidence: 0.8234433

 $00:22:42.380 \longrightarrow 00:22:45.578$ by this is that the higher the age

NOTE Confidence: 0.8234433

00:22:45.578 --> 00:22:47.840 population that you look at is,

NOTE Confidence: 0.8234433

 $00:22:47.840 \longrightarrow 00:22:50.568$ the more likely that you want to find

NOTE Confidence: 0.8234433

 $00{:}22{:}50.568 \dashrightarrow 00{:}22{:}52.928$ the overlap syndrome being present.

NOTE Confidence: 0.8234433

00:22:52.930 --> 00:22:53.714 Of course,

NOTE Confidence: 0.8234433

 $00{:}22{:}53.714 \dashrightarrow 00{:}22{:}55.674$ there's no direct correlation with,

NOTE Confidence: 0.8234433

 $00:22:55.680 \longrightarrow 00:22:57.640$ I just want to add,

NOTE Confidence: 0.8234433

00:22:57.640 --> 00:22:58.940 like obstructive sleep apnea,

NOTE Confidence: 0.8234433

 $00:22:58.940 \longrightarrow 00:23:02.339$ though see OPD is is a heterogeneous disease.

NOTE Confidence: 0.8234433

 $00:23:02.340 \longrightarrow 00:23:05.476$ It's not, you know, One Cup fits all.

NOTE Confidence: 0.8234433

 $00:23:05.480 \longrightarrow 00:23:06.264$ It's it's.

 $00{:}23{:}06.264 \dashrightarrow 00{:}23{:}07.440$ You have clinical,

NOTE Confidence: 0.8234433

 $00:23:07.440 \longrightarrow 00:23:09.004$ physiologic and radiologic subtypes

NOTE Confidence: 0.8234433

 $00:23:09.004 \longrightarrow 00:23:10.936$ of this disease, but.

NOTE Confidence: 0.8234433

 $00:23:10.936 \longrightarrow 00:23:14.716$ Even these New York subclassifications

NOTE Confidence: 0.8234433

 $00:23:14.716 \longrightarrow 00:23:16.228$ of phenotypes.

NOTE Confidence: 0.8234433

 $00:23:16.230 \longrightarrow 00:23:18.150$ Still can broadly be still can

NOTE Confidence: 0.8234433

 $00:23:18.150 \longrightarrow 00:23:19.430$ broadly be categorized under

NOTE Confidence: 0.8035989

00:23:19.493 --> 00:23:20.567 predominant emphysematous

NOTE Confidence: 0.8035989

 $00:23:20.567 \longrightarrow 00:23:22.715$ subtypes and predominant chronic

NOTE Confidence: 0.8035989

00:23:22.715 --> 00:23:25.050 bronchitic subtypes, and you know,

NOTE Confidence: 0.8035989

 $00{:}23{:}25.050 \dashrightarrow 00{:}23{:}26.310$ these phenotypic classifications.

NOTE Confidence: 0.8035989

 $00:23:26.310 \longrightarrow 00:23:28.410$ Do you know they do?

NOTE Confidence: 0.8035989

 $00:23:28.410 \longrightarrow 00:23:30.930$ They do predict in some way,

NOTE Confidence: 0.8035989

 $00:23:30.930 \longrightarrow 00:23:33.555$ and they do have an effect on

NOTE Confidence: 0.8035989

 $00:23:33.555 \longrightarrow 00:23:35.545$ on which particular types of

00:23:35.545 --> 00:23:38.282 patients may be at more risk of

NOTE Confidence: 0.8035989

 $00:23:38.282 \longrightarrow 00:23:40.589$ developing obstructive sleep apnea.

NOTE Confidence: 0.8035989

 $00:23:40.590 \longrightarrow 00:23:41.850$ So, for example,

NOTE Confidence: 0.8035989

 $00:23:41.850 \longrightarrow 00:23:43.950$ patients with predominant emphysema subtypes.

NOTE Confidence: 0.8035989

 $00:23:43.950 \longrightarrow 00:23:47.775$ You know, these folks tend to have lower BMI.

NOTE Confidence: 0.8035989

 $00:23:47.780 \longrightarrow 00:23:50.096$ They tend to have more hyperinflation

NOTE Confidence: 0.8035989

 $00:23:50.096 \longrightarrow 00:23:53.010$ and they tend to have more dyspnea,

NOTE Confidence: 0.8035989

00:23:53.010 --> 00:23:55.380 and they have a lower likelihood

NOTE Confidence: 0.8035989

 $00:23:55.380 \longrightarrow 00:23:57.430$ of having obstructive sleep apnea.

NOTE Confidence: 0.8035989

 $00:23:57.430 \longrightarrow 00:23:59.440$ And now like I said,

NOTE Confidence: 0.8035989

 $00:23:59.440 \longrightarrow 00:24:00.643$ there's no epidemiological

NOTE Confidence: 0.8035989

 $00:24:00.643 \longrightarrow 00:24:02.247$ studies to support this,

NOTE Confidence: 0.8035989

 $00:24:02.250 \longrightarrow 00:24:04.812$ but there was a really good physiologic

NOTE Confidence: 0.8035989

 $00:24:04.812 \longrightarrow 00:24:07.708$ study that I found that looked at

NOTE Confidence: 0.8035989

00:24:07.708 --> 00:24:10.288 functional residual capacity and P crit,

NOTE Confidence: 0.8035989

 $00{:}24{:}10.290 \dashrightarrow 00{:}24{:}12.588$ so functional residual capacity is a

 $00{:}24{:}12.588 \dashrightarrow 00{:}24{:}14.603$ direct correlation correlator with with

NOTE Confidence: 0.8035989

 $00{:}24{:}14.603 \dashrightarrow 00{:}24{:}16.718$ hyperinflation and unlike residual volume,

NOTE Confidence: 0.8035989

 $00:24:16.720 \longrightarrow 00:24:19.186$ it simply represents the amount of.

NOTE Confidence: 0.8035989

00:24:19.190 --> 00:24:22.150 Air left in your lungs after a normal

NOTE Confidence: 0.8035989

 $00:24:22.150 \longrightarrow 00:24:25.218$ expiration as opposed to a forced expiration,

NOTE Confidence: 0.8035989

 $00:24:25.220 \longrightarrow 00:24:27.626$ and of course P crit windows.

NOTE Confidence: 0.8035989

00:24:27.630 --> 00:24:30.264 Really the gold standard for measuring

NOTE Confidence: 0.8035989

 $00:24:30.264 \longrightarrow 00:24:32.429$ upper respiratory collapse ability so

NOTE Confidence: 0.8035989

 $00{:}24{:}32.429 \dashrightarrow 00{:}24{:}34.487$ so apy create they measured the nasal

NOTE Confidence: 0.8035989

 $00:24:34.487 \longrightarrow 00:24:36.820$ pressure or where passive upper airway

NOTE Confidence: 0.8035989

 $00{:}24{:}36.820 \dashrightarrow 00{:}24{:}38.890$ collapse occurs on airflow thesis.

NOTE Confidence: 0.8035989

 $00:24:38.890 \longrightarrow 00:24:41.394$ And So what you were able to find

NOTE Confidence: 0.8035989

 $00{:}24{:}41.394 \dashrightarrow 00{:}24{:}44.519$ was a negative correlation with FRC,

NOTE Confidence: 0.8035989

00:24:44.520 --> 00:24:45.404 NP, crit,

NOTE Confidence: 0.8035989

 $00:24:45.404 \longrightarrow 00:24:47.614$ basically saying that the more

 $00:24:47.614 \longrightarrow 00:24:49.599$ hyper inflation that you had.

NOTE Confidence: 0.8035989

 $00{:}24{:}49.600 \dashrightarrow 00{:}24{:}51.844$ The more negative your peak rate

NOTE Confidence: 0.8035989

 $00:24:51.844 \longrightarrow 00:24:54.680$ and the less likely you are to

NOTE Confidence: 0.8035989

00:24:54.680 --> 00:24:56.364 have upper airway obstruction,

NOTE Confidence: 0.8035989

 $00:24:56.370 \longrightarrow 00:24:58.820$ the mechanism that was proposed for this

NOTE Confidence: 0.8035989

00:24:58.820 --> 00:25:01.140 is that impatient with hyperinflation,

NOTE Confidence: 0.8035989

 $00:25:01.140 \longrightarrow 00:25:03.130$ they have more chordal traction,

NOTE Confidence: 0.8035989

 $00:25:03.130 \longrightarrow 00:25:04.722$ more quarter tracheal traction.

NOTE Confidence: 0.8035989

 $00{:}25{:}04.722 \dashrightarrow 00{:}25{:}07.110$ During in inflation of the lungs,

NOTE Confidence: 0.8035989

00:25:07.110 --> 00:25:08.702 producing more stiffer and

NOTE Confidence: 0.8035989

 $00{:}25{:}08.702 \dashrightarrow 00{:}25{:}10.294$ less collapsible upper airway.

NOTE Confidence: 0.8035989

 $00:25:10.300 \longrightarrow 00:25:12.834$ Now this is opposed to patients with

NOTE Confidence: 0.8035989

 $00{:}25{:}12.834 \dashrightarrow 00{:}25{:}15.069$ chronic bronchitis with these individuals.

NOTE Confidence: 0.8035989

 $00:25:15.070 \longrightarrow 00:25:17.055$ I'm sorry these individuals tend

NOTE Confidence: 0.8035989

 $00:25:17.055 \longrightarrow 00:25:18.643$ to have higher BMI's,

NOTE Confidence: 0.8035989

 $00:25:18.650 \longrightarrow 00:25:20.314$ more comorbidities, right heart.

 $00:25:20.314 \longrightarrow 00:25:20.730$ Celia,

NOTE Confidence: 0.8035989

 $00:25:20.730 \longrightarrow 00:25:22.354$ they have rustrel fluid

NOTE Confidence: 0.8035989

00:25:22.354 --> 00:25:23.978 shift from peripheral edema.

NOTE Confidence: 0.8035989

00:25:23.980 --> 00:25:27.160 Rostral fluid shift is really where

NOTE Confidence: 0.8035989

 $00{:}25{:}27.160 \dashrightarrow 00{:}25{:}29.880$ you have redistribution of edema.

NOTE Confidence: 0.8035989

00:25:29.880 --> 00:25:32.016 Where you have very pharyngeal Perry,

NOTE Confidence: 0.8035989

00:25:32.020 --> 00:25:33.440 laryngeal and pray pharyngeal

NOTE Confidence: 0.8035989

 $00:25:33.440 \longrightarrow 00:25:34.150$ edema developing,

NOTE Confidence: 0.8035989

 $00:25:34.150 \longrightarrow 00:25:36.070$ which of course can increase your

NOTE Confidence: 0.8035989

 $00:25:36.070 \longrightarrow 00:25:38.200$ risk of upper airway obstruction and

NOTE Confidence: 0.8035989

 $00{:}25{:}38.200 \dashrightarrow 00{:}25{:}40.558$ they have a lower respiratory drives.

NOTE Confidence: 0.8035989

00:25:40.560 --> 00:25:42.340 And so these individuals had

NOTE Confidence: 0.8035989

 $00:25:42.340 \longrightarrow 00:25:43.408$ a higher likelihood.

NOTE Confidence: 0.8035989

 $00{:}25{:}43.410 \dashrightarrow 00{:}25{:}45.307$ I thought I should say I thought

NOTE Confidence: 0.8035989

00:25:45.307 --> 00:25:47.160 to have a higher likelihood

00:25:47.160 --> 00:25:49.100 of obstructive sleep apnea,

NOTE Confidence: 0.8035989

 $00{:}25{:}49.100 \dashrightarrow 00{:}25{:}51.200$ so the Theo PD gene investigators

NOTE Confidence: 0.8035989

 $00:25:51.200 \longrightarrow 00:25:53.269$ that did your original SEAL PD

NOTE Confidence: 0.8035989

00:25:53.269 --> 00:25:55.369 gene study and that's the OPD gene

NOTE Confidence: 0.8035989

 $00:25:55.369 \longrightarrow 00:25:58.196$ study was done to kind of establish

NOTE Confidence: 0.8035989

 $00:25:58.196 \longrightarrow 00:25:59.426$ any genetic susceptibilities.

NOTE Confidence: 0.8035989

 $00:25:59.430 \longrightarrow 00:26:00.962$ In general patient populations.

NOTE Confidence: 0.8035989

 $00:26:00.962 \longrightarrow 00:26:03.768$ UPD they took this data on the

NOTE Confidence: 0.8035989

 $00{:}26{:}03.768 \dashrightarrow 00{:}26{:}05.948$ divided patients into having chronic

NOTE Confidence: 0.8035989

 $00:26:05.948 \longrightarrow 00:26:09.002$ bronchitis and those that did not have

NOTE Confidence: 0.8035989

00:26:09.002 --> 00:26:11.067 chronic bronchitis based on coughing,

NOTE Confidence: 0.8035989

 $00:26:11.070 \longrightarrow 00:26:11.488$ phlegm,

NOTE Confidence: 0.8035989

00:26:11.488 --> 00:26:13.996 production for at least two years,

NOTE Confidence: 0.8035989

 $00:26:14.000 \longrightarrow 00:26:16.856$ and they found that these individuals with

NOTE Confidence: 0.8035989

00:26:16.856 --> 00:26:18.995 chronic bronchitis had a significantly

NOTE Confidence: 0.8035989

 $00:26:18.995 \longrightarrow 00:26:21.539$ higher risk of developing sleep apnea.

 $00:26:21.540 \longrightarrow 00:26:24.132$ The thought behind this is that

NOTE Confidence: 0.8035989

 $00{:}26{:}24.132 \dashrightarrow 00{:}26{:}25.860$ the pathophysiology of obstructive

NOTE Confidence: 0.8035989

 $00:26:25.931 \longrightarrow 00:26:28.256$ sleep apnea and chronic bronchitis

NOTE Confidence: 0.8035989

00:26:28.256 --> 00:26:29.651 specifically overlapped more

NOTE Confidence: 0.8035989

 $00:26:29.651 \longrightarrow 00:26:31.240$ so than they did.

NOTE Confidence: 0.8035989

 $00:26:31.240 \longrightarrow 00:26:32.848$ Those individuals with emphysema

NOTE Confidence: 0.8035989

00:26:32.848 --> 00:26:34.858 adopting said our patient had

NOTE Confidence: 0.8035989

 $00:26:34.858 \longrightarrow 00:26:36.539$ significant hyperinflation and was

NOTE Confidence: 0.8035989

 $00:26:36.539 \longrightarrow 00:26:38.574$ somewhere in between both categories.

NOTE Confidence: 0.8035989

 $00:26:38.580 \longrightarrow 00:26:40.852$ Of course you have.

NOTE Confidence: 0.8035989

 $00:26:40.852 \longrightarrow 00:26:44.260$ You definitely have variations of this.

NOTE Confidence: 0.83676034

 $00:26:44.260 \longrightarrow 00:26:47.194$ You know occurring in real life so you have

NOTE Confidence: 0.83676034

 $00{:}26{:}47.194 \dashrightarrow 00{:}26{:}50.091$ factors that you know also a shared between

NOTE Confidence: 0.83676034

 $00:26:50.091 \longrightarrow 00:26:52.378$ these two conditions like risk factors.

NOTE Confidence: 0.83676034

00:26:52.380 --> 00:26:54.498 There's no established risk of smoking,

 $00:26:54.500 \longrightarrow 00:26:57.227$ at least that I was able to find directly

NOTE Confidence: 0.83676034

 $00:26:57.227 \longrightarrow 00:26:59.787$ being linked to obstructive sleep apnea,

NOTE Confidence: 0.83676034

 $00:26:59.790 \longrightarrow 00:27:02.590$ there are few animal studies that I did

NOTE Confidence: 0.83676034

 $00:27:02.590 \longrightarrow 00:27:05.436$ find that was positing that to be true,

NOTE Confidence: 0.83676034

 $00:27:05.440 \longrightarrow 00:27:08.303$ but of course smoke exposure can't contribute

NOTE Confidence: 0.83676034

 $00{:}27{:}08.303 \dashrightarrow 00{:}27{:}11.163$ to every information which can narrow the

NOTE Confidence: 0.83676034

 $00:27:11.163 \longrightarrow 00:27:13.509$ upper Airways and predisposed to collapse.

NOTE Confidence: 0.83676034

00:27:13.510 --> 00:27:14.830 And obstructive events.

NOTE Confidence: 0.83676034

 $00:27:14.830 \longrightarrow 00:27:17.030$ So you have these factors,

NOTE Confidence: 0.83676034

00:27:17.030 --> 00:27:19.697 then President and CEO PD that may

NOTE Confidence: 0.83676034

 $00{:}27{:}19.697 \dashrightarrow 00{:}27{:}22.459$ protect or that may pretend to

NOTE Confidence: 0.83676034

 $00:27:22.459 \longrightarrow 00:27:24.507$ getting obstructive sleep apnea.

NOTE Confidence: 0.83676034

 $00:27:24.510 \longrightarrow 00:27:28.038$ So steroids of course is is is very

NOTE Confidence: 0.83676034

00:27:28.038 --> 00:27:31.109 often used in patients with stupid,

NOTE Confidence: 0.83676034

 $00:27:31.110 \longrightarrow 00:27:33.828$ especially during exacerbations.

NOTE Confidence: 0.83676034

 $00:27:33.830 \longrightarrow 00:27:36.254$ Very much the same way as they can

00:27:36.254 --> 00:27:38.143 cause proximal myopathy of you know

NOTE Confidence: 0.83676034

00:27:38.143 --> 00:27:40.422 they can also cause you know Upper

NOTE Confidence: 0.83676034

 $00:27:40.422 \longrightarrow 00:27:42.372$ Airways upper airway myopathy as

NOTE Confidence: 0.83676034

 $00:27:42.372 \longrightarrow 00:27:45.830$ well and may potentially lead to.

NOTE Confidence: 0.83676034

 $00:27:45.830 \longrightarrow 00:27:48.098$ Um may potentially lead to increased risk

NOTE Confidence: 0.83676034

 $00:27:48.098 \longrightarrow 00:27:50.498$ of having upper airway obstruction feel.

NOTE Confidence: 0.83676034

00:27:50.500 --> 00:27:52.648 Filing is thought to be protected

NOTE Confidence: 0.83676034

00:27:52.648 --> 00:27:54.408 because of its, you know,

NOTE Confidence: 0.83676034

 $00:27:54.408 \longrightarrow 00:27:56.442$ because of its central stimulatory effect

NOTE Confidence: 0.83676034

 $00:27:56.442 \longrightarrow 00:27:59.110$ on the respiratory centers of the brain.

NOTE Confidence: 0.83676034

 $00{:}27{:}59.110 \dashrightarrow 00{:}28{:}01.324$ So when you, when you clinically

NOTE Confidence: 0.83676034

00:28:01.324 --> 00:28:03.780 assess a patient who you know you,

NOTE Confidence: 0.83676034

 $00{:}28{:}03.780 \dashrightarrow 00{:}28{:}05.928$ you know who may have stupidly

NOTE Confidence: 0.83676034

 $00:28:05.928 \longrightarrow 00:28:06.644$ overlap syndrome.

NOTE Confidence: 0.83676034

 $00:28:06.650 \longrightarrow 00:28:09.170$ It's so important to have clinical suspicion,

00:28:09.170 --> 00:28:11.599 OK, because if you don't know that

NOTE Confidence: 0.83676034

 $00{:}28{:}11.599 \dashrightarrow 00{:}28{:}13.469$ these two conditions can coexist,

NOTE Confidence: 0.83676034

 $00:28:13.470 \longrightarrow 00:28:15.270$ you won't look for it.

NOTE Confidence: 0.83676034

 $00:28:15.270 \longrightarrow 00:28:16.374$ So if you're.

NOTE Confidence: 0.83676034

 $00:28:16.374 \longrightarrow 00:28:18.454$ For example, in a sleep clinic,

NOTE Confidence: 0.83676034

00:28:18.454 --> 00:28:20.134 your patient is telling you,

NOTE Confidence: 0.83676034

 $00:28:20.140 \longrightarrow 00:28:21.820$ hey, you know I can't.

NOTE Confidence: 0.83676034

00:28:21.820 --> 00:28:23.614 You see Pop because of persistent

NOTE Confidence: 0.83676034

 $00{:}28{:}23.614 \dashrightarrow 00{:}28{:}25.510$ cough or phlegm or congestion,

NOTE Confidence: 0.83676034

 $00:28:25.510 \longrightarrow 00:28:27.185$ and they have the appropriate

NOTE Confidence: 0.83676034

 $00:28:27.185 \longrightarrow 00:28:27.855$ clinical history.

NOTE Confidence: 0.83676034

 $00:28:27.860 \longrightarrow 00:28:29.828$ Then you want to consider referring

NOTE Confidence: 0.83676034

 $00:28:29.828 \longrightarrow 00:28:31.900$ them to pulmonologists or getting PFTS.

NOTE Confidence: 0.83676034

 $00:28:31.900 \longrightarrow 00:28:34.580$ If you have the capacity to do without.

NOTE Confidence: 0.83676034

 $00:28:34.580 \longrightarrow 00:28:36.260$ And of course if you're

NOTE Confidence: 0.83676034

 $00:28:36.260 \longrightarrow 00:28:37.604$ in a pulmonary clinic.

00:28:37.610 --> 00:28:39.885 If despite optimization of Sio PD patients

NOTE Confidence: 0.83676034

 $00:28:39.885 \longrightarrow 00:28:41.639$ persistently has you know symptoms,

NOTE Confidence: 0.83676034

 $00:28:41.640 \longrightarrow 00:28:42.358$ especially headaches,

NOTE Confidence: 0.83676034

 $00:28:42.358 \longrightarrow 00:28:43.076$ for example,

NOTE Confidence: 0.83676034

 $00{:}28{:}43.076 \dashrightarrow 00{:}28{:}45.230$ then you off definitely want to

NOTE Confidence: 0.83676034

 $00:28:45.292 \longrightarrow 00:28:47.086$ consider getting a full night of.

NOTE Confidence: 0.83676034

00:28:47.090 --> 00:28:49.796 Full night PSG for these individuals,

NOTE Confidence: 0.83676034

 $00:28:49.800 \longrightarrow 00:28:53.128$ so in terms of the symptoms that patients

NOTE Confidence: 0.83676034

 $00:28:53.128 \longrightarrow 00:28:55.658$ develop with the overlap syndrome,

NOTE Confidence: 0.83676034

 $00:28:55.660 \longrightarrow 00:28:58.408$ they really can be linked to

NOTE Confidence: 0.83676034

 $00{:}28{:}58.408 \dashrightarrow 00{:}28{:}59.782$ the underlying pathophysiologic

NOTE Confidence: 0.83676034

 $00:28:59.782 \longrightarrow 00:29:02.486$ changes that we see so morning

NOTE Confidence: 0.83676034

 $00{:}29{:}02.486 \dashrightarrow 00{:}29{:}04.222$ headaches arising from hypercapnia.

NOTE Confidence: 0.83676034

 $00:29:04.230 \longrightarrow 00:29:06.218$ Hypoxemia commit to cyanosis

NOTE Confidence: 0.83676034

00:29:06.218 --> 00:29:08.703 and polycythemia and of course

00:29:08.703 --> 00:29:10.861 peripheral edema can result from

NOTE Confidence: 0.83676034

 $00{:}29{:}10.861 \dashrightarrow 00{:}29{:}13.243$ from from chronic cor pulmonale E.

NOTE Confidence: 0.83676034

 $00:29:13.250 \longrightarrow 00:29:16.118$ So these individuals as well with

NOTE Confidence: 0.83676034

 $00:29:16.118 \longrightarrow 00:29:18.320$ Overlap syndrome specifically tend to.

NOTE Confidence: 0.83676034

 $00:29:18.320 \longrightarrow 00:29:20.630$ Fall under that OSC phenotype

NOTE Confidence: 0.83676034

 $00:29:20.630 \longrightarrow 00:29:22.940$ of older more comorbid HI,

NOTE Confidence: 0.83676034

 $00:29:22.940 \longrightarrow 00:29:26.612$ HI and less time or I should say more

NOTE Confidence: 0.83676034

00:29:26.612 --> 00:29:29.791 time with saturations of less than

NOTE Confidence: 0.83676034

 $00:29:29.791 \longrightarrow 00:29:33.180 90\%$ and wild hypoxemia and hypoxia

NOTE Confidence: 0.83676034

00:29:33.180 --> 00:29:35.460 certainly you know contributes

NOTE Confidence: 0.83676034

 $00:29:35.460 \longrightarrow 00:29:38.447$ clinically in terms of how these

NOTE Confidence: 0.83676034

 $00:29:38.447 \longrightarrow 00:29:40.315$ individuals present it contributes

NOTE Confidence: 0.83676034

 $00:29:40.315 \longrightarrow 00:29:43.852$ in a major way to the to the

NOTE Confidence: 0.83676034

 $00:29:43.852 \longrightarrow 00:29:46.078$ morbidity associated with this disease.

NOTE Confidence: 0.83676034

 $00:29:46.078 \longrightarrow 00:29:48.910$ By activation off the inflammatory pathways.

NOTE Confidence: 0.83676034

00:29:48.910 --> 00:29:51.470 It's very well established in.

 $00:29:51.470 \longrightarrow 00:29:55.110$ See OPD patients that you know that

NOTE Confidence: 0.83676034

 $00{:}29{:}55.110 \dashrightarrow 00{:}29{:}57.264$ interleukin six neutrophils and

NOTE Confidence: 0.83676034

 $00:29:57.264 \longrightarrow 00:30:00.306$ fibringen values much higher in uncon.

NOTE Confidence: 0.83676034

 $00:30:00.310 \longrightarrow 00:30:02.866$ Trolls theopedia is associated with loss,

NOTE Confidence: 0.83676034

 $00{:}30{:}02.870 \dashrightarrow 00{:}30{:}05.000$ survival and cause system wide

NOTE Confidence: 0.83676034

 $00:30:05.000 \longrightarrow 00:30:07.130$ inflammation in patients with COPD.

NOTE Confidence: 0.8024891

00:30:07.130 --> 00:30:09.699 But you know the pattern of hypoxia

NOTE Confidence: 0.8024891

00:30:09.699 --> 00:30:12.834 in COPD and the pattern of hypoxia

NOTE Confidence: 0.8024891

 $00:30:12.834 \longrightarrow 00:30:14.786$ in obstructive sleep apnea.

NOTE Confidence: 0.8024891

 $00:30:14.790 \longrightarrow 00:30:17.346$ Else is is not the same.

NOTE Confidence: 0.8024891

 $00:30:17.350 \dashrightarrow 00:30:20.325$ So in patients with obstructive sleep apnea,

NOTE Confidence: 0.8024891

 $00:30:20.330 \longrightarrow 00:30:22.034$ these individuals tended to.

NOTE Confidence: 0.8024891

00:30:22.034 --> 00:30:25.010 These individuals tend to have, you know,

NOTE Confidence: 0.8024891

 $00:30:25.010 \longrightarrow 00:30:27.950$ tend to have intermittent type of hypoxia

NOTE Confidence: 0.8024891

 $00:30:27.950 \longrightarrow 00:30:31.178$ as opposed to patients with with COPD.

 $00:30:31.180 \longrightarrow 00:30:33.448$ They tend to have sustained hypoxia

NOTE Confidence: 0.8024891

 $00:30:33.448 \longrightarrow 00:30:35.540$ when the two conditions overlap.

NOTE Confidence: 0.8024891

 $00:30:35.540 \longrightarrow 00:30:38.240$ Sustained hypoxia tends to be the

NOTE Confidence: 0.8024891

 $00:30:38.240 \longrightarrow 00:30:40.616$ predominant type or the predominant

NOTE Confidence: 0.8024891

00:30:40.616 --> 00:30:43.066 pattern of hypoxia that you

NOTE Confidence: 0.8024891

 $00:30:43.066 \longrightarrow 00:30:45.740$ typically see in sleep studies.

NOTE Confidence: 0.8024891

 $00{:}30{:}45.740 {\:{\circ}{\circ}{\circ}}>00{:}30{:}48.776$ Interesting physiologic study that I saw.

NOTE Confidence: 0.8024891

 $00:30:48.780 \longrightarrow 00:30:51.840$ A done in 2005.

NOTE Confidence: 0.8024891

 $00{:}30{:}51.840 \dashrightarrow 00{:}30{:}54.222$ This group of researchers that took

NOTE Confidence: 0.8024891

00:30:54.222 --> 00:30:56.540 it from pronouncing this correctly,

NOTE Confidence: 0.8024891

 $00:30:56.540 \longrightarrow 00:30:59.200$ he la cells and these are basically

NOTE Confidence: 0.8024891

 $00:30:59.200 \longrightarrow 00:31:01.206$ immortal cell lines typically used

NOTE Confidence: 0.8024891

 $00:31:01.206 \longrightarrow 00:31:03.964$ in in Cancer Research on the exposed

NOTE Confidence: 0.8024891

 $00:31:03.964 \longrightarrow 00:31:06.889$ these cells to sustained hypoxia and

NOTE Confidence: 0.8024891

00:31:06.889 --> 00:31:09.344 varying degrees of intermittent hypoxia,

NOTE Confidence: 0.8024891

 $00:31:09.350 \longrightarrow 00:31:12.339$ and they looked at two inflammatory pathways.

00:31:12.340 --> 00:31:12.767 Again,

NOTE Confidence: 0.8024891

 $00{:}31{:}12.767 \dashrightarrow 00{:}31{:}14.902$ these are two separate inflammatory

NOTE Confidence: 0.8024891

 $00:31:14.902 \longrightarrow 00:31:16.610$ pathways in nuclear factor.

NOTE Confidence: 0.8024891

 $00{:}31{:}16.610 \dashrightarrow 00{:}31{:}19.172$ Kappa Beta Pathway is a master

NOTE Confidence: 0.8024891

 $00:31:19.172 \longrightarrow 00:31:20.880$ regulator of TNF Alpha.

NOTE Confidence: 0.8024891

 $00:31:20.880 \longrightarrow 00:31:23.586$ The hypoxia induced factor 1 pathway.

NOTE Confidence: 0.8024891

 $00:31:23.590 \longrightarrow 00:31:25.620$ ENCODE for proteins like erythropoetin

NOTE Confidence: 0.8024891

00:31:25.620 --> 00:31:27.244 vascular endothelial growth factor,

NOTE Confidence: 0.8024891

00:31:27.250 --> 00:31:28.958 and nitric oxide synthase,

NOTE Confidence: 0.8024891

 $00:31:28.958 \longrightarrow 00:31:32.012$ so they do different things in terms

NOTE Confidence: 0.8024891

 $00:31:32.012 \longrightarrow 00:31:34.484$ of how they exert a inflammatory

NOTE Confidence: 0.8024891

 $00:31:34.484 \longrightarrow 00:31:36.868$ effects and what you know what

NOTE Confidence: 0.8024891

 $00:31:36.868 \longrightarrow 00:31:38.648$ they were able to prove,

NOTE Confidence: 0.8024891

 $00:31:38.650 \longrightarrow 00:31:40.278$ that intermittent hypoxia preferentially

NOTE Confidence: 0.8024891

 $00:31:40.278 \longrightarrow 00:31:41.499$ caused increased activation,

 $00:31:41.500 \longrightarrow 00:31:43.936$ increased activity in the nuclear factor.

NOTE Confidence: 0.8024891

00:31:43.940 --> 00:31:45.975 Kappa Beta partly as opposed

NOTE Confidence: 0.8024891

 $00:31:45.975 \longrightarrow 00:31:47.196$ to sustained hypoxia,

NOTE Confidence: 0.8024891

00:31:47.200 --> 00:31:48.824 which favored the hypoxia,

NOTE Confidence: 0.8024891

 $00:31:48.824 \longrightarrow 00:31:50.448$ induced one luciferase activity.

NOTE Confidence: 0.8024891

 $00:31:50.450 \longrightarrow 00:31:51.938$ Partly so of course,

NOTE Confidence: 0.8024891

00:31:51.938 --> 00:31:54.170 I'm not saying that that's directly

NOTE Confidence: 0.8024891

00:31:54.239 --> 00:31:55.170 transmissible.

NOTE Confidence: 0.8024891

 $00{:}31{:}55.170 \dashrightarrow 00{:}31{:}57.375$ Or translated into a patient

NOTE Confidence: 0.8024891

 $00:31:57.375 \longrightarrow 00:31:58.698$ with overlap syndrome,

NOTE Confidence: 0.8024891

 $00:31:58.700 \longrightarrow 00:32:01.516$ but it does help us to understand that

NOTE Confidence: 0.8024891

 $00:32:01.516 \longrightarrow 00:32:04.419$ in patients with overlap syndrome with

NOTE Confidence: 0.8024891

00:32:04.419 --> 00:32:07.079 nocturnal with profound nocturnal oxygen,

NOTE Confidence: 0.8024891

 $00:32:07.080 \longrightarrow 00:32:07.960$ D saturation.

NOTE Confidence: 0.8024891

 $00:32:07.960 \longrightarrow 00:32:10.160$ You then have this exaggerated,

NOTE Confidence: 0.8024891

 $00:32:10.160 \longrightarrow 00:32:11.924$ profound activation of system

 $00:32:11.924 \longrightarrow 00:32:12.806$ wide information.

NOTE Confidence: 0.8024891

 $00:32:12.810 \longrightarrow 00:32:15.386$ Then you might not otherwise see in

NOTE Confidence: 0.8024891

 $00:32:15.386 \longrightarrow 00:32:17.705$ either conditions alone which directly

NOTE Confidence: 0.8024891

 $00:32:17.705 \longrightarrow 00:32:19.427$ causes endothelial dysfunction.

NOTE Confidence: 0.8024891

 $00:32:19.430 \longrightarrow 00:32:21.630$ Now you have to remember,

NOTE Confidence: 0.8024891

 $00:32:21.630 \longrightarrow 00:32:23.450$ endothelial dysfunction is one

NOTE Confidence: 0.8024891

 $00:32:23.450 \longrightarrow 00:32:25.270$ of those whole normals.

NOTE Confidence: 0.8024891

00:32:25.270 --> 00:32:27.538 Tell us which I was trying,

NOTE Confidence: 0.8024891

 $00:32:27.540 \longrightarrow 00:32:29.460$ so endothelial dysfunction will in

NOTE Confidence: 0.8024891

00:32:29.460 --> 00:32:32.069 turn lead to increased risk of Trumbo,

NOTE Confidence: 0.8024891 00:32:32.070 --> 00:32:32.494 SIS,

NOTE Confidence: 0.8024891

00:32:32.494 --> 00:32:33.766 increased arterial sclerosis,

NOTE Confidence: 0.8024891

 $00{:}32{:}33.766 \dashrightarrow 00{:}32{:}35.886$ increased risk of developing accurate

NOTE Confidence: 0.8024891

 $00:32:35.886 \longrightarrow 00:32:37.968$ sclerotic plugs and of course all

NOTE Confidence: 0.8024891

 $00:32:37.968 \longrightarrow 00:32:39.252$ of the cardiovascular morbidity.

 $00:32:39.260 \longrightarrow 00:32:41.528$ That's what it comes with that

NOTE Confidence: 0.8024891

 $00{:}32{:}41.528 --> 00{:}32{:}43.040$ and so you know,

NOTE Confidence: 0.8024891

 $00:32:43.040 \longrightarrow 00:32:45.928$ in terms of not just in terms of

NOTE Confidence: 0.8024891

00:32:45.928 --> 00:32:47.569 cardiovascular disease and mobility,

NOTE Confidence: 0.8024891

00:32:47.570 --> 00:32:50.216 but also in terms of pulmonary hypertension,

NOTE Confidence: 0.8024891

 $00:32:50.220 \longrightarrow 00:32:52.614$ is something that you see more commonly

NOTE Confidence: 0.8024891

 $00:32:52.614 \longrightarrow 00:32:56.144$ in patients with overlap syndrome, you know.

NOTE Confidence: 0.8024891

 $00:32:56.144 \longrightarrow 00:32:59.629$ In patients with pure overseeing.

NOTE Confidence: 0.8024891

 $00:32:59.630 \longrightarrow 00:33:01.206$ The the pulmonary hypertension

NOTE Confidence: 0.8024891

 $00:33:01.206 \longrightarrow 00:33:03.938$ that you typically see is not as

NOTE Confidence: 0.8024891

 $00{:}33{:}03.938 \dashrightarrow 00{:}33{:}06.052$ severe that you would see in a

NOTE Confidence: 0.8024891

00:33:06.052 --> 00:33:07.839 patient with overlap syndrome,

NOTE Confidence: 0.8024891

 $00:33:07.840 \longrightarrow 00:33:10.078$ and when you think about the

NOTE Confidence: 0.8024891

00:33:10.078 --> 00:33:11.570 effect of pulmonary hypertension,

NOTE Confidence: 0.8024891

 $00:33:11.570 \longrightarrow 00:33:13.796$ you think about right ventricular remodeling.

NOTE Confidence: 0.8024891

00:33:13.800 --> 00:33:14.919 Chronic cor pulmonale.

 $00:33:14.919 \longrightarrow 00:33:17.157$ When you think about endothelial dysfunction,

NOTE Confidence: 0.8024891

 $00:33:17.160 \longrightarrow 00:33:18.297$ like I said,

NOTE Confidence: 0.8024891

 $00:33:18.297 \longrightarrow 00:33:20.192$ you think about arterial sclerosis

NOTE Confidence: 0.8024891

 $00:33:20.192 \longrightarrow 00:33:21.640$ so that you know,

NOTE Confidence: 0.8024891

00:33:21.640 --> 00:33:23.500 I found it very interesting.

NOTE Confidence: 0.8024891

 $00:33:23.500 \longrightarrow 00:33:25.600$ Single center study that looked at

NOTE Confidence: 0.8024891

 $00:33:25.600 \longrightarrow 00:33:27.461$ overlap patients overlap patients with

NOTE Confidence: 0.8024891

 $00{:}33{:}27.461 \dashrightarrow 00{:}33{:}29.471$ overlap syndrome and assessing right

NOTE Confidence: 0.8024891

00:33:29.471 --> 00:33:31.340 ventricular remodeling using cardiac MRI,

NOTE Confidence: 0.8024891

 $00{:}33{:}31.340 \dashrightarrow 00{:}33{:}34.084$ which is not as is not Goldstein.

NOTE Confidence: 0.8024891

 $00{:}33{:}34.090 \dashrightarrow 00{:}33{:}37.016$ That is not a right heart cast,

NOTE Confidence: 0.8217687

 $00:33:37.020 \longrightarrow 00:33:39.281$ but it's pretty accurate and they were

NOTE Confidence: 0.8217687

 $00:33:39.281 \longrightarrow 00:33:42.606$ able to show that in patients with overlap

NOTE Confidence: 0.8217687

 $00:33:42.606 \longrightarrow 00:33:44.891$ syndrome there was significantly increased

NOTE Confidence: 0.8217687

 $00:33:44.956 \longrightarrow 00:33:47.734$ risk or increase in significantly increased

00:33:47.734 --> 00:33:50.001 presence of right ventricular remodeling

NOTE Confidence: 0.8217687

 $00{:}33{:}50.001 \dashrightarrow 00{:}33{:}52.467$ than was present in matched controls

NOTE Confidence: 0.8217687

 $00:33:52.467 \longrightarrow 00:33:55.039$ facility must for severity of disease.

NOTE Confidence: 0.8217687

 $00:33:55.040 \longrightarrow 00:33:57.410$ This was not found to be

NOTE Confidence: 0.8217687

00:33:57.410 --> 00:33:59.650 correlated with FEV one values,

NOTE Confidence: 0.8217687

 $00:33:59.650 \longrightarrow 00:34:02.114$ but it was found to be correlated

NOTE Confidence: 0.8217687

 $00:34:02.114 \longrightarrow 00:34:04.680$ with oxygen D saturation indices,

NOTE Confidence: 0.8217687

00:34:04.680 --> 00:34:08.040 oxygen D saturation indices of course is.

NOTE Confidence: 0.8217687

 $00{:}34{:}08.040 \dashrightarrow 00{:}34{:}10.476$ Is the amount of time that you

NOTE Confidence: 0.8217687

 $00:34:10.476 \longrightarrow 00:34:12.679$ would spend below estate in Bill.

NOTE Confidence: 0.8217687

 $00{:}34{:}12.680 \dashrightarrow 00{:}34{:}15.641$ It's it's a number of times per hour of

NOTE Confidence: 0.8217687

 $00:34:15.641 \longrightarrow 00:34:18.746$ sleep that a blood oxygen level would drop.

NOTE Confidence: 0.8217687

 $00:34:18.750 \longrightarrow 00:34:21.249$ The lowest integrate from baseline and disk.

NOTE Confidence: 0.8217687

 $00:34:21.250 \longrightarrow 00:34:23.030$ In this case they took.

NOTE Confidence: 0.8217687

 $00:34:23.030 \longrightarrow 00:34:24.820$ They took it as 3%.

NOTE Confidence: 0.8217687

 $00:34:24.820 \longrightarrow 00:34:25.843$ Another single sensor.

00:34:25.843 --> 00:34:27.889 Japanese study looked at overlap patients

NOTE Confidence: 0.8217687

 $00{:}34{:}27.889 \dashrightarrow 00{:}34{:}29.756$ with overlap syndrome versus patients

NOTE Confidence: 0.8217687

 $00:34:29.756 \longrightarrow 00:34:31.596$ with just obstructive sleep apnea.

NOTE Confidence: 0.8217687

00:34:31.600 --> 00:34:34.078 Of course you see it is skewed

NOTE Confidence: 0.8217687

00:34:34.078 --> 00:34:36.239 towards patience with just two assay,

NOTE Confidence: 0.8217687

 $00:34:36.240 \longrightarrow 00:34:38.628$ but they looked at Brick Hill.

NOTE Confidence: 0.8217687

00:34:38.630 --> 00:34:39.746 Uncle Pathway Velocities,

NOTE Confidence: 0.8217687

00:34:39.746 --> 00:34:41.978 which is a direct surrogates were

NOTE Confidence: 0.8217687

 $00:34:41.978 \longrightarrow 00:34:43.903$ direct indicator of arterial stiffness

NOTE Confidence: 0.8217687

 $00:34:43.903 \longrightarrow 00:34:45.763$ right and after adjusting for

NOTE Confidence: 0.8217687

 $00:34:45.763 \longrightarrow 00:34:47.976$ even smoking status which was very

NOTE Confidence: 0.8217687

 $00:34:47.976 \longrightarrow 00:34:50.072$ interesting to be after adjusting the

NOTE Confidence: 0.8217687

 $00:34:50.072 \longrightarrow 00:34:52.256$ smoking status they were able to show

NOTE Confidence: 0.8217687

 $00:34:52.256 \longrightarrow 00:34:54.282$ that patient with overlap syndrome

NOTE Confidence: 0.8217687

 $00:34:54.282 \longrightarrow 00:34:56.066$ had significantly higher values.

 $00:34:56.070 \longrightarrow 00:34:58.380$ So this what these two studies show

NOTE Confidence: 0.8217687

 $00{:}34{:}58.380 \dashrightarrow 00{:}35{:}00.889$ and even their single center studies.

NOTE Confidence: 0.8217687

 $00:35:00.890 \longrightarrow 00:35:03.386$ They were well conducted studies and

NOTE Confidence: 0.8217687

 $00:35:03.386 \longrightarrow 00:35:06.669$ they were able to show real end organ.

NOTE Confidence: 0.8217687

 $00:35:06.670 \longrightarrow 00:35:08.225$ Manifestations real end organ damage

NOTE Confidence: 0.8217687

 $00{:}35{:}08.225 \dashrightarrow 00{:}35{:}10.543$ from everything that we talked about in

NOTE Confidence: 0.8217687

 $00:35:10.543 \longrightarrow 00:35:11.967$ terms of theoretical pathophysiology,

NOTE Confidence: 0.8217687

 $00{:}35{:}11.970 \dashrightarrow 00{:}35{:}14.357$ and I think that has real clinical

NOTE Confidence: 0.8217687

 $00:35:14.357 \longrightarrow 00:35:16.562$ implications in terms of the mobility and

NOTE Confidence: 0.8217687

 $00:35:16.562 \longrightarrow 00:35:18.665$ attains of in terms of how aggressive

NOTE Confidence: 0.8217687

 $00{:}35{:}18.665 \dashrightarrow 00{:}35{:}21.178$ we should be in ensuring that these

NOTE Confidence: 0.8217687

 $00:35:21.178 \longrightarrow 00:35:22.938$ patients are really managed properly.

NOTE Confidence: 0.8217687

 $00{:}35{:}22.938 \dashrightarrow 00{:}35{:}24.668$ There are some new associations

NOTE Confidence: 0.8217687

 $00:35:24.668 \longrightarrow 00:35:26.199$ that have been looked at.

NOTE Confidence: 0.8217687

 $00:35:26.200 \longrightarrow 00:35:28.448$ I saw there was a group of researchers

NOTE Confidence: 0.8217687

 $00{:}35{:}28.448 \dashrightarrow 00{:}35{:}30.686$ from the University of Buffalo and I

 $00:35:30.686 \longrightarrow 00:35:33.113$ think also with the system in Buffalo

NOTE Confidence: 0.8217687

 $00:35:33.113 \dashrightarrow 00:35:35.369$ where the weather where they assessed

NOTE Confidence: 0.8217687

 $00:35:35.369 \longrightarrow 00:35:37.339$ the prevalence of atrial fibrillation.

NOTE Confidence: 0.8217687

 $00:35:37.339 \longrightarrow 00:35:39.354$ Impatients overlap syndrome as well.

NOTE Confidence: 0.8217687

 $00:35:39.360 \longrightarrow 00:35:41.200$ It was a retrospective study,

NOTE Confidence: 0.8217687

 $00:35:41.200 \longrightarrow 00:35:43.632$ but they looked at five years of data

NOTE Confidence: 0.8217687

 $00:35:43.632 \longrightarrow 00:35:46.036$ and they they looked at patients

NOTE Confidence: 0.8217687

 $00:35:46.036 \longrightarrow 00:35:48.717$ with COPD who were then diagnosed with

NOTE Confidence: 0.8217687

 $00{:}35{:}48.717 \dashrightarrow 00{:}35{:}51.381$ obstructive sleep apnea who were then

NOTE Confidence: 0.8217687

 $00{:}35{:}51.381 \dashrightarrow 00{:}35{:}53.746$ diagnosed with Dean over a failed.

NOTE Confidence: 0.8217687

 $00:35:53.746 \longrightarrow 00:35:55.960$ They excluded patients with valvular disease.

NOTE Confidence: 0.8217687

 $00:35:55.960 \dashrightarrow 00:35:57.260$ Included patients were diagnosed

NOTE Confidence: 0.8217687

 $00:35:57.260 \longrightarrow 00:35:59.210$ with a fit previously with other

NOTE Confidence: 0.8217687

 $00{:}35{:}59.260 \dashrightarrow 00{:}36{:}00.760$ chronic respiratory disorders.

NOTE Confidence: 0.8217687

 $00:36:00.760 \longrightarrow 00:36:03.152$ Now they were not able to find a

00:36:03.152 --> 00:36:05.189 direct link between obstructive.

NOTE Confidence: 0.8217687

 $00:36:05.190 \longrightarrow 00:36:08.466$ I'm sorry, overlap syndrome and a firm.

NOTE Confidence: 0.8217687

 $00:36:08.470 \longrightarrow 00:36:10.792$ But how they reported their data

NOTE Confidence: 0.8217687

 $00:36:10.792 \longrightarrow 00:36:11.953$ was very interesting.

NOTE Confidence: 0.8217687

00:36:11.960 --> 00:36:12.342 Well,

NOTE Confidence: 0.8217687

 $00:36:12.342 \longrightarrow 00:36:14.634$ they reported was in patients with

NOTE Confidence: 0.8217687

 $00:36:14.634 \longrightarrow 00:36:16.886$ Overlap syndrome who will less adherent

NOTE Confidence: 0.8217687

 $00:36:16.886 \longrightarrow 00:36:18.956$ to CPAP that these individuals had

NOTE Confidence: 0.8217687

 $00{:}36{:}18.956 \dashrightarrow 00{:}36{:}21.560$ a higher risk of developing each

NOTE Confidence: 0.8217687

 $00:36:21.560 \longrightarrow 00:36:22.438$ real fibrillation.

NOTE Confidence: 0.8217687

 $00{:}36{:}22.440 \dashrightarrow 00{:}36{:}24.380$ Of course that's not surprising.

NOTE Confidence: 0.8217687

 $00:36:24.380 \longrightarrow 00:36:26.315$ CPAP we know reduces fluctuations

NOTE Confidence: 0.8217687

 $00:36:26.315 \longrightarrow 00:36:27.476$ and intrathoracic pressure.

NOTE Confidence: 0.8217687

 $00:36:27.480 \longrightarrow 00:36:29.420$ Of course, it mitigates hypoxemia.

NOTE Confidence: 0.8217687

00:36:29.420 --> 00:36:31.748 It will prevent right atrial remodeling,

NOTE Confidence: 0.8217687

 $00:36:31.750 \longrightarrow 00:36:35.254$ so there is an explanation for why they

00:36:35.254 --> 00:36:38.780 may have found why they may have had.

NOTE Confidence: 0.8217687

00:36:38.780 --> 00:36:40.274 That particular finding,

NOTE Confidence: 0.8217687

 $00:36:40.274 \longrightarrow 00:36:42.764$ so in terms of mortality,

NOTE Confidence: 0.8217687

 $00{:}36{:}42.770 \dashrightarrow 00{:}36{:}44.770$ specifically in patients with

NOTE Confidence: 0.8217687

 $00:36:44.770 \longrightarrow 00:36:45.770$ overlap syndrome,

NOTE Confidence: 0.8217687

 $00:36:45.770 \longrightarrow 00:36:48.745$ and if there's any positive

NOTE Confidence: 0.8217687

 $00:36:48.745 \longrightarrow 00:36:51.720$ effect on pop therapy on

NOTE Confidence: 0.85610574

 $00:36:51.836 \longrightarrow 00:36:54.552$ mortality. This was look by

NOTE Confidence: 0.85610574

00:36:54.552 --> 00:36:56.910 list looks up at Joseph Moran.

NOTE Confidence: 0.85610574

 $00:36:56.910 \dashrightarrow 00:36:58.890$ I think some University of Minnesota

NOTE Confidence: 0.85610574

 $00:36:58.890 \longrightarrow 00:37:01.815$ and it was a prospective study that was

NOTE Confidence: 0.85610574

 $00:37:01.815 \dashrightarrow 00:37:04.637$ done to assess the relation of overlap

NOTE Confidence: 0.85610574

 $00{:}37{:}04.637 \dashrightarrow 00{:}37{:}07.343$ syndrome to mortality and first time

NOTE Confidence: 0.85610574

 $00:37:07.343 \longrightarrow 00:37:09.430$ hospitalization due to stupid exacerbation.

NOTE Confidence: 0.85610574

 $00:37:09.430 \longrightarrow 00:37:12.350$ And then if see pub and had any

 $00:37:12.423 \longrightarrow 00:37:14.598$ effect on these major outcomes.

NOTE Confidence: 0.85610574

 $00{:}37{:}14.600 \dashrightarrow 00{:}37{:}16.952$ Again, this was a prospective studies

NOTE Confidence: 0.85610574

 $00{:}37{:}16.952 \dashrightarrow 00{:}37{:}18.993$ these individual these these research

NOTE Confidence: 0.85610574

 $00:37:18.993 \longrightarrow 00:37:20.633$ participants were followed for

NOTE Confidence: 0.85610574

 $00:37:20.633 \longrightarrow 00:37:23.100$ nights and average about nine years.

NOTE Confidence: 0.85610574

 $00:37:23.100 \longrightarrow 00:37:25.755$ So he categorized individuals into

NOTE Confidence: 0.85610574

 $00:37:25.755 \longrightarrow 00:37:28.410$ overlap syndrome treated with CPAP

NOTE Confidence: 0.85610574

00:37:28.494 --> 00:37:31.500 overlap syndrome not treated with CPAP,

NOTE Confidence: 0.85610574

 $00:37:31.500 \dashrightarrow 00:37:35.175$ and then with and then the opedia individuals

NOTE Confidence: 0.85610574

 $00:37:35.175 \longrightarrow 00:37:37.280$ without obstructive sleep apnea.

NOTE Confidence: 0.85610574

 $00:37:37.280 \longrightarrow 00:37:40.493$ He found that there was increased all

NOTE Confidence: 0.85610574

 $00:37:40.493 \longrightarrow 00:37:43.700$ cause mortality in patients with with

NOTE Confidence: 0.85610574

 $00:37:43.700 \longrightarrow 00:37:46.610$ overlap syndrome and that exacerbation

NOTE Confidence: 0.85610574

 $00:37:46.610 \longrightarrow 00:37:50.022$ free survival and overall survival was

NOTE Confidence: 0.85610574

 $00:37:50.022 \longrightarrow 00:37:53.268$ lowest in patients with overlap syndrome.

NOTE Confidence: 0.85610574

00:37:53.270 --> 00:37:56.062 Who were not treated with CPAP and that

 $00:37:56.062 \longrightarrow 00:37:58.294$ there was a significantly increased

NOTE Confidence: 0.85610574

 $00{:}37{:}58.294 {\:{\circ}{\circ}{\circ}}>00{:}38{:}01.204$ survival in patients who were treated

NOTE Confidence: 0.85610574

 $00:38:01.204 \longrightarrow 00:38:03.618$ with CPAP in terms of you know,

NOTE Confidence: 0.85610574

 $00:38:03.620 \longrightarrow 00:38:05.790$ hypoxemic COPD as patients who with COPD

NOTE Confidence: 0.85610574

 $00:38:05.790 \longrightarrow 00:38:08.778$ you know to the progression of their

NOTE Confidence: 0.85610574

 $00:38:08.778 \dashrightarrow 00:38:10.774$ disease requires supplemental oxygenation.

NOTE Confidence: 0.85610574

 $00:38:10.780 \longrightarrow 00:38:11.974$ You know this.

NOTE Confidence: 0.85610574

00:38:11.974 --> 00:38:13.964 This has also been studying.

NOTE Confidence: 0.85610574

 $00{:}38{:}13.970 \dashrightarrow 00{:}38{:}16.358$ This was studied by a group

NOTE Confidence: 0.85610574

00:38:16.358 --> 00:38:17.950 of researchers from Brazil,

NOTE Confidence: 0.85610574

 $00{:}38{:}17.950 \dashrightarrow 00{:}38{:}20.617$ and again this was a simple single

NOTE Confidence: 0.85610574

 $00:38:20.617 \longrightarrow 00:38:23.340$ center study was a prospective study.

NOTE Confidence: 0.85610574

 $00{:}38{:}23.340 \dashrightarrow 00{:}38{:}25.888$ And they were able to demonstrate a,

NOTE Confidence: 0.85610574

00:38:25.890 --> 00:38:26.654 you know,

NOTE Confidence: 0.85610574

 $00:38:26.654 \longrightarrow 00:38:28.564$ increased survival in hypoxemic CPD

 $00:38:28.564 \longrightarrow 00:38:31.348$ patients who were treated with CPAP as well.

NOTE Confidence: 0.85610574

 $00{:}38{:}31.350 \dashrightarrow 00{:}38{:}33.534$ Of course, this is patients with

NOTE Confidence: 0.85610574

 $00:38:33.534 \longrightarrow 00:38:34.990$ CPAP and oxygen therapy.

NOTE Confidence: 0.85610574

 $00:38:34.990 \longrightarrow 00:38:36.442$ So when assessing patients

NOTE Confidence: 0.85610574

 $00:38:36.442 \longrightarrow 00:38:37.894$ with the overlap syndrome,

NOTE Confidence: 0.85610574

 $00:38:37.900 \longrightarrow 00:38:39.008$ it's very,

NOTE Confidence: 0.85610574

00:38:39.008 --> 00:38:41.778 very important to think about.

NOTE Confidence: 0.85610574

 $00:38:41.780 \dashrightarrow 00:38:44.276$ You know the clinical context in which in

NOTE Confidence: 0.85610574

 $00{:}38{:}44.276 \dashrightarrow 00{:}38{:}46.560$ which these individuals are presenting.

NOTE Confidence: 0.85610574

00:38:46.560 --> 00:38:48.032 These patients should have,

NOTE Confidence: 0.85610574

00:38:48.032 --> 00:38:49.872 in love attended titration studies,

NOTE Confidence: 0.85610574

 $00:38:49.880 \longrightarrow 00:38:51.638$ and I think that's important because

NOTE Confidence: 0.85610574

 $00:38:51.638 \longrightarrow 00:38:54.026$ you need to have objective data and

NOTE Confidence: 0.85610574

 $00:38:54.026 \longrightarrow 00:38:56.348$ objective evidence that you are actually

NOTE Confidence: 0.85610574

 $00:38:56.348 \longrightarrow 00:38:58.042$ mitigating these significant hypoxemia

NOTE Confidence: 0.85610574

00:38:58.042 --> 00:39:00.544 that you're seeing in these individuals,

 $00:39:00.550 \longrightarrow 00:39:03.853$ that you may not get from an automated CPAP.

NOTE Confidence: 0.85610574

00:39:03.860 --> 00:39:04.596 Of course,

NOTE Confidence: 0.85610574

 $00:39:04.596 \longrightarrow 00:39:06.068$ you can do oximetry,

NOTE Confidence: 0.85610574

 $00:39:06.070 \longrightarrow 00:39:08.782$ but many times these patients also

NOTE Confidence: 0.85610574

 $00{:}39{:}08.782 \dashrightarrow 00{:}39{:}10.590$ have concommitant hypoventilation that

NOTE Confidence: 0.85610574

00:39:10.657 --> 00:39:12.945 you may need to switch to buy popped.

NOTE Confidence: 0.85610574

00:39:12.950 --> 00:39:14.850 Before, during your titrations,

NOTE Confidence: 0.85610574

 $00:39:14.850 \longrightarrow 00:39:16.750$ if you have hypoventilation,

NOTE Confidence: 0.85610574

 $00{:}39{:}16.750 \dashrightarrow 00{:}39{:}19.550$ Bipap or noninvasive ventilation

NOTE Confidence: 0.85610574

 $00:39:19.550 \longrightarrow 00:39:20.950$ is preferred.

NOTE Confidence: 0.85610574

 $00{:}39{:}20.950 \dashrightarrow 00{:}39{:}23.718$ You know of course it's high pop Mia

NOTE Confidence: 0.85610574

00:39:23.718 --> 00:39:25.610 predominant OSA predominant CPAP,

NOTE Confidence: 0.85610574

 $00{:}39{:}25.610 \dashrightarrow 00{:}39{:}28.459$ like we showed it certainly has mortality

NOTE Confidence: 0.85610574

 $00:39:28.459 \longrightarrow 00:39:31.039$ benefit and certainly will be good enough.

NOTE Confidence: 0.85610574

00:39:31.040 --> 00:39:32.536 Supplemental oxygen therapy is

 $00:39:32.536 \longrightarrow 00:39:34.780$ something you may be able to

NOTE Confidence: 0.85610574

 $00:39:34.848 \dashrightarrow 00:39:36.783$ determine as necessary during your

NOTE Confidence: 0.85610574

 $00:39:36.783 \longrightarrow 00:39:39.173$ titration study as well in terms

NOTE Confidence: 0.85610574

 $00:39:39.173 \longrightarrow 00:39:41.128$ of optimization of CPD therapy.

NOTE Confidence: 0.85610574

 $00:39:41.130 \longrightarrow 00:39:42.186$ This is very,

NOTE Confidence: 0.85610574

 $00{:}39{:}42.186 \dashrightarrow 00{:}39{:}44.298$ very important and I think you

NOTE Confidence: 0.85610574

00:39:44.298 --> 00:39:46.803 know in terms of the perspective

NOTE Confidence: 0.85610574

00:39:46.803 --> 00:39:48.883 of a Sleep Medicine physician,

NOTE Confidence: 0.85610574

 $00{:}39{:}48.890 \dashrightarrow 00{:}39{:}51.278$ I think it's important for us.

NOTE Confidence: 0.85610574

 $00:39:51.280 \longrightarrow 00:39:53.660$ In these individuals to make sure they

NOTE Confidence: 0.85610574

 $00{:}39{:}53.660 \dashrightarrow 00{:}39{:}55.930$ have established care with a pulmonologist,

NOTE Confidence: 0.85610574

 $00:39:55.930 \longrightarrow 00:39:57.825$ maybe assess their medication adherence

NOTE Confidence: 0.85610574

 $00:39:57.825 \longrightarrow 00:40:00.320$ if they have prescriptions for their Med.

NOTE Confidence: 0.85610574

 $00:40:00.320 \longrightarrow 00:40:02.295$ Patiens if they've been having

NOTE Confidence: 0.85610574

 $00:40:02.295 \longrightarrow 00:40:03.085$ frequent exacerbations,

NOTE Confidence: 0.85610574

 $00:40:03.090 \longrightarrow 00:40:04.950$ have been following up with

 $00{:}40{:}04.950 \dashrightarrow 00{:}40{:}07.286$ their providers because we can be

NOTE Confidence: 0.85610574

 $00{:}40{:}07.286 \dashrightarrow 00{:}40{:}09.306$ doing everything with regards to

NOTE Confidence: 0.85610574

00:40:09.306 --> 00:40:11.380 optimization of their sleep apnea,

NOTE Confidence: 0.85610574

 $00:40:11.380 \longrightarrow 00:40:14.145$ but this UPD is kind of left,

NOTE Confidence: 0.85610574

00:40:14.150 --> 00:40:16.520 you know, to its own devices,

NOTE Confidence: 0.85610574

 $00:40:16.520 \longrightarrow 00:40:18.890$ everything will be we were doing,

NOTE Confidence: 0.8277575

 $00:40:18.890 \longrightarrow 00:40:20.126$ could just be moved.

NOTE Confidence: 0.8277575

00:40:20.126 --> 00:40:22.473 I think from the perspective of a

NOTE Confidence: 0.8277575

 $00{:}40{:}22.473 \dashrightarrow 00{:}40{:}24.185$ pulmonologist smoking cessation as

NOTE Confidence: 0.8277575

 $00{:}40{:}24.185 \dashrightarrow 00{:}40{:}25.897$ well as pulmonary rehabilitation

NOTE Confidence: 0.8277575

 $00{:}40{:}25.897 \dashrightarrow 00{:}40{:}27.580$ is certainly important.

NOTE Confidence: 0.8277575

 $00{:}40{:}27.580 \dashrightarrow 00{:}40{:}29.112$ So pulmonary rehabilitation is

NOTE Confidence: 0.8277575

 $00:40:29.112 \longrightarrow 00:40:31.027$ basically where we subject tations

NOTE Confidence: 0.8277575

 $00:40:31.027 \longrightarrow 00:40:33.109$ to strength intensity exercises.

NOTE Confidence: 0.8277575

 $00:40:33.110 \longrightarrow 00:40:34.740$ But what it really does,

 $00:40:34.740 \longrightarrow 00:40:36.040$ it helps patients perception

NOTE Confidence: 0.8277575

 $00:40:36.040 \longrightarrow 00:40:37.015$ of dyspnea improve.

NOTE Confidence: 0.8277575

00:40:37.020 --> 00:40:40.996 And I think this could actually help.

NOTE Confidence: 0.8277575

 $00:40:41.000 \longrightarrow 00:40:42.608$ Their sleep quality a

NOTE Confidence: 0.8277575

 $00:40:42.608 \longrightarrow 00:40:44.216$ significantly so these two,

NOTE Confidence: 0.8277575

00:40:44.220 --> 00:40:46.060 you know, arms of management

NOTE Confidence: 0.8277575

 $00:40:46.060 \longrightarrow 00:40:48.640$ needs to be looked at together,

NOTE Confidence: 0.8277575

 $00:40:48.640 \longrightarrow 00:40:51.640$ so this is just my modified algorithm that

NOTE Confidence: 0.8277575

 $00{:}40{:}51.640 \dashrightarrow 00{:}40{:}55.065$ I took from the sleep clinics or lecture.

NOTE Confidence: 0.8277575

 $00:40:55.070 \longrightarrow 00:40:57.494$ I think it's important for us

NOTE Confidence: 0.8277575

 $00{:}40{:}57.494 \dashrightarrow 00{:}40{:}59.573$ to have clinical suspicion that

NOTE Confidence: 0.8277575

 $00:40:59.573 \longrightarrow 00:41:01.498$ COPD needs to be optimized.

NOTE Confidence: 0.8277575

 $00{:}41{:}01.500 \dashrightarrow 00{:}41{:}04.014$ That these individuals then should have

NOTE Confidence: 0.8277575

 $00:41:04.014 \longrightarrow 00:41:06.330$ a pulmonary function tests anti SGS.

NOTE Confidence: 0.8277575

00:41:06.330 --> 00:41:08.736 If hypercapnia is present by part,

NOTE Confidence: 0.8277575

 $00:41:08.740 \longrightarrow 00:41:11.350$ may be preferred if there is.

00:41:11.350 --> 00:41:12.106 You know,

NOTE Confidence: 0.8277575

 $00{:}41{:}12.106 \longrightarrow 00{:}41{:}13.618$ no evidence of hypoventilation

NOTE Confidence: 0.8277575

00:41:13.618 --> 00:41:15.130 CPAP may be sufficient,

NOTE Confidence: 0.8277575

00:41:15.130 --> 00:41:17.398 and if there is persistent hypoxia,

NOTE Confidence: 0.8277575

 $00:41:17.400 \longrightarrow 00:41:19.290$ you may want to consider.

NOTE Confidence: 0.8277575

 $00:41:19.290 \longrightarrow 00:41:23.190$ You may want to consider getting.

NOTE Confidence: 0.8277575

 $00:41:23.190 \longrightarrow 00:41:25.745$ These patients are nocturnal oxygen as well.

NOTE Confidence: 0.8277575

00:41:25.750 --> 00:41:26.114 Now,

NOTE Confidence: 0.8277575

 $00:41:26.114 \longrightarrow 00:41:29.026$ in terms of is their role for Eva.

NOTE Confidence: 0.8944535

00:41:31.070 --> 00:41:32.534 I put the slide up because

NOTE Confidence: 0.8944535

 $00:41:32.534 \longrightarrow 00:41:34.420 \text{ I saw a few case reports.}$

NOTE Confidence: 0.8944535

 $00:41:34.420 \longrightarrow 00:41:36.430$ And we've actually prescribed one

NOTE Confidence: 0.8944535

 $00:41:36.430 \longrightarrow 00:41:38.440$ individual for a vast amounts,

NOTE Confidence: 0.8944535

 $00:41:38.440 \longrightarrow 00:41:41.284$ of course, is average volume assured

NOTE Confidence: 0.8944535

 $00:41:41.284 \longrightarrow 00:41:43.591$ pressure support the particular mode

 $00:41:43.591 \longrightarrow 00:41:45.936$ of a verbs that would be preferred

NOTE Confidence: 0.8944535

 $00:41:45.936 \longrightarrow 00:41:48.490$ in these individuals is a verbs AE.

NOTE Confidence: 0.8944535

 $00:41:48.490 \longrightarrow 00:41:51.311$ So if apps is basically a motor

NOTE Confidence: 0.8944535

 $00:41:51.311 \longrightarrow 00:41:52.910$ ventilation where you can,

NOTE Confidence: 0.8944535

00:41:52.910 --> 00:41:55.724 you know you can set a preset

NOTE Confidence: 0.8944535

 $00:41:55.724 \longrightarrow 00:41:56.930$ tidal volume that,

NOTE Confidence: 0.8944535

 $00:41:56.930 \longrightarrow 00:41:58.558$ with varying inspiratory pressures,

NOTE Confidence: 0.8944535

 $00:41:58.558 \longrightarrow 00:42:01.000$ that the machine through a feedback

NOTE Confidence: 0.8944535

00:42:01.058 --> 00:42:03.063 loop either will increase or

NOTE Confidence: 0.8944535

 $00:42:03.063 \longrightarrow 00:42:04.667$ decrease the inspiratory pressure.

NOTE Confidence: 0.8944535

 $00{:}42{:}04.670 \dashrightarrow 00{:}42{:}06.850$ Breath breath over a minute.

NOTE Confidence: 0.8944535

 $00:42:06.850 \longrightarrow 00:42:09.832$ Not not to get that preset

NOTE Confidence: 0.8944535

 $00:42:09.832 \longrightarrow 00:42:12.865$ title volume the Evap's AE in

NOTE Confidence: 0.8944535

 $00:42:12.865 \longrightarrow 00:42:15.697$ addition to just changing I pop.

NOTE Confidence: 0.8944535

 $00:42:15.700 \longrightarrow 00:42:17.620$ Pressures can also adjust respiratory

NOTE Confidence: 0.8944535

 $00:42:17.620 \longrightarrow 00:42:20.478$ rate and also adjust the epoch as well.

00:42:20.480 --> 00:42:23.056 One of the things I particularly like

NOTE Confidence: 0.8944535

00:42:23.056 --> 00:42:25.999 about the AE mode is because in CRPS,

NOTE Confidence: 0.8944535

 $00:42:26.000 \longrightarrow 00:42:28.142$ patient specifically is that it looks

NOTE Confidence: 0.8944535

00:42:28.142 --> 00:42:30.419 at flow decelerations and flow patterns,

NOTE Confidence: 0.8944535

 $00:42:30.420 \longrightarrow 00:42:33.038$ so you prevent Brett talking in these

NOTE Confidence: 0.8944535

 $00:42:33.038 \longrightarrow 00:42:35.194$ individuals when the machine is able

NOTE Confidence: 0.8944535

00:42:35.194 --> 00:42:37.925 to to know when their cessation of flow

NOTE Confidence: 0.8944535

 $00:42:37.925 \longrightarrow 00:42:40.355$ and then deliver the subsequent breath.

NOTE Confidence: 0.8944535

 $00:42:40.360 \longrightarrow 00:42:42.929$ So there is some rule for this.

NOTE Confidence: 0.8944535

 $00:42:42.930 \longrightarrow 00:42:44.860$ Theoretically we have used it

NOTE Confidence: 0.8944535

 $00:42:44.860 \longrightarrow 00:42:47.460$ once from a patient we saw and.

NOTE Confidence: 0.8944535

00:42:47.460 --> 00:42:49.050 Impatient console that was discharged,

NOTE Confidence: 0.8944535

 $00:42:49.050 \longrightarrow 00:42:50.946$ we able to discharge an evil,

NOTE Confidence: 0.8944535

00:42:50.950 --> 00:42:52.504 but of course you need to

NOTE Confidence: 0.8944535

00:42:52.504 --> 00:42:54.406 know what your what your local

 $00:42:54.406 \longrightarrow 00:42:56.018$ coverage determinants might be.

NOTE Confidence: 0.8944535

00:42:56.020 --> 00:42:56.638 Of course,

NOTE Confidence: 0.8944535

 $00:42:56.638 \longrightarrow 00:42:57.874$ that's very important to

NOTE Confidence: 0.8944535

 $00:42:57.874 \longrightarrow 00:42:59.819$ know and that was also there.

NOTE Confidence: 0.8944535

 $00:42:59.820 \longrightarrow 00:43:01.405$ Was definitely some hoops to

NOTE Confidence: 0.8944535

00:43:01.405 --> 00:43:02.990 go through for that individual,

NOTE Confidence: 0.8944535

 $00:43:02.990 \longrightarrow 00:43:04.554$ so the potential benefits.

NOTE Confidence: 0.8944535

 $00:43:04.554 \longrightarrow 00:43:06.900$ Of course you can get the

NOTE Confidence: 0.8944535

 $00{:}43{:}06.978 \dashrightarrow 00{:}43{:}09.158$ right pressure to right time.

NOTE Confidence: 0.8944535

00:43:09.160 --> 00:43:11.548 You know you can get consistency,

NOTE Confidence: 0.8944535

 $00:43:11.550 \longrightarrow 00:43:13.872$ CO2 elimination and it guarantees there

NOTE Confidence: 0.8944535

00:43:13.872 --> 00:43:16.676 should be an an average tidal volume

NOTE Confidence: 0.8944535

 $00:43:16.676 \longrightarrow 00:43:19.930$ and the other things that can spoke about.

NOTE Confidence: 0.8944535

 $00:43:19.930 \longrightarrow 00:43:22.330$ So getting back to our patients.

NOTE Confidence: 0.8944535

 $00:43:22.330 \longrightarrow 00:43:23.922$ So she came in.

NOTE Confidence: 0.8944535

 $00:43:23.922 \longrightarrow 00:43:25.912$ She had a titration study.

 $00:43:25.920 \longrightarrow 00:43:27.512$ This is who titration

NOTE Confidence: 0.8944535

 $00:43:27.512 \longrightarrow 00:43:29.502$ done about six weeks ago.

NOTE Confidence: 0.8944535

 $00:43:29.510 \longrightarrow 00:43:31.102$ You can see significantly

NOTE Confidence: 0.8944535

 $00:43:31.102 \longrightarrow 00:43:32.296$ improved sleep efficiency.

NOTE Confidence: 0.8944535

 $00:43:32.300 \longrightarrow 00:43:34.700$ Significantly reduced wake after sleep onset.

NOTE Confidence: 0.8944535

 $00:43:34.700 \longrightarrow 00:43:37.028$ I do want to mention that

NOTE Confidence: 0.8944535

 $00:43:37.028 \longrightarrow 00:43:39.170$ this is also a time.

NOTE Confidence: 0.8944535

 $00:43:39.170 \longrightarrow 00:43:40.850$ When she was optimized with

NOTE Confidence: 0.8944535

 $00:43:40.850 \longrightarrow 00:43:42.530$ regards to see OPD control.

NOTE Confidence: 0.8944535

 $00:43:42.530 \longrightarrow 00:43:44.492$ So the decision was made by

NOTE Confidence: 0.8944535

 $00{:}43{:}44.492 \dashrightarrow 00{:}43{:}46.539$ pulmonary medicine to start up in

NOTE Confidence: 0.8944535

 $00:43:46.539 \longrightarrow 00:43:48.234$ a pulmonary rehab program earlier.

NOTE Confidence: 0.8944535

 $00{:}43{:}48.240 \dashrightarrow 00{:}43{:}49.944$ Rather than later she was optimized

NOTE Confidence: 0.8944535

 $00{:}43{:}49.944 \dashrightarrow 00{:}43{:}51.940$ with regards to a bronchodilator.

NOTE Confidence: 0.8944535

 $00:43:51.940 \longrightarrow 00:43:54.628$ So when we got it for this titration,

 $00:43:54.630 \longrightarrow 00:43:56.418$ she was fully optimized with regards

NOTE Confidence: 0.8944535

00:43:56.418 --> 00:43:59.142 to the COPD and I think that certainly

NOTE Confidence: 0.8944535

 $00:43:59.142 \longrightarrow 00:44:01.344$ helps in having more consolidated signal.

NOTE Confidence: 0.8944535

 $00:44:01.350 \longrightarrow 00:44:03.450$ She did not have as much REM

NOTE Confidence: 0.8944535

 $00:44:03.450 \longrightarrow 00:44:05.710$ sleep as we would have liked,

NOTE Confidence: 0.8944535

 $00:44:05.710 \longrightarrow 00:44:07.655$ but you can see significantly

NOTE Confidence: 0.8944535

00:44:07.655 --> 00:44:09.600 less variations in her oxygen.

NOTE Confidence: 0.8944535

 $00:44:09.600 \longrightarrow 00:44:11.763$ Saturation levels and we did not actually

NOTE Confidence: 0.8944535

00:44:11.763 --> 00:44:14.010 have to give a supplemental oxygen.

NOTE Confidence: 0.8944535

 $00:44:14.010 \longrightarrow 00:44:15.700$ This was her REM sleep.

NOTE Confidence: 0.8944535

 $00{:}44{:}15.700 \dashrightarrow 00{:}44{:}18.404$ We did have to titrated to buy part.

NOTE Confidence: 0.8944535

 $00:44:18.410 \longrightarrow 00:44:19.966$ There was evidenced hypoventilation

NOTE Confidence: 0.8944535

 $00:44:19.966 \longrightarrow 00:44:21.522$ depression that we eventually

NOTE Confidence: 0.8944535

 $00:44:21.522 \longrightarrow 00:44:23.256$ settled on with 20 / 8.

NOTE Confidence: 0.8944535

 $00:44:23.256 \longrightarrow 00:44:25.436$ She started her therapy about.

NOTE Confidence: 0.8944535

 $00:44:25.440 \longrightarrow 00:44:28.815$ Three weeks ago, so the verdict is still out.

 $00:44:28.820 \longrightarrow 00:44:30.228$ That's how she does,

NOTE Confidence: 0.8944535

00:44:30.228 --> 00:44:31.988 but the titration study certainly

NOTE Confidence: 0.8944535

 $00:44:31.988 \longrightarrow 00:44:34.070$ is encouraging in that regard.

NOTE Confidence: 0.8944535

 $00:44:34.070 \longrightarrow 00:44:35.566$ So thank you guys.

NOTE Confidence: 0.8944535

00:44:35.566 --> 00:44:36.688 That's my presentation.

NOTE Confidence: 0.8944535

00:44:36.690 --> 00:44:38.975 I'm I very much appreciate

NOTE Confidence: 0.8944535

 $00:44:38.975 \longrightarrow 00:44:41.260$ the opportunity to present on

NOTE Confidence: 0.8340398

00:44:41.342 --> 00:44:43.510 this topic. Any questions?

NOTE Confidence: 0.7872501

 $00:44:45.930 \longrightarrow 00:44:48.010$ Great, thank you very much.

NOTE Confidence: 0.7872501

 $00{:}44{:}48.010 \dashrightarrow 00{:}44{:}50.500$ A mesh for this eloquent presentation

NOTE Confidence: 0.7872501

 $00{:}44{:}50.500 \dashrightarrow 00{:}44{:}52.985$ and two very common conditions that

NOTE Confidence: 0.7872501

00:44:52.985 --> 00:44:55.890 tend to overlap, and somebody know as

NOTE Confidence: 0.7872501

 $00:44:55.890 \longrightarrow 00:44:58.795$ as a overlap syndrome, and so there

NOTE Confidence: 0.7872501

 $00{:}44{:}58.795 \dashrightarrow 00{:}45{:}01.285$ are several questions in the chat.

NOTE Confidence: 0.84000424

 $00:45:02.640 \longrightarrow 00:45:04.280$ Sorry, let me. I

 $00:45:04.280 \longrightarrow 00:45:06.434$ might start and I'll read it

NOTE Confidence: 0.81344926

 $00:45:06.434 \longrightarrow 00:45:08.690$ to you and help navigate,

NOTE Confidence: 0.81344926

 $00:45:08.690 \longrightarrow 00:45:12.344$ and so if there is a question

NOTE Confidence: 0.81344926

 $00:45:12.344 \longrightarrow 00:45:14.570$ from Karen Johnson from.

NOTE Confidence: 0.81344926

 $00:45:14.570 \longrightarrow 00:45:17.302$ Bay State and if you are only using

NOTE Confidence: 0.81344926

00:45:17.302 --> 00:45:19.708 entitle CO2, how do you know if

NOTE Confidence: 0.81344926

 $00:45:19.708 \longrightarrow 00:45:21.438$ there is still hypercapnia needing

NOTE Confidence: 0.81344926

00:45:21.438 --> 00:45:23.797 by apps versus C Pap with oxygen?

NOTE Confidence: 0.81344926

 $00:45:23.800 \longrightarrow 00:45:26.536$ We find the intitle SEO two is often

NOTE Confidence: 0.81344926

 $00:45:26.536 \longrightarrow 00:45:28.180$ artificially low in these patients

NOTE Confidence: 0.81344926

 $00:45:28.180 \longrightarrow 00:45:30.610$ and if you rely on it you may often

NOTE Confidence: 0.81344926

 $00:45:30.673 \longrightarrow 00:45:32.697$ under treat the hyperventilation.

NOTE Confidence: 0.8007941

 $00:45:32.700 \longrightarrow 00:45:36.828$ Yeah, I don't. I don't disagree with that.

NOTE Confidence: 0.8007941

00:45:36.830 --> 00:45:39.105 You know, there is certainly not instantly.

NOTE Confidence: 0.8007941

 $00:45:39.110 \longrightarrow 00:45:41.702$ I saw it's not especially in in these

NOTE Confidence: 0.8007941

 $00:45:41.702 \longrightarrow 00:45:44.138$ patients with CPD where there's power in

 $00:45:44.138 \longrightarrow 00:45:46.578$ kymo long destruction there you could have

NOTE Confidence: 0.8007941

 $00{:}45{:}46.578 \dashrightarrow 00{:}45{:}48.881$ a dissociation between what is the actual

NOTE Confidence: 0.8007941

 $00:45:48.890 \longrightarrow 00:45:51.824$ serum CO2 values and what is what is the

NOTE Confidence: 0.8007941

 $00:45:51.824 \longrightarrow 00:45:54.426$ value that you see on your end title.

NOTE Confidence: 0.8007941

00:45:54.430 --> 00:45:56.670 So you know I think it does

NOTE Confidence: 0.8007941

 $00:45:56.670 \longrightarrow 00:45:58.670$ depend a lot on your lab.

NOTE Confidence: 0.8007941

00:45:58.670 --> 00:46:01.470 You know we don't do routine abgs that

NOTE Confidence: 0.8007941

 $00:46:01.470 \longrightarrow 00:46:04.269$ would be ideally what you should do.

NOTE Confidence: 0.8007941

00:46:04.270 --> 00:46:05.750 Um, you know, um,

NOTE Confidence: 0.8007941

00:46:05.750 --> 00:46:07.600 under certain situations I can,

NOTE Confidence: 0.8007941

 $00:46:07.600 \longrightarrow 00:46:09.535$ for example, like Thomas just

NOTE Confidence: 0.8007941

 $00:46:09.535 \longrightarrow 00:46:12.039$ said like where you where we use,

NOTE Confidence: 0.8007941

 $00{:}46{:}12.040 \dashrightarrow 00{:}46{:}13.955$ especially in pediatric populations we

NOTE Confidence: 0.8007941

 $00:46:13.955 \longrightarrow 00:46:16.294$ do using the adults about transcutaneous

NOTE Confidence: 0.8007941

 $00:46:16.294 \longrightarrow 00:46:18.089$ CO2 values in this individual

 $00:46:18.089 \longrightarrow 00:46:20.548$ that we did use entitles you to,

NOTE Confidence: 0.8007941

 $00{:}46{:}20.550 \dashrightarrow 00{:}46{:}22.400$ and transcutaneous was not used.

NOTE Confidence: 0.8007941

 $00:46:22.400 \longrightarrow 00:46:24.250$ I don't disagree with that.

NOTE Confidence: 0.8007941

 $00:46:24.250 \longrightarrow 00:46:27.580$ I I I think that is a valid point.

NOTE Confidence: 0.84418625

 $00:46:30.020 \longrightarrow 00:46:31.502$ Sure, great, thank you.

NOTE Confidence: 0.84418625

 $00:46:31.502 \longrightarrow 00:46:34.050$ And so I I have a question

NOTE Confidence: 0.84418625

 $00{:}46{:}34.142 \dashrightarrow 00{:}46{:}37.454$ and I think this might be open for

NOTE Confidence: 0.84418625

00:46:37.454 --> 00:46:39.827 discussion with you or whoever else

NOTE Confidence: 0.84418625

 $00:46:39.827 \longrightarrow 00:46:42.790$ wants to chime in and so is the.

NOTE Confidence: 0.84418625

 $00:46:42.790 \longrightarrow 00:46:44.342$ So PD Orsay overlap.

NOTE Confidence: 0.84418625

 $00:46:44.342 \longrightarrow 00:46:45.886$ Simply two conditions sort

NOTE Confidence: 0.84418625

00:46:45.886 --> 00:46:47.044 of occurring together?

NOTE Confidence: 0.84418625

 $00:46:47.050 \longrightarrow 00:46:49.390$ Or is there some unique part

NOTE Confidence: 0.84418625

 $00{:}46{:}49.390 \dashrightarrow 00{:}46{:}50.950$ of pathophysiology and clinical

NOTE Confidence: 0.84418625

00:46:51.017 --> 00:46:52.421 presentation and outcomes that

NOTE Confidence: 0.84418625

 $00:46:52.421 \longrightarrow 00:46:55.180$ are unique to this as a syndrome?

00:46:55.180 --> 00:46:57.110 Potentially unique entity, so that.

NOTE Confidence: 0.84418625

00:46:57.110 --> 00:46:59.426 So that's a very good question,

NOTE Confidence: 0.84418625

 $00:46:59.430 \longrightarrow 00:47:00.830$ and I think that.

NOTE Confidence: 0.84418625

 $00:47:00.830 \longrightarrow 00:47:02.930$ I think I personally see a

NOTE Confidence: 0.84418625

 $00:47:03.010 \longrightarrow 00:47:05.292$ sum of both and I think that

NOTE Confidence: 0.84418625

 $00:47:05.292 \longrightarrow 00:47:07.597$ what you see specifically in

NOTE Confidence: 0.84418625

00:47:07.597 --> 00:47:10.089 patients with overlap syndrome,

NOTE Confidence: 0.84418625

 $00:47:10.090 \longrightarrow 00:47:13.162$ as I was able to demonstrate some of

NOTE Confidence: 0.84418625

 $00:47:13.162 \longrightarrow 00:47:14.715$ the cardiovascular comorbidities that

NOTE Confidence: 0.84418625

 $00:47:14.715 \longrightarrow 00:47:18.160$ you see is you know you get this more

NOTE Confidence: 0.84418625

 $00:47:18.160 \longrightarrow 00:47:20.780$ profound systemic inflammatory cysts on.

NOTE Confidence: 0.84418625

 $00:47:20.780 \longrightarrow 00:47:21.971$ You know this.

NOTE Confidence: 0.84418625

 $00:47:21.971 \longrightarrow 00:47:23.559$ This system wide inflammatory

NOTE Confidence: 0.84418625

00:47:23.559 --> 00:47:26.494 state that is much higher than you

NOTE Confidence: 0.84418625

 $00:47:26.494 \longrightarrow 00:47:28.584$ would see neither condition alone.

 $00:47:28.590 \longrightarrow 00:47:31.746$ I think these individuals also need.

NOTE Confidence: 0.84418625

 $00:47:31.750 \longrightarrow 00:47:34.108$ They tend to need more advanced

NOTE Confidence: 0.84418625

 $00{:}47{:}34.108 \operatorname{--}{>} 00{:}47{:}36.241$ types of ventilla Tori options

NOTE Confidence: 0.84418625

 $00:47:36.241 \longrightarrow 00:47:39.127$ because very often they do have

NOTE Confidence: 0.84418625

00:47:39.127 --> 00:47:41.010 hypoventilation present as well.

NOTE Confidence: 0.84418625

 $00{:}47{:}41.010 \dashrightarrow 00{:}47{:}43.764$ But I think that specifically if

NOTE Confidence: 0.84418625

 $00:47:43.764 \longrightarrow 00:47:46.300$ there's any specific thing that is,

NOTE Confidence: 0.84418625

 $00:47:46.300 \longrightarrow 00:47:49.378$ you know that you see in

NOTE Confidence: 0.84418625

 $00{:}47{:}49.378 \dashrightarrow 00{:}47{:}51.430$ patients with overlap syndrome.

NOTE Confidence: 0.84418625

00:47:51.430 --> 00:47:51.992 You know,

NOTE Confidence: 0.84418625

 $00{:}47{:}51.992 \dashrightarrow 00{:}47{:}53.116$ I'm not particularly sure,

NOTE Confidence: 0.84418625

 $00:47:53.120 \longrightarrow 00:47:54.849$ but I think that what we see

NOTE Confidence: 0.84418625

 $00{:}47{:}54.849 \dashrightarrow 00{:}47{:}56.210$ is just exaggerated multitudes.

NOTE Confidence: 0.7736711

 $00:47:58.860 \longrightarrow 00:48:01.450$ Great, thank you.

NOTE Confidence: 0.87396413

00:48:01.450 --> 00:48:03.200 Let's see, there's another question,

NOTE Confidence: 0.87396413

 $00:48:03.200 \longrightarrow 00:48:06.641$ so and. From Stuart men from

00:48:06.641 --> 00:48:07.909 Pacific Sleep Medicine Group,

NOTE Confidence: 0.87396413

 $00{:}48{:}07.910 \dashrightarrow 00{:}48{:}09.800$ what is the mean Epworth Sleepiness

NOTE Confidence: 0.87396413

00:48:09.800 --> 00:48:11.900 Scale found in Group of patients with

NOTE Confidence: 0.87396413

00:48:11.900 --> 00:48:14.270 mild to moderate Sophie Dee without OSA.

NOTE Confidence: 0.87396413

 $00:48:14.270 \longrightarrow 00:48:16.566$ And so this is kind of getting

NOTE Confidence: 0.87396413

 $00:48:16.566 \longrightarrow 00:48:18.404$ up the question of how sleepy,

NOTE Confidence: 0.87396413

00:48:18.404 --> 00:48:19.676 yeah, the patients basically

NOTE Confidence: 0.87396413

 $00:48:19.676 \longrightarrow 00:48:20.948$ regardless of sleep apnea.

NOTE Confidence: 0.87396413

 $00:48:20.950 \longrightarrow 00:48:21.590$ Yeah, so

NOTE Confidence: 0.789845

 $00{:}48{:}21.590 \dashrightarrow 00{:}48{:}24.014$ you know, I would tell you that I

NOTE Confidence: 0.789845

 $00{:}48{:}24.014 \dashrightarrow 00{:}48{:}26.237$ found studies where the update did

NOTE Confidence: 0.789845

 $00:48:26.237 \longrightarrow 00:48:28.172$ not find any significant differences

NOTE Confidence: 0.789845

 $00{:}48{:}28.172 \dashrightarrow 00{:}48{:}30.628$ in effort scores between patients.

NOTE Confidence: 0.789845

 $00:48:30.630 \longrightarrow 00:48:32.670$ You know with with multi

NOTE Confidence: 0.789845

 $00:48:32.670 \longrightarrow 00:48:34.580$ moderate COPD and it always.

 $00:48:34.580 \longrightarrow 00:48:36.734$ It does all depend on the

NOTE Confidence: 0.789845

 $00:48:36.734 \longrightarrow 00:48:38.530$ study population that you use,

NOTE Confidence: 0.789845

 $00{:}48{:}38.530 \dashrightarrow 00{:}48{:}41.422$ but many of these studies and I looked

NOTE Confidence: 0.789845

00:48:41.422 --> 00:48:43.908 at I didn't include it into talk.

NOTE Confidence: 0.789845

 $00:48:43.910 \longrightarrow 00:48:46.070$ Did not really find significant differences.

NOTE Confidence: 0.789845

 $00:48:46.070 \longrightarrow 00:48:47.147$ He mean efforts.

NOTE Confidence: 0.789845

 $00{:}48{:}47.147 \dashrightarrow 00{:}48{:}48.583$ I remember specifically ranged

NOTE Confidence: 0.789845

00:48:48.583 --> 00:48:50.316 anywhere between 6668, I don't.

NOTE Confidence: 0.789845

 $00{:}48{:}50.316 \dashrightarrow 00{:}48{:}51.956$ I don't specifically remember but

NOTE Confidence: 0.789845

 $00:48:51.956 \longrightarrow 00:48:54.932$ I found a lot of studies when no

NOTE Confidence: 0.789845

 $00{:}48{:}54.932 \dashrightarrow 00{:}48{:}56.472$ significance was actually found,

NOTE Confidence: 0.789845

 $00:48:56.480 \longrightarrow 00:48:58.304$ but there was significant.

NOTE Confidence: 0.789845

 $00{:}48{:}58.304 \dashrightarrow 00{:}49{:}00.584$ In where overlap syndrome occurred.

NOTE Confidence: 0.768184

 $00{:}49{:}02.070 \dashrightarrow 00{:}49{:}03.930$ Sure, yeah, no, it's interesting.

NOTE Confidence: 0.768184

00:49:03.930 --> 00:49:07.260 I think the other question I might ask is,

NOTE Confidence: 0.768184

 $00{:}49{:}07.260 \dashrightarrow 00{:}49{:}09.860$ you know how common is insomnia in

00:49:09.860 --> 00:49:11.714 patients with SAPIEN sleep apnea?

NOTE Confidence: 0.768184

00:49:11.714 --> 00:49:14.310 Might that influence the OS? Certainly very

NOTE Confidence: 0.768184

 $00:49:14.310 \longrightarrow 00:49:15.794$ common. I said so.

NOTE Confidence: 0.768184

 $00:49:15.794 \longrightarrow 00:49:17.649$ That was sort of fun.

NOTE Confidence: 0.768184

 $00:49:17.650 \longrightarrow 00:49:19.636$ Dives to insomnia is found to

NOTE Confidence: 0.768184

 $00{:}49{:}19.636 \dashrightarrow 00{:}49{:}21.466$ be significantly higher in that

NOTE Confidence: 0.768184

 $00:49:21.466 \longrightarrow 00:49:23.218$ population for multiple reasons.

NOTE Confidence: 0.768184

 $00:49:23.220 \longrightarrow 00:49:25.446$ Of course, one could be because

NOTE Confidence: 0.768184

00:49:25.446 --> 00:49:26.930 you have undiagnosed OSA,

NOTE Confidence: 0.768184

 $00:49:26.930 \longrightarrow 00:49:28.994$ but others other than that's the

NOTE Confidence: 0.768184

 $00{:}49{:}28.994 \dashrightarrow 00{:}49{:}31.269$ you know the symptoms of stupid

NOTE Confidence: 0.768184

 $00:49:31.269 \longrightarrow 00:49:32.925$ cough with phlegm production.

NOTE Confidence: 0.768184

 $00:49:32.930 \longrightarrow 00:49:34.875$ See the use of nicotine

NOTE Confidence: 0.768184

 $00:49:34.875 \longrightarrow 00:49:36.820$ replacements to use of cigarettes.

NOTE Confidence: 0.768184

 $00:49:36.820 \longrightarrow 00:49:38.655$ All of these stimulants that

 $00:49:38.655 \longrightarrow 00:49:40.123$ can't fragmented sleep and

NOTE Confidence: 0.768184

 $00:49:40.123 \longrightarrow 00:49:41.878$ alter the arousal threshold,

NOTE Confidence: 0.768184

 $00:49:41.880 \longrightarrow 00:49:43.432$ so insomnia certainly is

NOTE Confidence: 0.768184

00:49:43.432 --> 00:49:44.600 significantly higher, sure,

NOTE Confidence: 0.75993496

 $00:49:44.600 \longrightarrow 00:49:46.540$ absolutely, and so you're mentioning

NOTE Confidence: 0.75993496

 $00:49:46.540 \longrightarrow 00:49:47.704$ altered arousal threshold,

NOTE Confidence: 0.75993496

00:49:47.710 --> 00:49:50.848 you're familiar with some data suggesting

NOTE Confidence: 0.75993496

 $00:49:50.848 \longrightarrow 00:49:54.398$ that residential may be altered in peace.

NOTE Confidence: 0.75993496

 $00{:}49{:}54.400 \dashrightarrow 00{:}49{:}56.770$ Davis is those with OSA on. You know

NOTE Confidence: 0.712368

 $00:49:56.770 \longrightarrow 00:49:57.754$ that is theoretical.

NOTE Confidence: 0.712368

 $00:49:57.754 \longrightarrow 00:50:00.400$ I saw mentioned in some studies that I do.

NOTE Confidence: 0.712368

 $00:50:00.400 \longrightarrow 00:50:02.536$ Have a title like directly to say that

NOTE Confidence: 0.712368

 $00:50:02.536 \longrightarrow 00:50:05.059$ I was able to find that will certainly

NOTE Confidence: 0.712368

00:50:05.059 --> 00:50:07.080 something I think is interesting

NOTE Confidence: 0.77458245

 $00:50:07.080 \longrightarrow 00:50:08.670$ to look at. Yeah, absolutely.

NOTE Confidence: 0.77458245

 $00:50:08.670 \longrightarrow 00:50:09.846$ I agree with you.

 $00:50:09.846 \longrightarrow 00:50:11.610$ I think there's some data from

NOTE Confidence: 0.77458245

 $00{:}50{:}11.675 \dashrightarrow 00{:}50{:}13.757$ recent papers in looking at apnea,

NOTE Confidence: 0.77458245

00:50:13.760 --> 00:50:14.888 lengthening duration in patients

NOTE Confidence: 0.77458245

 $00:50:14.888 \longrightarrow 00:50:17.010$ and noticing that there is a direct

NOTE Confidence: 0.77458245

 $00{:}50{:}17.010 \dashrightarrow 00{:}50{:}18.846$ correlation with shorter durations and

NOTE Confidence: 0.77458245

 $00:50:18.846 \longrightarrow 00:50:22.348$ those who have been prior smokers.

NOTE Confidence: 0.77458245

 $00:50:22.350 \longrightarrow 00:50:24.234$ And so that might suggest that

NOTE Confidence: 0.77458245

 $00{:}50{:}24.234 \longrightarrow 00{:}50{:}26.187$ because a cne duration can be a

NOTE Confidence: 0.77458245

 $00{:}50{:}26.187 \dashrightarrow 00{:}50{:}27.787$ surrogate of low arousal threshold,

NOTE Confidence: 0.77458245

 $00:50:27.790 \dashrightarrow 00:50:29.918$ and I suggest that the lawyers that

NOTE Confidence: 0.77458245

 $00{:}50{:}29.918 \dashrightarrow 00{:}50{:}32.267$ threshold like more common in those patients,

NOTE Confidence: 0.77458245

 $00:50:32.270 \longrightarrow 00:50:34.328$ so that would be an interesting question

NOTE Confidence: 0.77458245

 $00{:}50{:}34.328 \dashrightarrow 00{:}50{:}37.014$ to study and see whether there is a

NOTE Confidence: 0.77458245

 $00:50:37.014 \longrightarrow 00:50:38.990$ relationship between arousability and so on.

NOTE Confidence: 0.77458245

00:50:38.990 --> 00:50:40.274 Yeah, that's more prevalent

 $00:50:40.274 \longrightarrow 00:50:42.510$ in those who have CBD in OSA.

NOTE Confidence: 0.77458245

 $00:50:42.510 \longrightarrow 00:50:43.754$ It's a great point.

NOTE Confidence: 0.77458245

 $00:50:43.754 \longrightarrow 00:50:45.620$ And so I there's another question

NOTE Confidence: 0.77458245

00:50:45.688 --> 00:50:47.626 here from Doctor Hilbert at Yale.

NOTE Confidence: 0.77458245

 $00:50:47.630 \longrightarrow 00:50:49.531$ And so she says thank you.

NOTE Confidence: 0.77458245

00:50:49.531 --> 00:50:51.939 It was an excellent talk and think she

NOTE Confidence: 0.77458245

 $00:50:51.939 \longrightarrow 00:50:54.348$ agrees that they traicion study is ideal,

NOTE Confidence: 0.77458245

 $00:50:54.350 \longrightarrow 00:50:55.982$ but. Occasionally not possible.

NOTE Confidence: 0.77458245

 $00{:}50{:}55.982 \dashrightarrow 00{:}50{:}58.790$ For example, if you join the pandemic,

NOTE Confidence: 0.77458245

00:50:58.790 --> 00:51:00.790 our patient is in decline,

NOTE Confidence: 0.77458245

 $00{:}51{:}00.790 \dashrightarrow 00{:}51{:}03.558$ and so and we have had to use

NOTE Confidence: 0.77458245

00:51:03.558 --> 00:51:05.570 limited APAP with downloads,

NOTE Confidence: 0.77458245

 $00:51:05.570 \longrightarrow 00:51:06.578$ oximetry and abgs.

NOTE Confidence: 0.77458245

00:51:06.578 --> 00:51:08.930 Are you aware of any data using

NOTE Confidence: 0.77458245

00:51:08.997 --> 00:51:10.877 such approaches in situations

NOTE Confidence: 0.77458245

 $00:51:10.877 \longrightarrow 00:51:12.757$ that might be constrained?

00:51:12.760 --> 00:51:13.550 Resource wise?

NOTE Confidence: 0.7552122

 $00{:}51{:}13.550 \dashrightarrow 00{:}51{:}17.681$ No, I I don't think I actually came across

NOTE Confidence: 0.7552122

 $00:51:17.681 \longrightarrow 00:51:20.577$ anything for automated pop therapy.

NOTE Confidence: 0.7552122

 $00:51:20.580 \longrightarrow 00:51:22.946$ You know, I. I do agree with.

NOTE Confidence: 0.7552122

 $00{:}51{:}22.950 \dashrightarrow 00{:}51{:}25.838$ I saw sided with some small studies that

NOTE Confidence: 0.7552122

 $00:51:25.838 \longrightarrow 00:51:28.846$ looked at that did actually looked at

NOTE Confidence: 0.7552122

00:51:28.846 --> 00:51:31.490 automated pap therapy in patients with.

NOTE Confidence: 0.7552122

 $00:51:31.490 \longrightarrow 00:51:32.234$ With overlap syndrome,

NOTE Confidence: 0.7552122

 $00:51:32.234 \longrightarrow 00:51:34.610$ but I I just did not include studies because

NOTE Confidence: 0.7552122

 $00:51:34.610 \longrightarrow 00:51:36.654$ of of how these studies were designed.

NOTE Confidence: 0.7552122

00:51:36.660 --> 00:51:39.000 What I will say is that I do agree with

NOTE Confidence: 0.7552122

 $00:51:39.060 \longrightarrow 00:51:41.279$ Doctor Hibbert that you need to have.

NOTE Confidence: 0.7552122

00:51:41.280 --> 00:51:42.732 I think it's not if you're

NOTE Confidence: 0.7552122

00:51:42.732 --> 00:51:44.270 going to do that approach,

NOTE Confidence: 0.7552122

 $00:51:44.270 \longrightarrow 00:51:48.206$ you really need to follow up very closely.

00:51:48.210 --> 00:51:50.028 And get their input on gather,

NOTE Confidence: 0.7552122

 $00{:}51{:}50.030 \dashrightarrow 00{:}51{:}51.860$ download data and probably do get.

NOTE Confidence: 0.7552122

 $00:51:51.860 \longrightarrow 00:51:53.582$ Like she mentioned there in the

NOTE Confidence: 0.7552122

00:51:53.582 --> 00:51:55.424 comment abgs you'd have to follow

NOTE Confidence: 0.7552122

 $00:51:55.424 \longrightarrow 00:51:57.024$ those patients very very closely.

NOTE Confidence: 0.7552122

 $00:51:57.030 \longrightarrow 00:51:57.932$ For example,

NOTE Confidence: 0.7552122

 $00:51:57.932 \longrightarrow 00:52:00.187$ if they develop treatment emergent

NOTE Confidence: 0.7552122

 $00:52:00.187 \longrightarrow 00:52:02.518$ central apneas that this is a

NOTE Confidence: 0.7552122

 $00{:}52{:}02.518 \dashrightarrow 00{:}52{:}04.639$ population that is on risk of that.

NOTE Confidence: 0.7552122

00:52:04.640 --> 00:52:06.840 So you'd have to follow those patients very,

NOTE Confidence: 0.7552122

 $00{:}52{:}06.840 \dashrightarrow 00{:}52{:}08.597$ very closely to ensure that you know

NOTE Confidence: 0.7552122

 $00:52:08.597 \longrightarrow 00:52:10.140$ everything in the right direction.

NOTE Confidence: 0.7897786

00:52:10.970 --> 00:52:12.670 Sure, and so you know,

NOTE Confidence: 0.7897786

 $00:52:12.670 \longrightarrow 00:52:15.280$ I think we're hitting a nerve in the area

NOTE Confidence: 0.7897786

00:52:15.280 --> 00:52:18.086 of Sleep Medicine at this overlap topic,

NOTE Confidence: 0.7897786

 $00:52:18.090 \longrightarrow 00:52:20.802$ and so there's a lot of questions and

 $00:52:20.802 \longrightarrow 00:52:23.178$ another question has to do with reliability

NOTE Confidence: 0.7897786

 $00{:}52{:}23.178 \dashrightarrow 00{:}52{:}25.890$ of figuring out food to test for OSA.

NOTE Confidence: 0.7897786

 $00:52:25.890 \longrightarrow 00:52:27.630$ And so questionnaires oftentimes may

NOTE Confidence: 0.7897786

 $00:52:27.630 \longrightarrow 00:52:29.949$ not be reliable in those with CPD,

NOTE Confidence: 0.7897786

 $00:52:29.950 \longrightarrow 00:52:32.878$ an OSA and so.

NOTE Confidence: 0.7897786

 $00:52:32.880 \longrightarrow 00:52:34.868$ What do you recommend as sort of

NOTE Confidence: 0.7897786

 $00:52:34.868 \longrightarrow 00:52:37.046$ the best way of who do you study?

NOTE Confidence: 0.7846368

 $00:52:37.600 \longrightarrow 00:52:39.450$ So screening questions in North,

NOTE Confidence: 0.7846368

 $00:52:39.450 \longrightarrow 00:52:41.290$ unreliable for oversea in stupid

NOTE Confidence: 0.7846368

 $00{:}52{:}41.290 --> 00{:}52{:}42.808$ doesn't excellent. Excellent point.

NOTE Confidence: 0.7846368

 $00:52:42.808 \longrightarrow 00:52:45.920$ So that is absolutely correct and I think

NOTE Confidence: 0.7846368

 $00:52:45.987 \longrightarrow 00:52:48.667$ what we really need is short of getting,

NOTE Confidence: 0.7846368

 $00{:}52{:}48.670 \dashrightarrow 00{:}52{:}51.010$ you know, good epidemiologic studies that

NOTE Confidence: 0.7846368

 $00:52:51.010 \longrightarrow 00:52:53.676$ tell us directly as to which phenotypes

NOTE Confidence: 0.7846368

00:52:53.676 --> 00:52:56.420 of stupidity maybe at more risk of OSA.

 $00:52:56.420 \longrightarrow 00:52:58.751$ Of course everything I presented was all

NOTE Confidence: 0.7846368

 $00:52:58.751 \longrightarrow 00:53:00.850$ physiologic studies and proposed hypothesis,

NOTE Confidence: 0.7846368

 $00:53:00.850 \longrightarrow 00:53:02.986$ but I think short of getting

NOTE Confidence: 0.7846368

00:53:02.986 --> 00:53:04.851 epidemiologic studies apart from getting

NOTE Confidence: 0.7846368

 $00:53:04.851 \longrightarrow 00:53:07.021$ a really good clinical history, I.

NOTE Confidence: 0.7846368

00:53:07.021 --> 00:53:09.857 You know, I I don't know if there's any just

NOTE Confidence: 0.7846368

 $00:53:09.857 \longrightarrow 00:53:12.441$ foolproof method to say that you plug in

NOTE Confidence: 0.7846368

00:53:12.441 --> 00:53:15.229 this questionnaire you plug in these risk,

NOTE Confidence: 0.7846368

 $00:53:15.230 \longrightarrow 00:53:16.091$ you know this.

NOTE Confidence: 0.7846368

00:53:16.091 --> 00:53:18.100 This calculates and you get a risk.

NOTE Confidence: 0.7846368

 $00:53:18.100 \longrightarrow 00:53:20.053$ I think it just just it just all comes

NOTE Confidence: 0.7846368

 $00{:}53{:}20.053 \dashrightarrow 00{:}53{:}21.898$ down to having good clinical suspicion

NOTE Confidence: 0.7846368

 $00:53:21.898 \longrightarrow 00:53:23.838$ to look for either syndromes from

NOTE Confidence: 0.7846368

 $00{:}53{:}23.838 \to 00{:}53{:}25.433$ either perspectives of a pulmonologist

NOTE Confidence: 0.7846368

 $00:53:25.433 \longrightarrow 00:53:27.475$ to a Sleep Medicine specialist.

NOTE Confidence: 0.7846368

00:53:27.475 --> 00:53:28.240 Great

 $00:53:28.240 \longrightarrow 00:53:30.809$ thank you. Thank you mesh and there's

NOTE Confidence: 0.7996449

 $00{:}53{:}30.809 \to 00{:}53{:}33.869$ a couple of comments and in the in the

NOTE Confidence: 0.7996449

 $00:53:33.869 \longrightarrow 00:53:36.882$ chat and so not as much questions

NOTE Confidence: 0.7996449

 $00:53:36.882 \longrightarrow 00:53:39.396$ and so some observations by Doctor

NOTE Confidence: 0.7996449

 $00:53:39.400 \longrightarrow 00:53:42.568$ Thomas and Doctor Johnson at yeah I saw

NOTE Confidence: 0.7996449

 $00{:}53{:}42.568 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}53{:}45.382$ you hypercapnic patients tend to have

NOTE Confidence: 0.7996449

 $00:53:45.382 \longrightarrow 00:53:49.029$ a deeper more amounts of N3 sleep and.

NOTE Confidence: 0.7996449

 $00{:}53{:}49.030 \dashrightarrow 00{:}53{:}51.060$ In experience of Doctor Johnson that

NOTE Confidence: 0.7996449

 $00:53:51.060 \longrightarrow 00:53:53.090$ many of the hyperventilating patients

NOTE Confidence: 0.7996449

 $00:53:53.153 \longrightarrow 00:53:55.289$ that she takes care of no longer pursue

NOTE Confidence: 0.7996449

 $00:53:55.289 \longrightarrow 00:53:57.328$ and feel that sleep is much better

NOTE Confidence: 0.7996449

 $00:53:57.328 \longrightarrow 00:53:59.304$ and improve the quality of their life.

NOTE Confidence: 0.7996449

 $00:53:59.304 \longrightarrow 00:54:01.808$ And so I would that I wanted to thank

NOTE Confidence: 0.7996449

 $00:54:01.808 \longrightarrow 00:54:03.543$ everybody and specially you Umesh

NOTE Confidence: 0.7996449

 $00:54:03.543 \longrightarrow 00:54:06.761$ for doing a great job on the talk and

 $00:54:06.761 \longrightarrow 00:54:08.526$ thanks everybody for participating and

NOTE Confidence: 0.7996449

 $00:54:08.530 \longrightarrow 00:54:10.155$ asking all these wonderful questions

NOTE Confidence: 0.7996449

 $00:54:10.155 \longrightarrow 00:54:11.130$ before we leave.

NOTE Confidence: 0.7996449

00:54:11.130 --> 00:54:13.538 I just wanted to share a couple

NOTE Confidence: 0.7996449

 $00:54:13.538 \longrightarrow 00:54:15.420$ of announcements that we have our

NOTE Confidence: 0.7996449

 $00.54:15.420 \longrightarrow 00.54:16.332$ next weekly lecture,

NOTE Confidence: 0.7996449

 $00:54:16.332 \longrightarrow 00:54:18.702$ the Sleep Medicine grand rounds at Yale.

NOTE Confidence: 0.7996449

 $00{:}54{:}18.702 \dashrightarrow 00{:}54{:}21.904$ It's going to be led by Magna Monster

NOTE Confidence: 0.7996449

 $00{:}54{:}21.904 \dashrightarrow 00{:}54{:}24.214$ Connie from Mayo Clinic will be

NOTE Confidence: 0.7996449

 $00:54:24.214 \longrightarrow 00:54:25.999$ speaking about opioids and sleep,

NOTE Confidence: 0.7996449

 $00{:}54{:}26.000 \dashrightarrow 00{:}54{:}27.790$ and so another highly relevant

NOTE Confidence: 0.7996449

 $00:54:27.790 \longrightarrow 00:54:29.580$ clinical topic is Sleep Medicine.

NOTE Confidence: 0.7996449

 $00:54:29.580 \longrightarrow 00:54:30.654$ And so again,

NOTE Confidence: 0.7996449

 $00:54:30.654 \longrightarrow 00:54:32.798$ if you wanted to obtain CME

NOTE Confidence: 0.7996449

 $00:54:32.800 \longrightarrow 00:54:34.232$ credit for today's session,

NOTE Confidence: 0.7996449

 $00{:}54{:}34.232 \dashrightarrow 00{:}54{:}36.723$ please take a look in the chat

 $00:54:36.723 \longrightarrow 00:54:38.931$ and you can text a code 21610 to

NOTE Confidence: 0.7996449

 $00:54:38.931 \longrightarrow 00:54:41.039$ the telephone number provided,

NOTE Confidence: 0.7996449

 $00:54:41.040 \longrightarrow 00:54:43.008$ which is 2034429435 and wanted to

NOTE Confidence: 0.7996449

 $00{:}54{:}43.008 \operatorname{--}{>} 00{:}54{:}45.157$ thank again to all the participants

NOTE Confidence: 0.7996449

 $00{:}54{:}45.157 \dashrightarrow 00{:}54{:}47.467$ and looking forward to seeing you

NOTE Confidence: 0.7996449

 $00{:}54{:}47.467 \dashrightarrow 00{:}54{:}49.886$ again next week and resumption of

NOTE Confidence: 0.7996449

 $00:54:49.886 \longrightarrow 00:54:51.984$ the joint conference. In April.

NOTE Confidence: 0.7996449

 $00:54:51.984 \longrightarrow 00:54:52.888$ Thanks everybody.

NOTE Confidence: 0.9037889

 $00:54:53.700 \longrightarrow 00:54:56.370$ I think you guys. Thank you.