WEBVTT

NOTE duration: "00:47:35.8720000"

NOTE language:en-us

NOTE Confidence: 0.8605892

00:00:05.460 --> 00:00:07.188 And Magna you may see people

NOTE Confidence: 0.8605892

 $00:00:07.188 \longrightarrow 00:00:08.919$ just coming in during the talk.

NOTE Confidence: 0.8605892

00:00:08.920 --> 00:00:10.534 You don't have to admit everybody

NOTE Confidence: 0.8605892

 $00:00:10.534 \longrightarrow 00:00:12.276$ Debbie and I'll take care of

NOTE Confidence: 0.8605892

 $00:00:12.276 \longrightarrow 00:00:13.806$ letting everyone into this session.

NOTE Confidence: 0.8605892

 $00:00:13.810 \longrightarrow 00:00:14.958$ Sounds good, but sometimes

NOTE Confidence: 0.8605892

 $00:00:14.960 \longrightarrow 00:00:16.976$ you you do see those pop up.

NOTE Confidence: 0.8605892

 $00:00:16.980 \longrightarrow 00:00:18.996$ So I'm sorry if it's a little

NOTE Confidence: 0.8605892

 $00{:}00{:}19.000 \dashrightarrow 00{:}00{:}20.440$ distracting. No, no, that's a.

NOTE Confidence: 0.83840007

00:00:28.750 --> 00:00:29.794 Alright, hi everyone,

NOTE Confidence: 0.83840007

 $00:00:29.794 \longrightarrow 00:00:31.529$ we're going to get started.

NOTE Confidence: 0.83840007

 $00:00:31.530 \longrightarrow 00:00:32.830$ I am Lauren Tobias.

NOTE Confidence: 0.83840007

 $00:00:32.830 \longrightarrow 00:00:35.439$ We're back after a hiatus for a few

NOTE Confidence: 0.83840007

 $00{:}00{:}35.439 \dashrightarrow 00{:}00{:}37.775$ weeks here and I'd like to welcome you

 $00{:}00{:}37.847 \dashrightarrow 00{:}00{:}40.319$ to our sleep seminar this afternoon

NOTE Confidence: 0.83840007

 $00{:}00{:}40.319 \dashrightarrow 00{:}00{:}42.318$ if you brief announcements before

NOTE Confidence: 0.83840007

 $00{:}00{:}42.318 \to 00{:}00{:}44.058$ I introduce today's speaker first,

NOTE Confidence: 0.83840007

 $00{:}00{:}44.060 \dashrightarrow 00{:}00{:}45.962$ please take a moment to ensure

NOTE Confidence: 0.83840007

00:00:45.962 --> 00:00:48.064 that you're muted in order to

NOTE Confidence: 0.83840007

00:00:48.064 --> 00:00:49.974 receive CME credit for attendance,

NOTE Confidence: 0.83840007

 $00:00:49.980 \longrightarrow 00:00:52.756$ you can see this chat room for instructions.

NOTE Confidence: 0.83840007

 $00{:}00{:}52.760 \dashrightarrow 00{:}00{:}55.640$ You can text the unique ID for this

NOTE Confidence: 0.83840007

00:00:55.640 --> 00:00:57.169 conference any time until 3:15.

NOTE Confidence: 0.83840007

00:00:57.170 --> 00:00:59.018 If you're not already registered with,

NOTE Confidence: 0.83840007

 $00:00:59.020 \longrightarrow 00:00:59.944$ you'll see me.

NOTE Confidence: 0.83840007

 $00:00:59.944 \longrightarrow 00:01:02.100$ You will need to do that first,

NOTE Confidence: 0.83840007

 $00{:}01{:}02.100 \dashrightarrow 00{:}01{:}03.942$ and if you have any questions

NOTE Confidence: 0.83840007

00:01:03.942 --> 00:01:04.863 during the presentation,

NOTE Confidence: 0.83840007

 $00:01:04.870 \longrightarrow 00:01:07.134$ I encourage you to make use of the

 $00:01:07.134 \longrightarrow 00:01:09.177$ chat room 3 throughout the hour.

NOTE Confidence: 0.83840007

 $00{:}01{:}09.180 \dashrightarrow 00{:}01{:}11.595$ We will have recorded versions of these

NOTE Confidence: 0.83840007

 $00{:}01{:}11.595 \dashrightarrow 00{:}01{:}13.215$ lectures available online within two

NOTE Confidence: 0.83840007

 $00{:}01{:}13.215 \dashrightarrow 00{:}01{:}15.335$ weeks at the link provided in the chat.

NOTE Confidence: 0.83840007

00:01:15.340 --> 00:01:15.950 And finally,

NOTE Confidence: 0.83840007

 $00:01:15.950 \longrightarrow 00:01:17.780$ please feel free to share announcements

NOTE Confidence: 0.83840007

 $00{:}01{:}17.780 \dashrightarrow 00{:}01{:}19.665$ for our electric series with anyone

NOTE Confidence: 0.83840007

00:01:19.665 --> 00:01:21.495 who you think may be interested,

NOTE Confidence: 0.83840007

00:01:21.500 --> 00:01:23.010 or contact Debbie Lovejoy to

NOTE Confidence: 0.83840007

 $00:01:23.010 \longrightarrow 00:01:24.890$ be added to the email list.

NOTE Confidence: 0.83840007

 $00{:}01{:}24.890 \dashrightarrow 00{:}01{:}26.768$ So this afternoon I am delighted

NOTE Confidence: 0.83840007

 $00:01:26.768 \longrightarrow 00:01:28.020$ to introduce Doctor Megna.

NOTE Confidence: 0.83840007

 $00:01:28.020 \longrightarrow 00:01:30.240$ Monster Connie did provide us with

NOTE Confidence: 0.83840007

 $00:01:30.240 \longrightarrow 00:01:33.099$ a year in review of Sleep Medicine.

NOTE Confidence: 0.83840007

00:01:33.100 --> 00:01:35.248 Doctor Monster Connie is a professor

NOTE Confidence: 0.83840007

 $00{:}01{:}35.248 \dashrightarrow 00{:}01{:}37.444$ of family medicine at the Mayo

 $00:01:37.444 \longrightarrow 00:01:39.550$ College of Medicine and Science and

NOTE Confidence: 0.83840007

 $00{:}01{:}39.550 \dashrightarrow 00{:}01{:}41.673$ a consultant with joint appointments

NOTE Confidence: 0.83840007

00:01:41.673 --> 00:01:43.923 under both Family Medicine and

NOTE Confidence: 0.83840007

 $00:01:43.923 \longrightarrow 00:01:46.003$ pulmonary critical care Medicine at

NOTE Confidence: 0.83840007

00:01:46.003 --> 00:01:48.292 the Mayo Clinic in Rochester, MN.

NOTE Confidence: 0.83840007

00:01:48.292 --> 00:01:50.616 She Co directs the Center for Sleep

NOTE Confidence: 0.83840007

00:01:50.616 --> 00:01:52.908 Medicine at Mayo and serves as

NOTE Confidence: 0.83840007

00:01:52.908 --> 00:01:54.858 program director for their Sleep

NOTE Confidence: 0.83840007

00:01:54.858 --> 00:01:56.560 Medicine Fellowship program.

NOTE Confidence: 0.83840007

 $00:01:56.560 \longrightarrow 00:01:58.984$ She is a tremendously accomplished clinician

NOTE Confidence: 0.83840007

 $00:01:58.984 \longrightarrow 00:02:01.589$ educator who has received multiple awards.

NOTE Confidence: 0.83840007

 $00{:}02{:}01.590 \dashrightarrow 00{:}02{:}03.765$ For excellence in teaching has

NOTE Confidence: 0.83840007

 $00{:}02{:}03.765 \dashrightarrow 00{:}02{:}05.940$ taught and mentored medical trainees

NOTE Confidence: 0.83840007

00:02:06.006 --> 00:02:07.756 at all levels of education,

NOTE Confidence: 0.83840007

 $00:02:07.760 \longrightarrow 00:02:09.810$ as well as practicing physicians,

 $00:02:09.810 \longrightarrow 00:02:11.454$ sleep and otherwise nationally

NOTE Confidence: 0.83840007

00:02:11.454 --> 00:02:12.276 and internationally.

NOTE Confidence: 0.83840007

 $00:02:12.280 \longrightarrow 00:02:14.596$ She's been very active within the

NOTE Confidence: 0.83840007

00:02:14.596 --> 00:02:16.800 American Academy of Sleep Medicine,

NOTE Confidence: 0.83840007

 $00:02:16.800 \longrightarrow 00:02:18.855$ where she is currently chair

NOTE Confidence: 0.83840007

00:02:18.855 --> 00:02:20.499 of the Education Committee,

NOTE Confidence: 0.83840007

 $00:02:20.500 \longrightarrow 00:02:23.118$ and she's played a fundamental role in

NOTE Confidence: 0.83840007

 $00:02:23.118 \longrightarrow 00:02:25.429$ curriculum and course development there,

NOTE Confidence: 0.83840007

 $00{:}02{:}25.430 \dashrightarrow 00{:}02{:}27.890$ including questions for their review course,

NOTE Confidence: 0.83840007

 $00:02:27.890 \longrightarrow 00:02:30.774$ and she founded the ASM Mentor program

NOTE Confidence: 0.83840007

 $00{:}02{:}30.774 \longrightarrow 00{:}02{:}32.909$ that matches trainees and mentors.

NOTE Confidence: 0.83840007

 $00:02:32.910 \longrightarrow 00:02:34.170$ Throughout the world.

NOTE Confidence: 0.83840007

 $00:02:34.170 \longrightarrow 00:02:36.690$ Her research has included topics ranging

NOTE Confidence: 0.83840007

 $00{:}02{:}36.690 \dashrightarrow 00{:}02{:}39.477$ from the role of sleep disturbance in

NOTE Confidence: 0.83840007

 $00:02:39.477 \longrightarrow 00:02:41.473$ patients with depression and alcohol

NOTE Confidence: 0.83840007

 $00{:}02{:}41.473 \dashrightarrow 00{:}02{:}43.478$ use disorder to the relationship

 $00:02:43.478 \longrightarrow 00:02:45.718$ between sleep apnea and chronic opioid

NOTE Confidence: 0.83840007

00:02:45.718 --> 00:02:47.916 use to the link between sleep apnea

NOTE Confidence: 0.83840007

 $00:02:47.916 \longrightarrow 00:02:50.149$ and car hypertrophic cardiomyopathy.

NOTE Confidence: 0.83840007

 $00:02:50.150 \longrightarrow 00:02:52.880$ Dochtermann sekani is one of those

NOTE Confidence: 0.83840007

 $00:02:52.880 \longrightarrow 00:02:54.700$ consummate Sleep Medicine practitioners

NOTE Confidence: 0.83840007

00:02:54.769 --> 00:02:57.532 who has a broad overview of the entire field,

NOTE Confidence: 0.83840007

 $00:02:57.540 \longrightarrow 00:02:59.826$ so I think she's a perfect

NOTE Confidence: 0.83840007

00:02:59.826 --> 00:03:01.820 person to give today's talk.

NOTE Confidence: 0.83840007

 $00:03:01.820 \longrightarrow 00:03:05.036$ She's going to give us an overview of.

NOTE Confidence: 0.83840007

 $00:03:05.040 \longrightarrow 00:03:06.104$ Important updates in Sleep

NOTE Confidence: 0.83840007

00:03:06.104 --> 00:03:07.434 Medicine over the past year,

NOTE Confidence: 0.83840007

 $00:03:07.440 \longrightarrow 00:03:09.042$ so please join me in giving

NOTE Confidence: 0.83840007

 $00{:}03{:}09.042 \dashrightarrow 00{:}03{:}10.110$ her a warm welcome.

NOTE Confidence: 0.83840007

 $00{:}03{:}10.110 \dashrightarrow 00{:}03{:}12.513$ And with that I'll turn it over to you.

NOTE Confidence: 0.85194796

 $00:03:14.960 \longrightarrow 00:03:16.368$ Thank you so much,

00:03:16.368 --> 00:03:18.480 Doctor Tobias for inviting me and

NOTE Confidence: 0.85194796

 $00:03:18.552 \longrightarrow 00:03:20.717$ for that very kind introduction.

NOTE Confidence: 0.85194796

 $00:03:20.720 \longrightarrow 00:03:23.275$ I'm so happy to be here and

NOTE Confidence: 0.85194796

 $00:03:23.275 \longrightarrow 00:03:25.708$ present the year in review 2020.

NOTE Confidence: 0.85194796

00:03:25.710 --> 00:03:27.630 I really like your interviews.

NOTE Confidence: 0.85194796

 $00:03:27.630 \longrightarrow 00:03:29.550$ I hope you do too.

NOTE Confidence: 0.85194796

 $00:03:29.550 \longrightarrow 00:03:32.273$ A lot of information and a lot

NOTE Confidence: 0.85194796

 $00:03:32.273 \longrightarrow 00:03:34.927$ of work but also not a fun.

NOTE Confidence: 0.85194796

 $00:03:34.930 \longrightarrow 00:03:37.858$ So let's dive in.

NOTE Confidence: 0.85194796

 $00{:}03{:}37.860 \dashrightarrow 00{:}03{:}42.050$ No disclosures that are relevant.

NOTE Confidence: 0.85194796

 $00{:}03{:}42.050 \dashrightarrow 00{:}03{:}47.820$ And this is the CME code. For today.

NOTE Confidence: 0.85194796

 $00:03:47.820 \longrightarrow 00:03:52.384$ For those of you on the phone,

NOTE Confidence: 0.85194796

 $00:03:52.390 \longrightarrow 00:03:55.528$ it's 21612 again.

NOTE Confidence: 0.85194796

 $00:03:55.528 \longrightarrow 00:03:57.620$ That's 21612.

NOTE Confidence: 0.85194796

00:03:57.620 --> 00:03:58.036 Alright,

NOTE Confidence: 0.85194796

 $00:03:58.036 \longrightarrow 00:04:00.532$ so the objectives today are to

 $00{:}04{:}00.532 \dashrightarrow 00{:}04{:}02.657$ discuss relevant articles in Sleep

NOTE Confidence: 0.85194796

00:04:02.657 --> 00:04:04.277 Medicine published last year,

NOTE Confidence: 0.85194796

 $00:04:04.280 \longrightarrow 00:04:06.614$ so we're going to identify the

NOTE Confidence: 0.85194796

00:04:06.614 --> 00:04:09.084 main objective for each study and

NOTE Confidence: 0.85194796

 $00{:}04{:}09.084 \dashrightarrow 00{:}04{:}11.174$ the population that was studied

NOTE Confidence: 0.85194796

 $00:04:11.174 \longrightarrow 00:04:13.354$ and then quickly critique the

NOTE Confidence: 0.85194796

 $00:04:13.354 \longrightarrow 00:04:15.054$ major strengths and limitations

NOTE Confidence: 0.85194796

 $00:04:15.054 \longrightarrow 00:04:17.912$ of each of the studies at Mayo.

NOTE Confidence: 0.85194796

 $00:04:17.912 \longrightarrow 00:04:19.832$ We're not allowed to use

NOTE Confidence: 0.85194796

 $00:04:19.832 \longrightarrow 00:04:21.749$ Journal article figures anymore,

NOTE Confidence: 0.85194796

 $00:04:21.750 \longrightarrow 00:04:24.132$ which was fine because the bullet

NOTE Confidence: 0.85194796

00:04:24.132 --> 00:04:26.740 point summarizes a figure quite quickly,

NOTE Confidence: 0.85194796

 $00:04:26.740 \longrightarrow 00:04:28.060$ so I have.

NOTE Confidence: 0.85194796

 $00:04:28.060 \longrightarrow 00:04:30.604$ All the ICS, these sleep disorders,

NOTE Confidence: 0.85194796

 $00:04:30.604 \longrightarrow 00:04:33.052$ one study on each of them.

 $00:04:33.060 \longrightarrow 00:04:35.853$ Plus I threw in a couple special

NOTE Confidence: 0.85194796

 $00{:}04{:}35.853 \dashrightarrow 00{:}04{:}38.793$ topics that were important last year

NOTE Confidence: 0.85194796

 $00{:}04{:}38.793 \dashrightarrow 00{:}04{:}42.105$ COVID-19 and disparities in sleep health.

NOTE Confidence: 0.85194796

00:04:42.110 --> 00:04:45.406 And then I have one basic science Paper,

NOTE Confidence: 0.85194796

00:04:45.410 --> 00:04:46.922 1 technology paper,

NOTE Confidence: 0.85194796

 $00{:}04{:}46.922 \dashrightarrow 00{:}04{:}49.442$ an one pediatric sleep disorders

NOTE Confidence: 0.85194796

 $00:04:49.442 \longrightarrow 00:04:52.030$ paper because the others are

NOTE Confidence: 0.85194796

 $00:04:52.030 \longrightarrow 00:04:54.034$ conducted in a dult populations.

NOTE Confidence: 0.85194796

00:04:54.040 --> 00:04:54.524 Alright,

NOTE Confidence: 0.85194796

 $00:04:54.524 \longrightarrow 00:04:57.912$ so the first topic is COVID-19 and

NOTE Confidence: 0.85194796

 $00{:}04{:}57.912 \dashrightarrow 00{:}05{:}01.450$ sleep and this was a study that

NOTE Confidence: 0.85194796

 $00:05:01.450 \longrightarrow 00:05:03.920$ was published in Sleep Medicine.

NOTE Confidence: 0.85194796

 $00:05:03.920 \longrightarrow 00:05:06.836$ Owls and larks do not exist.

NOTE Confidence: 0.85194796

 $00:05:06.840 \longrightarrow 00:05:08.745$ So the question that this

NOTE Confidence: 0.85194796

 $00:05:08.745 \longrightarrow 00:05:10.269$ study aimed answer was,

NOTE Confidence: 0.85194796

 $00:05:10.270 \longrightarrow 00:05:11.940$ is there a difference between

 $00:05:11.940 \longrightarrow 00:05:13.610$ daily sleep habits in the

NOTE Confidence: 0.85194796

 $00:05:13.677 \longrightarrow 00:05:14.952$ normal operational environment

NOTE Confidence: 0.85194796

 $00:05:14.952 \longrightarrow 00:05:17.502$ versus a stay at home condition?

NOTE Confidence: 0.85194796

 $00:05:17.510 \longrightarrow 00:05:18.882$ And to answer this,

NOTE Confidence: 0.85194796

 $00{:}05{:}18.882 \rightarrow 00{:}05{:}20.597$ they conducted a prospective study

NOTE Confidence: 0.85194796

 $00:05:20.597 \longrightarrow 00:05:22.459$ that looked at questionnaires,

NOTE Confidence: 0.85194796

 $00:05:22.460 \longrightarrow 00:05:25.421$ logs and phone and zoom interviews in

NOTE Confidence: 0.85194796

00:05:25.421 --> 00:05:27.800 healthy volunteers aged 15 to 60 years,

NOTE Confidence: 0.85194796

 $00:05:27.800 \longrightarrow 00:05:30.299$ who would receive stay at home orders

NOTE Confidence: 0.85194796

 $00:05:30.299 \longrightarrow 00:05:33.112$ for over a month and they shouldn't

NOTE Confidence: 0.85194796

00:05:33.112 --> 00:05:36.095 have had any sleep disorders or mood

NOTE Confidence: 0.85194796

 $00:05:36.095 \longrightarrow 00:05:38.519$ symptoms to enter into the study.

NOTE Confidence: 0.85194796

 $00{:}05{:}38.520 \dashrightarrow 00{:}05{:}41.558$ And shouldn't have been in any online

NOTE Confidence: 0.85194796

 $00:05:41.558 \longrightarrow 00:05:44.428$ daily time table related activities an it

NOTE Confidence: 0.85194796

 $00:05:44.428 \longrightarrow 00:05:46.918$ was performed across various countries.

 $00:05:46.920 \longrightarrow 00:05:48.740$ So.

NOTE Confidence: 0.85194796

00:05:48.740 --> 00:05:51.295 This study had close to 4000 subjects

NOTE Confidence: 0.85194796

 $00:05:51.295 \longrightarrow 00:05:54.188$ who were at home for over 2 months,

NOTE Confidence: 0.85194796

 $00:05:54.190 \longrightarrow 00:05:56.794$ and it appeared that most of the

NOTE Confidence: 0.85194796

00:05:56.794 --> 00:05:59.270 changes happened in the first 10 days,

NOTE Confidence: 0.85194796

 $00{:}05{:}59.270 \dashrightarrow 00{:}06{:}01.345$ meaning the difference between the

NOTE Confidence: 0.85194796

 $00:06:01.345 \longrightarrow 00:06:03.860$ weekdays and weekend night time sleep.

NOTE Confidence: 0.85194796

 $00:06:03.860 \longrightarrow 00:06:06.052$ That disappeared and pay.

NOTE Confidence: 0.85194796

 $00{:}06{:}06{:}06{:}052 \dashrightarrow 00{:}06{:}07.696$ People started napping.

NOTE Confidence: 0.85194796

 $00:06:07.700 \longrightarrow 00:06:08.250$ Interestingly,

NOTE Confidence: 0.85194796

 $00:06:08.250 \longrightarrow 00:06:11.000$ most folks 2/3 shifted towards

NOTE Confidence: 0.85194796

 $00:06:11.000 \longrightarrow 00:06:12.100$ even eveningness,

NOTE Confidence: 0.85194796

 $00:06:12.100 \longrightarrow 00:06:14.840$ where the word half being

NOTE Confidence: 0.85194796

 $00:06:14.840 \longrightarrow 00:06:17.032$ classic ALS some shoulder.

NOTE Confidence: 0.85194796

00:06:17.040 --> 00:06:18.684 Typical sleep pattern.

NOTE Confidence: 0.85194796

00:06:18.684 --> 00:06:21.430 Only 22% somewhere lurks somewhere

 $00:06:21.430 \longrightarrow 00:06:23.630$ completely desynchronized and some

NOTE Confidence: 0.85194796

 $00:06:23.630 \longrightarrow 00:06:25.820$ alternated their sleep habits.

NOTE Confidence: 0.85194796

 $00:06:25.820 \longrightarrow 00:06:28.990$ The ones who were desynchronized

NOTE Confidence: 0.85194796

 $00:06:28.990 \longrightarrow 00:06:32.870$ tended to be older an Mail.

NOTE Confidence: 0.85194796

 $00:06:32.870 \longrightarrow 00:06:35.110$ So the conclusion from this study was

NOTE Confidence: 0.85194796

 $00:06:35.110 \longrightarrow 00:06:37.800$ that in self selected sleep conditions,

NOTE Confidence: 0.85194796

 $00:06:37.800 \longrightarrow 00:06:40.014$ such as with prolonged stay at

NOTE Confidence: 0.85194796

 $00:06:40.014 \longrightarrow 00:06:41.970$ home orders secondary to covid,

NOTE Confidence: 0.85194796

 $00:06:41.970 \longrightarrow 00:06:43.454$ sleep habits significantly differed

NOTE Confidence: 0.85194796

 $00:06:43.454 \longrightarrow 00:06:45.680$ from those of socially and economically

NOTE Confidence: 0.85194796

 $00:06:45.734 \longrightarrow 00:06:47.270$ fixed daily routine conditions.

NOTE Confidence: 0.85194796

 $00:06:47.270 \longrightarrow 00:06:48.030$ To me,

NOTE Confidence: 0.85194796

 $00{:}06{:}48.030 \dashrightarrow 00{:}06{:}49.930$ this study was very interesting.

NOTE Confidence: 0.85194796

 $00:06:49.930 \longrightarrow 00:06:52.513$ There were a lot of covert studies

NOTE Confidence: 0.85194796

 $00:06:52.513 \longrightarrow 00:06:54.469$ that came out last year.

 $00:06:54.470 \longrightarrow 00:06:56.534$ There's a whole issue devoted to

NOTE Confidence: 0.85194796

00:06:56.534 --> 00:06:59.019 it in JC Assam from February.

NOTE Confidence: 0.85194796

 $00:06:59.020 \longrightarrow 00:07:02.044$ Of course this is that is this year,

NOTE Confidence: 0.8742321

 $00:07:02.050 \longrightarrow 00:07:03.534$ but it was interesting.

NOTE Confidence: 0.8742321

 $00:07:03.534 \longrightarrow 00:07:05.389$ And also an interesting finding

NOTE Confidence: 0.8742321

 $00:07:05.389 \longrightarrow 00:07:07.441$ was that the Desynchronized Group

NOTE Confidence: 0.8742321

00:07:07.441 --> 00:07:09.859 did not have any sleep complaints,

NOTE Confidence: 0.8742321

 $00{:}07{:}09.860 \dashrightarrow 00{:}07{:}12.149$ which would be different from what we

NOTE Confidence: 0.8742321

 $00{:}07{:}12.149 \dashrightarrow 00{:}07{:}15.100$ would see in our circadian sleep disorder.

NOTE Confidence: 0.8742321

 $00:07:15.100 \longrightarrow 00:07:18.050$ Patients who present to clinic.

NOTE Confidence: 0.8742321

 $00:07:18.050 \longrightarrow 00:07:21.274$ So what are the limitations of this study?

NOTE Confidence: 0.8742321

 $00:07:21.280 \longrightarrow 00:07:24.504$ Well, it's a one time snapshot itself report.

NOTE Confidence: 0.8742321

 $00:07:24.510 \longrightarrow 00:07:26.940$ There could be variation by country,

NOTE Confidence: 0.8742321

 $00{:}07{:}26.940 \dashrightarrow 00{:}07{:}28.260$ by sunlight, exposure,

NOTE Confidence: 0.8742321

 $00:07:28.260 \longrightarrow 00:07:31.340$ effects of religion with praying in the

NOTE Confidence: 0.8742321

 $00:07:31.414 \longrightarrow 00:07:34.609$ middle of the night in some of the countries,

 $00:07:34.610 \longrightarrow 00:07:36.630$ the effect of alcohol and

NOTE Confidence: 0.8742321

 $00:07:36.630 \longrightarrow 00:07:38.650$ substances was not accounted for,

NOTE Confidence: 0.8742321

 $00:07:38.650 \longrightarrow 00:07:41.219$ and it's not generalizable to you know

NOTE Confidence: 0.8742321

00:07:41.219 --> 00:07:43.713 healthy outside of the healthy volunteer

NOTE Confidence: 0.8742321

 $00{:}07{:}43.713 \dashrightarrow 00{:}07{:}45.923$ population that was studied here.

NOTE Confidence: 0.8742321

 $00{:}07{:}45.930 \dashrightarrow 00{:}07{:}49.040$ Without psychiatric and sleep disorders.

NOTE Confidence: 0.8742321

 $00:07:49.040 \longrightarrow 00:07:52.688$ So we move on to the second study,

NOTE Confidence: 0.8742321

 $00:07:52.690 \longrightarrow 00:07:55.875$ which is on disparities in sleep help.

NOTE Confidence: 0.8742321

 $00:07:55.880 \longrightarrow 00:07:58.328$ And this is a Jackson heart

NOTE Confidence: 0.8742321

00:07:58.328 --> 00:08:01.086 study that was published in the

NOTE Confidence: 0.8742321

 $00{:}08{:}01.086 \dashrightarrow 00{:}08{:}03.178$ American Journal of Hypertension.

NOTE Confidence: 0.8742321

 $00:08:03.180 \longrightarrow 00:08:05.658$ So the objective here was to

NOTE Confidence: 0.8742321

 $00{:}08{:}05.658 \dashrightarrow 00{:}08{:}07.310$ study the Association between

NOTE Confidence: 0.8742321

00:08:07.384 --> 00:08:10.019 obstructive sleep apnea in nighttime,

NOTE Confidence: 0.8742321

 $00:08:10.020 \longrightarrow 00:08:12.300$ blood pressure in African Americans.

00:08:12.300 --> 00:08:15.485 As you know, both of these conditions,

NOTE Confidence: 0.8742321

 $00:08:15.490 \longrightarrow 00:08:18.759$ sleep apnea and hypertension are very common.

NOTE Confidence: 0.8742321

 $00:08:18.760 \longrightarrow 00:08:20.113$ In this population.

NOTE Confidence: 0.8742321

 $00:08:20.113 \longrightarrow 00:08:22.819$ So for this study they enrolled

NOTE Confidence: 0.8742321

 $00:08:22.819 \longrightarrow 00:08:26.003$ 206 participants who had 24 blood

NOTE Confidence: 0.8742321

00:08:26.003 --> 00:08:28.119 pressure monitoring 24 hour.

NOTE Confidence: 0.8742321

00:08:28.120 --> 00:08:30.108 In 2000 to 2004,

NOTE Confidence: 0.8742321

 $00:08:30.108 \longrightarrow 00:08:32.096$ and then subsequently participated

NOTE Confidence: 0.8742321

 $00:08:32.096 \longrightarrow 00:08:34.379$ in the Jackson Heart,

NOTE Confidence: 0.8742321

 $00:08:34.380 \longrightarrow 00:08:36.003$ Jackson Heart Studies,

NOTE Confidence: 0.8742321

 $00{:}08{:}36.003 \dashrightarrow 00{:}08{:}38.167$ the Sleep Study portion

NOTE Confidence: 0.8742321

00:08:38.167 --> 00:08:41.169 of it in 2012 to 2016,

NOTE Confidence: 0.8742321

 $00:08:41.170 \longrightarrow 00:08:45.346$ and they did age sets with a 4%

NOTE Confidence: 0.8742321

 $00:08:45.350 \longrightarrow 00:08:47.955$ REI and calculated time below

NOTE Confidence: 0.8742321

00:08:47.955 --> 00:08:49.432 90% nocturnal hypertension,

NOTE Confidence: 0.8742321

 $00:08:49.432 \longrightarrow 00:08:53.240$ defined as 120 slash 70 or greater and

 $00:08:53.321 \longrightarrow 00:08:55.609$ performed linear regression models

NOTE Confidence: 0.8742321

 $00{:}08{:}55.609 \dashrightarrow 00{:}08{:}58.469$ to test the Association between.

NOTE Confidence: 0.8742321

 $00:08:58.470 \longrightarrow 00:09:01.114$ OSA and nocturnal systolic

NOTE Confidence: 0.8742321

 $00:09:01.114 \longrightarrow 00:09:03.758$ and diastolic blood pressure.

NOTE Confidence: 0.8742321

 $00:09:03.760 \longrightarrow 00:09:05.503$ So 51% of.

NOTE Confidence: 0.8742321

 $00:09:05.503 \longrightarrow 00:09:08.408$ These subjects had nocturnal hypertension

NOTE Confidence: 0.8742321

 $00:09:08.408 \longrightarrow 00:09:11.890$ and 26% had moderate to severe OSA,

NOTE Confidence: 0.8742321

 $00:09:11.890 \longrightarrow 00:09:14.668$ and it's at an after adjustment.

NOTE Confidence: 0.8742321

00:09:14.670 --> 00:09:16.164 Each standard deviation,

NOTE Confidence: 0.8742321

00:09:16.164 --> 00:09:20.699 which was a 13 per hour increase in the REI,

NOTE Confidence: 0.8742321

 $00:09:20.700 \longrightarrow 00:09:23.808$ was associated with a 2 millimeter higher

NOTE Confidence: 0.8742321

 $00{:}09{:}23.808 \dashrightarrow 00{:}09{:}25.810$ nighttime diastolic blood pressure.

NOTE Confidence: 0.8742321

00:09:25.810 --> 00:09:28.765 Anna prevalence ratio of 1.1

NOTE Confidence: 0.8742321

00:09:28.765 --> 00:09:30.538 for nocturnal hypertension.

NOTE Confidence: 0.8742321

 $00:09:30.540 \longrightarrow 00:09:33.770$ What about time below 90% each standard

00:09:33.770 --> 00:09:35.610 deviation increase in hypoxemia,

NOTE Confidence: 0.8742321

 $00{:}09{:}35.610 --> 00{:}09{:}37.920$ which was a 10% increase.

NOTE Confidence: 0.8742321

 $00:09:37.920 \longrightarrow 00:09:41.084$ Or should I decrease from baseline was

NOTE Confidence: 0.8742321

 $00:09:41.084 \longrightarrow 00:09:44.123$ associated with a 2 millimeter higher

NOTE Confidence: 0.8742321

00:09:44.123 --> 00:09:46.793 systolic blood pressure at night?

NOTE Confidence: 0.8742321

 $00:09:46.800 \longrightarrow 00:09:50.000$ And seemed to be more so an obese

NOTE Confidence: 0.8742321

 $00:09:50.000 \longrightarrow 00:09:52.513$ individuals but not statistically

NOTE Confidence: 0.8742321

00:09:52.513 --> 00:09:53.329 significant.

NOTE Confidence: 0.8742321

 $00:09:53.330 \longrightarrow 00:09:56.410$ So what were the conclusions of this study?

NOTE Confidence: 0.8742321

00:09:56.410 --> 00:09:57.805 First of all,

NOTE Confidence: 0.8742321

 $00:09:57.805 \longrightarrow 00:10:00.130$ high prevalence of nocturnal hypertension.

NOTE Confidence: 0.8742321

00:10:00.130 --> 00:10:01.674 On dipping blood pressure,

NOTE Confidence: 0.8742321

 $00:10:01.674 \longrightarrow 00:10:05.039$ I'm sure most of you know what that is.

NOTE Confidence: 0.8742321

 $00:10:05.040 \longrightarrow 00:10:06.930$ An moderate to severe OSA.

NOTE Confidence: 0.8742321

 $00:10:06.930 \longrightarrow 00:10:08.750$ In this population the severity

NOTE Confidence: 0.8742321

00:10:08.750 --> 00:10:10.993 of sleep apnea and hypoxemia was

 $00:10:10.993 \longrightarrow 00:10:12.783$ associated with high nighttime blood

NOTE Confidence: 0.8742321

 $00{:}10{:}12.783 \dashrightarrow 00{:}10{:}15.250$ pressure in a dose response manner,

NOTE Confidence: 0.8742321

 $00:10:15.250 \longrightarrow 00:10:17.164$ and so the results supported the

NOTE Confidence: 0.8742321

00:10:17.164 --> 00:10:18.969 use of ambulatory blood pressure

NOTE Confidence: 0.8742321

 $00:10:18.969 \longrightarrow 00:10:21.299$ monitoring routinely in this population.

NOTE Confidence: 0.8742321

 $00:10:21.300 \longrightarrow 00:10:23.575$ So this is the first study actually

NOTE Confidence: 0.8742321

 $00:10:23.575 \longrightarrow 00:10:25.602$ looking at this Association in

NOTE Confidence: 0.8742321

00:10:25.602 --> 00:10:26.590 this population,

NOTE Confidence: 0.8742321

 $00:10:26.590 \longrightarrow 00:10:29.236$ and they stated that having more women

NOTE Confidence: 0.8742321

00:10:29.236 --> 00:10:31.519 was a limitation, but again, this.

NOTE Confidence: 0.8742321

 $00{:}10{:}31.519 \dashrightarrow 00{:}10{:}33.817$ Is in contradistinction to the previous

NOTE Confidence: 0.8742321

 $00:10:33.817 \longrightarrow 00:10:35.859$ literature on hypertension sleep apnea,

NOTE Confidence: 0.8742321

 $00:10:35.860 \longrightarrow 00:10:38.226$ so I thought that was good standardized

NOTE Confidence: 0.8742321

 $00:10:38.226 \longrightarrow 00:10:40.157$ protocol that they used and

NOTE Confidence: 0.8742321

 $00:10:40.157 \longrightarrow 00:10:41.865$ accounted for multiple confounders.

 $00:10:41.870 \longrightarrow 00:10:43.750$ Now what are the limitations?

NOTE Confidence: 0.8742321

00:10:43.750 --> 00:10:45.630 It might not be generalizable

NOTE Confidence: 0.8742321

 $00:10:45.630 \longrightarrow 00:10:46.758$ to other populations,

NOTE Confidence: 0.86492574

 $00:10:46.760 \longrightarrow 00:10:48.635$ such as those with lower

NOTE Confidence: 0.86492574

00:10:48.635 --> 00:10:49.385 socioeconomic status.

NOTE Confidence: 0.86492574

 $00:10:49.390 \longrightarrow 00:10:51.400$ They had single measures and a

NOTE Confidence: 0.86492574

 $00{:}10{:}51.400 \dashrightarrow 00{:}10{:}54.063$ small number of the Jackson help up

NOTE Confidence: 0.86492574

00:10:54.063 --> 00:10:56.153 place and actually completed both.

NOTE Confidence: 0.86492574

00:10:56.160 --> 00:10:58.035 Both of these, the blood

NOTE Confidence: 0.86492574

 $00:10:58.035 \longrightarrow 00:10:59.535$ pressure and sleep measures,

NOTE Confidence: 0.86492574

 $00{:}10{:}59.540 \dashrightarrow 00{:}11{:}01.796$ and they were ten years apart.

NOTE Confidence: 0.8371922

00:11:04.620 --> 00:11:07.826 All right, shifting gears and moving to

NOTE Confidence: 0.8371922

 $00:11:07.826 \longrightarrow 00:11:10.858$ basic science this I found interesting.

NOTE Confidence: 0.8371922

 $00:11:10.860 \longrightarrow 00:11:13.608$ This study was published in the

NOTE Confidence: 0.8371922

 $00:11:13.608 \longrightarrow 00:11:16.572$ Journal of Physiology last Year and

NOTE Confidence: 0.8371922

 $00:11:16.572 \longrightarrow 00:11:19.704$ the question was is opioid induced

 $00{:}11{:}19.704 \dashrightarrow 00{:}11{:}22.158$ respiratory depression and lethality in

NOTE Confidence: 0.8371922

 $00{:}11{:}22.158 \dashrightarrow 00{:}11{:}25.259$ sleep apnea related to bouts of chronic

NOTE Confidence: 0.8371922

00:11:25.260 --> 00:11:26.658 intermittent hypercapnic hypoxia?

NOTE Confidence: 0.8371922

 $00:11:26.658 \longrightarrow 00:11:29.920$ So what they did is they measured

NOTE Confidence: 0.8371922

 $00:11:29.990 \longrightarrow 00:11:33.050$ respiratory depression across rats that had.

NOTE Confidence: 0.8371922

 $00:11:33.050 \longrightarrow 00:11:35.260$ Well, normoxic normal oxygen saturation

NOTE Confidence: 0.8371922

 $00:11:35.260 \longrightarrow 00:11:37.817$ was his those exposed to hypoxia

NOTE Confidence: 0.8371922

 $00:11:37.817 \longrightarrow 00:11:40.301$ for 8 hours a day for a week and

NOTE Confidence: 0.8371922

00:11:40.373 --> 00:11:43.018 they recorded phrenic nerve activity

NOTE Confidence: 0.8371922

 $00{:}11{:}43.018 \dashrightarrow 00{:}11{:}45.134$ and quantified burst inhibition.

NOTE Confidence: 0.8371922

 $00{:}11{:}45.140 \dashrightarrow 00{:}11{:}47.250$ Phrenic nerve activity to graded

NOTE Confidence: 0.8371922

 $00:11:47.250 \longrightarrow 00:11:50.150$ doses of fentanyl that was given Ivy.

NOTE Confidence: 0.8371922

00:11:50.150 --> 00:11:53.588 So if you want to read the what actually

NOTE Confidence: 0.8371922

00:11:53.588 --> 00:11:56.396 happened to the phrenic nerve activity,

NOTE Confidence: 0.8371922

 $00:11:56.400 \longrightarrow 00:11:58.490$ you can read the paper.

 $00:11:58.490 \longrightarrow 00:12:00.986$ But summarized here are the results.

NOTE Confidence: 0.8371922

 $00{:}12{:}00.990 \dashrightarrow 00{:}12{:}04.007$ The rats that were exposed to chronic.

NOTE Confidence: 0.8371922

 $00:12:04.010 \longrightarrow 00:12:07.434$ Bouts of hypoxia for a week showed an

NOTE Confidence: 0.8371922

 $00:12:07.434 \longrightarrow 00:12:09.288$ exaggerated respiratory depression response

NOTE Confidence: 0.8371922

 $00:12:09.288 \longrightarrow 00:12:12.066$ to fentanyl both while an esthetized as

NOTE Confidence: 0.8371922

 $00:12:12.066 \longrightarrow 00:12:15.170$ well as while breathing spontaneously,

NOTE Confidence: 0.8371922

 $00{:}12{:}15.170 \dashrightarrow 00{:}12{:}17.906$ so this study showed a height ened

NOTE Confidence: 0.8371922

00:12:17.906 --> 00:12:20.500 CNS inhibitory efficacy of fentanyl,

NOTE Confidence: 0.8371922

 $00{:}12{:}20.500 \dashrightarrow 00{:}12{:}23.510$ but also there was tonic and Agenus

NOTE Confidence: 0.8371922

00:12:23.510 --> 00:12:26.320 opioid suppression of neural inspiration,

NOTE Confidence: 0.8371922

 $00{:}12{:}26.320 \dashrightarrow 00{:}12{:}29.260$ so this was the first study showing

NOTE Confidence: 0.8371922

 $00:12:29.260 \longrightarrow 00:12:31.954$ a possible mechanism for respiratory

NOTE Confidence: 0.8371922

 $00:12:31.954 \longrightarrow 00:12:33.731$ depression, an increase mortality.

NOTE Confidence: 0.8371922

 $00:12:33.731 \longrightarrow 00:12:35.933$ That is seen in patients with

NOTE Confidence: 0.8371922

 $00:12:35.933 \longrightarrow 00:12:37.438$ sleep apnea on opioids.

NOTE Confidence: 0.8371922

 $00:12:37.440 \longrightarrow 00:12:42.000$ Of course, the study needs to be replicated.

00:12:42.000 --> 00:12:46.774 OK, so moving on to sleep technology.

NOTE Confidence: 0.8371922

 $00:12:46.780 \longrightarrow 00:12:49.050$ This was a study again,

NOTE Confidence: 0.8371922

 $00:12:49.050 \longrightarrow 00:12:51.756$ pretty relevant to our practice nowadays.

NOTE Confidence: 0.8371922

00:12:51.760 --> 00:12:55.043 Is looking at performance of watch packed

NOTE Confidence: 0.8371922

 $00:12:55.043 \dashrightarrow 00:12:58.511$ and this was published in JC ** so.

NOTE Confidence: 0.8371922

 $00:12:58.511 \longrightarrow 00:13:00.917$ They attempted to answer the question

NOTE Confidence: 0.8371922

00:13:00.917 --> 00:13:04.924 how does watch Part 200 compare against

NOTE Confidence: 0.8371922

00:13:04.924 --> 00:13:06.286 Polysomnogram Polysomnographers?

NOTE Confidence: 0.8371922

 $00:13:06.290 \longrightarrow 00:13:10.180$ He in a clinic based cohort so they had 500

NOTE Confidence: 0.8371922

00:13:10.270 --> 00:13:14.155 patients with suspected OSA at the Atlanta,

NOTE Confidence: 0.8371922 00:13:14.160 --> 00:13:14.551 VA,

NOTE Confidence: 0.8371922

00:13:14.551 --> 00:13:15.333 mostly male,

NOTE Confidence: 0.8371922

 $00:13:15.333 \longrightarrow 00:13:18.070$ mostly black and very few studies were

NOTE Confidence: 0.8371922

 $00{:}13{:}18.148 \dashrightarrow 00{:}13{:}20.640$ excluded as technically inadequate.

NOTE Confidence: 0.8371922

 $00:13:20.640 \longrightarrow 00:13:23.874$ This was performed from 2018 to 2020.

 $00:13:23.880 \longrightarrow 00:13:26.694$ Now most patients were sleepy as

NOTE Confidence: 0.8371922

00:13:26.694 --> 00:13:29.589 judged by the essm they were.

NOTE Confidence: 0.8371922

 $00{:}13{:}29.590 \dashrightarrow 00{:}13{:}32.530$ Was Heiko mobility Burden and they use

NOTE Confidence: 0.8371922

 $00:13:32.530 \longrightarrow 00:13:36.232$ the 3% or arousal which is the recommended

NOTE Confidence: 0.8371922

 $00:13:36.232 \longrightarrow 00:13:39.059$ scoring rule for high pop nears?

NOTE Confidence: 0.8371922

 $00:13:39.060 \longrightarrow 00:13:39.589$ Interestingly,

NOTE Confidence: 0.8371922

 $00{:}13{:}39.589 \dashrightarrow 00{:}13{:}42.763$ they did not exclude patients with

NOTE Confidence: 0.8371922

00:13:42.763 --> 00:13:45.460 atrial fibrillation or heart failure,

NOTE Confidence: 0.8371922

00:13:45.460 --> 00:13:49.828 so the median PSG HI was 18 and

NOTE Confidence: 0.8371922

00:13:49.828 --> 00:13:54.500 watch pad 3% HI was 25 and so it

NOTE Confidence: 0.8371922

 $00{:}13{:}54.500 \dashrightarrow 00{:}13{:}57.180$ overestimated it compared to PSG,

NOTE Confidence: 0.8371922

 $00{:}13{:}57.180 \dashrightarrow 00{:}13{:}59.800$ the diagnostic concordance was

NOTE Confidence: 0.8371922

 $00:13:59.800 \longrightarrow 00:14:03.730$ higher in the category of those

NOTE Confidence: 0.8371922

 $00:14:03.844 \longrightarrow 00:14:06.700$ judged to be severe by PSG.

NOTE Confidence: 0.8371922

00:14:06.700 --> 00:14:07.132 Now,

NOTE Confidence: 0.8371922

 $00:14:07.132 \longrightarrow 00:14:09.724$ what about the ones that turn

00:14:09.724 --> 00:14:13.178 out to be mild on the watchpad?

NOTE Confidence: 0.8371922

00:14:13.180 --> 00:14:15.036 What it PSG show?

NOTE Confidence: 0.8371922

00:14:15.036 --> 00:14:15.500 Well,

NOTE Confidence: 0.8371922

00:14:15.500 --> 00:14:19.360 PSG showed no OSA in 30% an actually

NOTE Confidence: 0.8371922

 $00:14:19.360 \longrightarrow 00:14:22.600$ moderate to severe OSA in 20%.

NOTE Confidence: 0.8371922

 $00:14:22.600 \longrightarrow 00:14:26.086$ So the watchpad 3% using the 3%

NOTE Confidence: 0.8371922

00:14:26.090 --> 00:14:28.880 rule over estimated prevalence and

NOTE Confidence: 0.8371922

 $00:14:28.880 \longrightarrow 00:14:32.220$ severity by about four per hour.

NOTE Confidence: 0.8371922

 $00:14:32.220 \longrightarrow 00:14:36.126$ Then they also use the 4% rule on

NOTE Confidence: 0.8371922

 $00:14:36.126 \longrightarrow 00:14:39.234$ the watchpad again comparing with the

NOTE Confidence: 0.8371922

00:14:39.234 --> 00:14:41.299 recommended hypopnea rule on PSG.

NOTE Confidence: 0.8371922

 $00:14:41.300 \longrightarrow 00:14:44.646$ So not really comparing apples to apples.

NOTE Confidence: 0.8371922

 $00:14:44.650 \longrightarrow 00:14:45.610$ But anyway,

NOTE Confidence: 0.8371922

 $00:14:45.610 \longrightarrow 00:14:48.010$ as expected that under estimated

NOTE Confidence: 0.8371922

 $00:14:48.010 \longrightarrow 00:14:50.380$ it by 6 per hour.

 $00:14:50.380 \longrightarrow 00:14:54.204$ So what were the conclusions of this study?

NOTE Confidence: 0.8371922

 $00:14:54.210 \longrightarrow 00:14:57.192$ There was an overall tendency of watch

NOTE Confidence: 0.8371922

 $00{:}14{:}57.192 \dashrightarrow 00{:}15{:}00.168$ Pat to overestimate severely and a

NOTE Confidence: 0.8371922

00:15:00.168 --> 00:15:02.873 significant percent had clinically relevant.

NOTE Confidence: 0.8371922

 $00:15:02.880 \longrightarrow 00:15:04.893$ Misclassifications there was

NOTE Confidence: 0.8371922

00:15:04.893 --> 00:15:08.248 more discrepancy with the RTI,

NOTE Confidence: 0.8247905

 $00:15:08.250 \longrightarrow 00:15:10.440$ possibly relating to the algorithm

NOTE Confidence: 0.8247905

00:15:10.440 --> 00:15:13.690 that the watch Pat uses for arousals,

NOTE Confidence: 0.8247905

 $00:15:13.690 \longrightarrow 00:15:17.421$ and this study showed much lower correlation

NOTE Confidence: 0.8247905

00:15:17.421 --> 00:15:20.888 than we've seen in previous studies.

NOTE Confidence: 0.8247905

 $00:15:20.890 \longrightarrow 00:15:23.356$ So the authors suggested that we

NOTE Confidence: 0.8247905

 $00:15:23.356 \longrightarrow 00:15:26.006$ use a 4% threshold on the watchpad.

NOTE Confidence: 0.8247905

 $00:15:26.006 \longrightarrow 00:15:29.519$ Given that it has a much higher specificity.

NOTE Confidence: 0.8247905

00:15:29.520 --> 00:15:31.580 But then if it's negative,

NOTE Confidence: 0.8247905

 $00:15:31.580 \longrightarrow 00:15:34.600$ definitely consider performing a PSG.

NOTE Confidence: 0.8247905

 $00:15:34.600 \longrightarrow 00:15:36.634$ The advantages of the study of

00:15:36.634 --> 00:15:38.797 the strengths of the study were

NOTE Confidence: 0.8247905

00:15:38.797 --> 00:15:40.647 that the data will complete.

NOTE Confidence: 0.8247905

 $00:15:40.650 \longrightarrow 00:15:41.718$ It was blinded.

NOTE Confidence: 0.8247905

00:15:41.718 --> 00:15:43.854 The patients with triage very well.

NOTE Confidence: 0.8247905

 $00:15:43.860 \longrightarrow 00:15:46.700$ Of course, it was not a randomized study.

NOTE Confidence: 0.8247905

 $00:15:46.700 \longrightarrow 00:15:48.480$ The watch parts were not

NOTE Confidence: 0.8247905

 $00:15:48.480 \longrightarrow 00:15:49.548$ manually over scored.

NOTE Confidence: 0.8247905

 $00:15:49.550 \longrightarrow 00:15:51.686$ This is a single center study

NOTE Confidence: 0.8247905

 $00:15:51.686 \longrightarrow 00:15:52.754$ with limited generalizability.

NOTE Confidence: 0.86597747

00:15:54.930 --> 00:15:58.241 Alright, so this what next topic next

NOTE Confidence: 0.86597747

00:15:58.241 --> 00:16:01.498 article is on the topic of Insomnia

NOTE Confidence: 0.86597747

00:16:01.498 --> 00:16:04.950 was a little hard to sift through,

NOTE Confidence: 0.86597747

 $00:16:04.950 \longrightarrow 00:16:07.170$ but very interesting and important

NOTE Confidence: 0.86597747

 $00:16:07.170 \longrightarrow 00:16:10.670$ article that came out in JAMA Psychiatry.

NOTE Confidence: 0.86597747

 $00:16:10.670 \longrightarrow 00:16:14.040$ Published by Maureen at all.

00:16:14.040 --> 00:16:17.365 So the questions were what should the

NOTE Confidence: 0.86597747

 $00{:}16{:}17.365 \dashrightarrow 00{:}16{:}20.110$ first line treatment of insomnia be?

NOTE Confidence: 0.86597747

00:16:20.110 --> 00:16:23.379 An how to proceed when that fails?

NOTE Confidence: 0.86597747

00:16:23.380 --> 00:16:26.593 Also, is there a moderating effect of

NOTE Confidence: 0.86597747

 $00:16:26.593 \longrightarrow 00:16:28.979$ psychiatric comorbidity on the outcomes?

NOTE Confidence: 0.86597747

 $00:16:28.980 \longrightarrow 00:16:32.232$ So for this they performed a

NOTE Confidence: 0.86597747

 $00:16:32.232 \longrightarrow 00:16:35.034$ sequential multiple assignment RCT of

NOTE Confidence: 0.86597747

 $00:16:35.034 \longrightarrow 00:16:37.759$ 200 patients with chronic insomnia.

NOTE Confidence: 0.86597747

00:16:37.760 --> 00:16:40.260 Most were women, middle aged.

NOTE Confidence: 0.86597747

 $00:16:40.260 \longrightarrow 00:16:43.130$ They were randomized to behavioral

NOTE Confidence: 0.86597747

 $00{:}16{:}43.130 \dashrightarrow 00{:}16{:}45.426$ treatment or dissolve them.

NOTE Confidence: 0.86597747

 $00{:}16{:}45.430 \dashrightarrow 00{:}16{:}47.910$ After being stratified by age,

NOTE Confidence: 0.86597747

00:16:47.910 --> 00:16:51.130 **** and psychiatric Co mobility.

NOTE Confidence: 0.86597747

 $00:16:51.130 \longrightarrow 00:16:53.951$ Then those that did not remit to

NOTE Confidence: 0.86597747

 $00:16:53.951 \longrightarrow 00:16:57.237$ the first line with the first line

NOTE Confidence: 0.86597747

 $00{:}16{:}57.237 \dashrightarrow 00{:}16{:}59.717$ treatment went into the medical.

00:16:59.720 --> 00:17:02.606 ARM, which was zolpidem or Trazodone,

NOTE Confidence: 0.86597747

 $00{:}17{:}02.610 \dashrightarrow 00{:}17{:}05.490$ or they went into the psychological

NOTE Confidence: 0.86597747

 $00:17:05.490 \longrightarrow 00:17:06.450$ treatment arm,

NOTE Confidence: 0.86597747

 $00:17:06.450 \longrightarrow 00:17:08.738$ which was behavioral treatment

NOTE Confidence: 0.86597747

 $00{:}17{:}08.738 \dashrightarrow 00{:}17{:}11.026$ or cognitive treatment the rapy.

NOTE Confidence: 0.86597747

00:17:11.030 --> 00:17:13.304 And this was performed at two

NOTE Confidence: 0.86597747

 $00:17:13.304 \longrightarrow 00:17:15.829$ sites in Canada and in Colorado.

NOTE Confidence: 0.86597747

 $00{:}17{:}15.830 \dashrightarrow 00{:}17{:}18.010$ An enrollment took place between

NOTE Confidence: 0.86597747

00:17:18.010 --> 00:17:19.318 2012 to 2017,

NOTE Confidence: 0.86597747

 $00:17:19.320 \longrightarrow 00:17:21.936$ so 1/3 of the cohort had

NOTE Confidence: 0.86597747

 $00:17:21.936 \longrightarrow 00:17:23.680$ comorbid anxiety or depression.

NOTE Confidence: 0.86597747

 $00:17:23.680 \longrightarrow 00:17:26.296$ 2/3 of the cohort had other

NOTE Confidence: 0.86597747

 $00{:}17{:}26.296 --> 00{:}17{:}27.168 \ \mathrm{medical\ comorbidities}.$

NOTE Confidence: 0.86597747

 $00:17:27.170 \longrightarrow 00:17:29.075$ The primary outcomes they were

NOTE Confidence: 0.86597747

 $00:17:29.075 \longrightarrow 00:17:31.584$ looking at were the first treatment

00:17:31.584 --> 00:17:33.708 responder in remission rates,

NOTE Confidence: 0.86597747

 $00:17:33.710 \longrightarrow 00:17:36.260$ as judged by the Insomnia Severity

NOTE Confidence: 0.86597747

 $00:17:36.260 \longrightarrow 00:17:38.911$ Index and the secondary endpoint were

NOTE Confidence: 0.86597747

00:17:38.911 --> 00:17:41.545 the other Sleep diary data points.

NOTE Confidence: 0.86597747

00:17:41.550 --> 00:17:43.850 There were multiple follow up

NOTE Confidence: 0.86597747

 $00{:}17{:}43.850 \dashrightarrow 00{:}17{:}46.460$ points and they finally looked at.

NOTE Confidence: 0.86597747

00:17:46.460 --> 00:17:49.270 The 12 month follow-up visit

NOTE Confidence: 0.86597747

 $00:17:49.270 \longrightarrow 00:17:51.518$ was the last one,

NOTE Confidence: 0.86597747

 $00{:}17{:}51.520 {\:{\circ}{\circ}{\circ}}>00{:}17{:}54.325$ so initially responder rate was

NOTE Confidence: 0.86597747

 $00:17:54.325 \longrightarrow 00:17:57.138$ 46% versus 50% equivalent with

NOTE Confidence: 0.86597747

00:17:57.138 --> 00:17:59.386 behavioral treatment and zolpidem,

NOTE Confidence: 0.86597747

 $00:17:59.390 \longrightarrow 00:18:02.195$ you can see the confidence

NOTE Confidence: 0.86597747

 $00:18:02.195 \longrightarrow 00:18:04.439$ intervals crossing one there.

NOTE Confidence: 0.86597747

 $00:18:04.440 \longrightarrow 00:18:08.031$ How about remission rates 38% versus

NOTE Confidence: 0.86597747

 $00:18:08.031 \longrightarrow 00:18:11.936 30\%$ with behavioral and zolpidem?

NOTE Confidence: 0.86597747

 $00{:}18{:}11.940 \dashrightarrow 00{:}18{:}15.125$ Then we move on to second stage.

00:18:15.130 --> 00:18:17.206 There was an increase in the

NOTE Confidence: 0.86597747

00:18:17.206 --> 00:18:19.014 percentage of remitters when you

NOTE Confidence: 0.86597747

 $00:18:19.014 \longrightarrow 00:18:21.162$ went from behavior to zolpidem in

NOTE Confidence: 0.86597747

00:18:21.162 --> 00:18:23.084 zolpidem to Trazodone meaning to

NOTE Confidence: 0.86597747

 $00:18:23.084 \longrightarrow 00:18:25.034$ the medications and the remission.

NOTE Confidence: 0.86597747

 $00:18:25.040 \longrightarrow 00:18:27.236$ Rates were lower in those who

NOTE Confidence: 0.86597747

00:18:27.236 --> 00:18:28.334 had psychiatric comorbidities,

NOTE Confidence: 0.86597747

 $00:18:28.340 \longrightarrow 00:18:29.040$ but Interestingly,

NOTE Confidence: 0.86597747

 $00:18:29.040 \longrightarrow 00:18:31.140$ they did better if they stayed

NOTE Confidence: 0.86597747

 $00:18:31.140 \longrightarrow 00:18:32.750$ with the same modality.

NOTE Confidence: 0.86597747

 $00:18:32.750 \longrightarrow 00:18:34.585$ Meaning in the behavioral arm

NOTE Confidence: 0.86597747

 $00:18:34.585 \longrightarrow 00:18:36.420$ or in the medical domain.

NOTE Confidence: 0.86597747

 $00{:}18{:}36.420 \dashrightarrow 00{:}18{:}39.048$ Medicine to medicine so.

NOTE Confidence: 0.86597747

 $00{:}18{:}39.050 \dashrightarrow 00{:}18{:}41.456$ DST total Sleep Time was better

NOTE Confidence: 0.86597747

 $00:18:41.456 \longrightarrow 00:18:42.258$ with medications,

 $00:18:42.260 \longrightarrow 00:18:45.272$ but most of the other endpoints

NOTE Confidence: 0.86597747

 $00{:}18{:}45.272 \dashrightarrow 00{:}18{:}47.751$ improved with behavioral treatment and

NOTE Confidence: 0.86597747

 $00:18:47.751 \longrightarrow 00:18:50.079$ this if these effects were maintained

NOTE Confidence: 0.86597747

 $00:18:50.079 \longrightarrow 00:18:52.998$ at the 12 month follow-up point.

NOTE Confidence: 0.86597747

 $00:18:53.000 \longrightarrow 00:18:56.608$ So what were the conclusions of this study?

NOTE Confidence: 0.86597747

00:18:56.610 --> 00:18:58.442 Behavioral treatment and zolpidem

NOTE Confidence: 0.86597747

00:18:58.442 --> 00:18:59.816 initially produced equivalent

NOTE Confidence: 0.86597747

 $00{:}18{:}59.816 \dashrightarrow 00{:}19{:}01.570$ response and remission rates.

NOTE Confidence: 0.86597747

 $00{:}19{:}01.570 \longrightarrow 00{:}19{:}05.028$ Pretty good if you add up the

NOTE Confidence: 0.86597747

 $00:19:05.028 \longrightarrow 00:19:07.888$ responders and remission was 50 to 75\%,

NOTE Confidence: 0.86597747

 $00:19:07.890 \longrightarrow 00:19:10.365$ addition of a second treatment

NOTE Confidence: 0.86597747

 $00:19:10.365 \longrightarrow 00:19:12.840$ produced added value for those

NOTE Confidence: 0.86597747

 $00{:}19{:}12.929 \dashrightarrow 00{:}19{:}15.529$ who failed first line treatment.

NOTE Confidence: 0.86597747

 $00:19:15.530 \longrightarrow 00:19:17.978$ The best sequences in Ward behavioral

NOTE Confidence: 0.86597747

 $00:19:17.978 \longrightarrow 00:19:19.610$ treatment first followed by

NOTE Confidence: 0.86597747

 $00{:}19{:}19.679 \dashrightarrow 00{:}19{:}21.687$ cognitive or zolpidem treatment.

 $00:19:21.690 \longrightarrow 00:19:25.210$ So what were the strengths of this study?

NOTE Confidence: 0.86597747

 $00:19:25.210 \longrightarrow 00:19:27.790$ So these questions have

NOTE Confidence: 0.86597747

 $00:19:27.790 \longrightarrow 00:19:30.370$ not been answered before.

NOTE Confidence: 0.86597747

 $00:19:30.370 \longrightarrow 00:19:32.680$ The problem is that in in

NOTE Confidence: 0.86597747

 $00{:}19{:}32.680 \dashrightarrow 00{:}19{:}34.620$ clinical practice we do CBT.

NOTE Confidence: 0.86597747

00:19:34.620 --> 00:19:37.700 We don't necessarily do BT or CD separately.

NOTE Confidence: 0.86597747

 $00:19:37.700 \longrightarrow 00:19:39.630$ There was no control group.

NOTE Confidence: 0.86597747

 $00:19:39.630 \dashrightarrow 00:19:42.101$ If you look at the various combinations

NOTE Confidence: 0.86597747

 $00{:}19{:}42.101 \dashrightarrow 00{:}19{:}44.500$ of sequences that were the different

NOTE Confidence: 0.86597747

 $00:19:44.500 \longrightarrow 00:19:46.200$ sequences that were followed,

NOTE Confidence: 0.86597747

00:19:46.200 --> 00:19:48.516 number of patients in each of

NOTE Confidence: 0.86597747

 $00{:}19{:}48.516 \dashrightarrow 00{:}19{:}50.060$ those categories were small.

NOTE Confidence: 0.8390078

 $00{:}19{:}50.060 \dashrightarrow 00{:}19{:}51.600$ Women actually received 5

NOTE Confidence: 0.8390078

 $00:19:51.600 \longrightarrow 00:19:53.530$ milligrams of zolpidem, no higher.

NOTE Confidence: 0.8390078

00:19:53.530 --> 00:19:55.455 The men received 10 milligrams,

00:19:55.460 --> 00:19:58.155 so that may have affected the results,

NOTE Confidence: 0.8390078

 $00:19:58.160 \longrightarrow 00:20:00.210$ and so the conclusion was.

NOTE Confidence: 0.8390078

 $00:20:00.210 \longrightarrow 00:20:03.542$ Future studies should aim to match patients

NOTE Confidence: 0.8390078

 $00:20:03.542 \longrightarrow 00:20:06.531$ with their preferred form of treatment

NOTE Confidence: 0.8390078

 $00:20:06.531 \longrightarrow 00:20:08.996$ in consider the insomnia phenotype.

NOTE Confidence: 0.8390078

00:20:09.000 --> 00:20:14.019 Alright, so moving next to sleep apnea.

NOTE Confidence: 0.8390078

 $00:20:14.020 \longrightarrow 00:20:17.331$ So this study made it to Java

NOTE Confidence: 0.8390078

 $00:20:17.331 \longrightarrow 00:20:20.299$ effect is called the Sam's RCT.

NOTE Confidence: 0.8390078

 $00{:}20{:}20{:}20{:}300 \dashrightarrow 00{:}20{:}23{:}338$ In short, and the question they attempted

NOTE Confidence: 0.8390078

 $00:20:23.338 \longrightarrow 00:20:27.342$ to answer is is combined palate and tongue

NOTE Confidence: 0.8390078

 $00{:}20{:}27.342 \dashrightarrow 00{:}20{:}30.511$ surgery effective for patients with OSA

NOTE Confidence: 0.8390078

 $00:20:30.511 \longrightarrow 00:20:33.337$ who have failed first line treatment.

NOTE Confidence: 0.8390078

 $00:20:33.340 \longrightarrow 00:20:36.082$ So this was a multicenter parallel

NOTE Confidence: 0.8390078

 $00:20:36.082 \longrightarrow 00:20:39.497$ group open label RCT of surgery versus

NOTE Confidence: 0.8390078

00:20:39.497 --> 00:20:41.992 medical management of 102 patients

NOTE Confidence: 0.8390078

 $00:20:41.992 \longrightarrow 00:20:44.988$ who had moderate to severe OSA.

00:20:44.990 --> 00:20:47.720 Anne, who had failed either C Pap

NOTE Confidence: 0.8390078

 $00{:}20{:}47.720 \dashrightarrow 00{:}20{:}51.207$ or an oral appliance so middle aged

NOTE Confidence: 0.8390078

00:20:51.207 --> 00:20:54.269 individuals may 18% only being women

NOTE Confidence: 0.8390078

 $00:20:54.269 \longrightarrow 00:20:57.047$ conducted at 6 sites in Australia.

NOTE Confidence: 0.8390078

 $00{:}20{:}57.050 \dashrightarrow 00{:}20{:}59.450$ Enrollment took place between 2014

NOTE Confidence: 0.8390078

 $00:20:59.450 \longrightarrow 00:21:02.346$ to 2017 and patients were followed

NOTE Confidence: 0.8390078

 $00:21:02.346 \longrightarrow 00:21:04.010$ up to six months,

NOTE Confidence: 0.8390078

 $00:21:04.010 \longrightarrow 00:21:07.424$ so 51 in the modified UPP

NOTE Confidence: 0.8390078

00:21:07.424 --> 00:21:09.700 plus tongue reduction arm.

NOTE Confidence: 0.8390078

 $00{:}21{:}09.700 \dashrightarrow 00{:}21{:}13.935$ And 51 in the medical management arm.

NOTE Confidence: 0.8390078

 $00{:}21{:}13.940 \dashrightarrow 00{:}21{:}15.705$ The primary outcomes they looked

NOTE Confidence: 0.8390078

00:21:15.705 --> 00:21:18.843 at were hi an SS and they looked

NOTE Confidence: 0.8390078

 $00{:}21{:}18.843 \dashrightarrow 00{:}21{:}21.003$ at number of secondary outcomes.

NOTE Confidence: 0.8390078

 $00{:}21{:}21.010 \dashrightarrow 00{:}21{:}23.368$ 89% of patients completed the trial.

NOTE Confidence: 0.8390078

 $00:21:23.370 \longrightarrow 00:21:25.340$ So what happened to hi?

00:21:25.340 --> 00:21:25.733 Hi,

NOTE Confidence: 0.8390078

 $00:21:25.733 \longrightarrow 00:21:29.270$ went from 48 to 21 in the surgical group.

NOTE Confidence: 0.8390078

 $00{:}21{:}29.270 \dashrightarrow 00{:}21{:}31.514$ Not much change in the Medical

NOTE Confidence: 0.8390078

 $00:21:31.514 \longrightarrow 00:21:33.590$ Group between the two groups.

NOTE Confidence: 0.8390078

 $00:21:33.590 \longrightarrow 00:21:36.180$ The difference was 18 power.

NOTE Confidence: 0.8390078

 $00:21:36.180 \longrightarrow 00:21:38.609$ ESS went from 12 to five in

NOTE Confidence: 0.8390078

 $00{:}21{:}38.609 \dashrightarrow 00{:}21{:}40.562$ the surgical group and remain

NOTE Confidence: 0.8390078

 $00:21:40.562 \longrightarrow 00:21:43.052$ unchanged at 11 in the Medical

NOTE Confidence: 0.8390078

 $00:21:43.052 \longrightarrow 00:21:45.398$ Group between group Difference 7.

NOTE Confidence: 0.8390078

 $00:21:45.400 \longrightarrow 00:21:47.806$ So there were improvements in all

NOTE Confidence: 0.8390078

 $00:21:47.806 \longrightarrow 00:21:50.908$ most of the secondary outcomes in two

NOTE Confidence: 0.8390078

 $00{:}21{:}50.908 \dashrightarrow 00{:}21{:}53.278$ patients had serious adverse events.

NOTE Confidence: 0.8390078

 $00:21:53.280 \longrightarrow 00:21:57.155$ So their conclusion was that

NOTE Confidence: 0.8390078

 $00{:}21{:}57.155 {\:\dashrightarrow\:} 00{:}22{:}00.554$ combined typing surgery may be used

NOTE Confidence: 0.8390078

 $00:22:00.554 \longrightarrow 00:22:02.702$ to treat patients who have failed

NOTE Confidence: 0.8390078

 $00:22:02.702 \longrightarrow 00:22:04.739$ conventional treatment for sleep apnea.

 $00:22:04.740 \longrightarrow 00:22:06.620$ It was rigorously done study.

NOTE Confidence: 0.8390078

 $00:22:06.620 \longrightarrow 00:22:08.500$ They standardized technique across this.

NOTE Confidence: 0.8390078

 $00:22:08.500 \longrightarrow 00:22:11.083$ All the surgical sites in the surgeons

NOTE Confidence: 0.8390078

 $00:22:11.083 \longrightarrow 00:22:13.768$ were trained to do the same procedure.

NOTE Confidence: 0.8390078

 $00:22:13.770 \longrightarrow 00:22:15.650$ They recruited those who fail.

NOTE Confidence: 0.8390078

00:22:15.650 --> 00:22:17.030 Standard treatment was simple

NOTE Confidence: 0.8390078

00:22:17.030 --> 00:22:18.755 preop assessment and they looked

NOTE Confidence: 0.8390078

 $00:22:18.755 \longrightarrow 00:22:20.538$ at patient centered outcomes.

NOTE Confidence: 0.79989195

00:22:23.390 --> 00:22:25.614 So um lot. More on this study in

NOTE Confidence: 0.79989195

 $00:22:25.614 \longrightarrow 00:22:27.649$ terms of strengths and limitations

NOTE Confidence: 0.79989195

00:22:27.649 --> 00:22:30.457 resulted in an editorial for Jamaan,

NOTE Confidence: 0.79989195

 $00:22:30.460 \longrightarrow 00:22:33.428$ so it dug into it quite a bit.

NOTE Confidence: 0.79989195

 $00{:}22{:}33.430 \dashrightarrow 00{:}22{:}35.943$ Middle aged obese patients compared to what

NOTE Confidence: 0.79989195

 $00:22:35.943 \longrightarrow 00:22:38.542$ you would normally refer for surgery and

NOTE Confidence: 0.79989195

 $00:22:38.542 \longrightarrow 00:22:40.732$ they actually expanded their BMI criteria

00:22:40.791 --> 00:22:43.107 'cause they didn't have enough patients.

NOTE Confidence: 0.79989195

 $00{:}22{:}43.110 \dashrightarrow 00{:}22{:}45.776$ Initially they use the 3% the saturation

NOTE Confidence: 0.79989195

 $00:22:45.776 \longrightarrow 00:22:47.791$ criteria, which might be different

NOTE Confidence: 0.79989195

 $00:22:47.791 \longrightarrow 00:22:50.169$ from what you're using in your lab.

NOTE Confidence: 0.79989195

00:22:50.170 --> 00:22:53.530 So you're looking at higher H hi's here.

NOTE Confidence: 0.79989195

 $00:22:53.530 \longrightarrow 00:22:56.062$ Greater improvement in Essm, but there

NOTE Confidence: 0.79989195

 $00:22:56.062 \longrightarrow 00:22:59.458$ was no blinding or placebo control group.

NOTE Confidence: 0.79989195

00:22:59.460 --> 00:23:03.267 And if you do the math in the paper,

NOTE Confidence: 0.79989195

 $00:23:03.270 \longrightarrow 00:23:06.224$ 57% were actually left with an H,

NOTE Confidence: 0.79989195

 $00:23:06.230 \longrightarrow 00:23:08.982$ I-15 or higher, and there was no effect

NOTE Confidence: 0.79989195

 $00{:}23{:}08.982 \dashrightarrow 00{:}23{:}11.730$ on hard outcomes like hypertension.

NOTE Confidence: 0.79989195

 $00:23:11.730 \longrightarrow 00:23:14.887$ So the selection criteria for which patients

NOTE Confidence: 0.79989195

 $00:23:14.887 \longrightarrow 00:23:18.066$ might benefit the most need to be refined.

NOTE Confidence: 0.79989195

 $00:23:18.070 \longrightarrow 00:23:20.788$ We need studies with women and

NOTE Confidence: 0.79989195

 $00:23:20.788 \longrightarrow 00:23:23.420$ minorities on longer term efficacy.

NOTE Confidence: 0.79989195 00:23:23.420 --> 00:23:25.690 Um?

 $00:23:25.690 \longrightarrow 00:23:28.132$ The effects of weight and age

NOTE Confidence: 0.79989195

 $00{:}23{:}28.132 \dashrightarrow 00{:}23{:}31.399$ may play a role in the long term,

NOTE Confidence: 0.79989195

 $00:23:31.400 \longrightarrow 00:23:33.440$ and also comparative trials against

NOTE Confidence: 0.79989195

 $00:23:33.440 \longrightarrow 00:23:34.256$ maxillomandibular advancement.

NOTE Confidence: 0.79989195

 $00{:}23{:}34.260 \dashrightarrow 00{:}23{:}38.646$ An upper airway stimulation or inspire.

NOTE Confidence: 0.79989195

00:23:38.650 --> 00:23:41.062 Alright, I don't know if we

NOTE Confidence: 0.79989195

 $00:23:41.062 \longrightarrow 00:23:43.919$ can do this on zoom or not,

NOTE Confidence: 0.79989195

 $00{:}23{:}43.920 \dashrightarrow 00{:}23{:}46.692$ but I had a couple of questions

NOTE Confidence: 0.79989195

 $00:23:46.692 \longrightarrow 00:23:48.780$ that I threw in there.

NOTE Confidence: 0.79989195

 $00:23:48.780 \longrightarrow 00:23:51.018$ We might just skip that and

NOTE Confidence: 0.79989195

 $00:23:51.018 \longrightarrow 00:23:53.230$ I give you the answer.

NOTE Confidence: 0.79989195

 $00{:}23{:}53.230 \dashrightarrow 00{:}23{:}55.275$ 10% increase in nighttime oxyhemoglobin

NOTE Confidence: 0.79989195

 $00{:}23{:}55.275 \dashrightarrow 00{:}23{:}57.320$ saturation associated with a 2

NOTE Confidence: 0.79989195

 $00{:}23{:}57.384 \rightarrow 00{:}23{:}59.429$ millimeter increase in blood pressure

NOTE Confidence: 0.79989195

 $00:23:59.429 \longrightarrow 00:24:01.913$ with systolic blood pressure for oxygen

 $00:24:01.913 \longrightarrow 00:24:04.169$ saturation in the Jackson Heart study.

NOTE Confidence: 0.934939

 $00:24:07.470 \longrightarrow 00:24:12.322$ Alright. Next we have the

NOTE Confidence: 0.934939

 $00:24:12.322 \longrightarrow 00:24:16.090$ second half of the talk and.

NOTE Confidence: 0.934939

00:24:16.090 --> 00:24:19.258 We moved to central disorders of

NOTE Confidence: 0.934939

 $00:24:19.258 \longrightarrow 00:24:21.902$ Hypersomnolence, so this was a

NOTE Confidence: 0.934939

00:24:21.902 --> 00:24:25.788 study published in JC ** last year.

NOTE Confidence: 0.934939

 $00:24:25.788 \longrightarrow 00:24:29.502$ And the question was do RAM

NOTE Confidence: 0.934939

 $00:24:29.502 \longrightarrow 00:24:30.740$ suppressing antidepressants

NOTE Confidence: 0.934939

 $00:24:30.834 \longrightarrow 00:24:33.459$ indeed affect MSL T results?

NOTE Confidence: 0.934939

 $00:24:33.460 \longrightarrow 00:24:35.408$ So for this study,

NOTE Confidence: 0.934939

 $00{:}24{:}35.408 \dashrightarrow 00{:}24{:}38.330$ we enrolled a dult patients who are

NOTE Confidence: 0.934939

 $00:24:38.422 \longrightarrow 00:24:41.950$ undergoing MSL tease for the indication

NOTE Confidence: 0.934939

 $00{:}24{:}41.950 \dashrightarrow 00{:}24{:}44.920$ of daytime sleepiness at Mayo

NOTE Confidence: 0.934939

00:24:44.920 --> 00:24:48.070 Clinic Rochester from 2014 to 2018,

NOTE Confidence: 0.934939

 $00:24:48.070 \longrightarrow 00:24:51.358$ and the clinical data the test

NOTE Confidence: 0.934939

 $00:24:51.358 \longrightarrow 00:24:54.730$ results were all manually abstracted.

 $00:24:54.730 \longrightarrow 00:24:56.625$ Primary outcomes were mean sleep

NOTE Confidence: 0.934939

 $00:24:56.625 \longrightarrow 00:24:59.883$ latency and number of saw ramps in those

NOTE Confidence: 0.934939

 $00:24:59.883 \longrightarrow 00:25:01.607$ who discontinued these medications

NOTE Confidence: 0.934939

00:25:01.607 --> 00:25:04.020 versus those who remained on him,

NOTE Confidence: 0.934939

00:25:04.020 --> 00:25:06.284 and regression analysis were

NOTE Confidence: 0.934939

 $00:25:06.284 \longrightarrow 00:25:08.548$ done accounting for confounders.

NOTE Confidence: 0.934939

 $00:25:08.550 \longrightarrow 00:25:10.630$ 502 patients were included.

NOTE Confidence: 0.934939

 $00:25:10.630 \longrightarrow 00:25:13.858$ Mean age 38, mostly women and more

NOTE Confidence: 0.934939

 $00:25:13.858 \longrightarrow 00:25:17.910$ than a third were on RAM antidepressants.

NOTE Confidence: 0.934939

 $00:25:17.910 \longrightarrow 00:25:19.743$ REM suppressing antidepressants.

NOTE Confidence: 0.934939

00:25:19.743 --> 00:25:24.020 An it was discontinued in a majority

NOTE Confidence: 0.934939

 $00:25:24.115 \longrightarrow 00:25:25.708$ of these patients.

NOTE Confidence: 0.934939

 $00{:}25{:}25.710 \dashrightarrow 00{:}25{:}28.510$ So those who discontinued their

NOTE Confidence: 0.934939

 $00:25:28.510 \longrightarrow 00:25:30.750$ ramp suppressing any depressants,

NOTE Confidence: 0.934939

 $00:25:30.750 \longrightarrow 00:25:35.608$ were more likely odds ratio of 12.

 $00:25:35.610 \longrightarrow 00:25:38.026$ To have two or more storms versus those

NOTE Confidence: 0.934939

 $00{:}25{:}38.026 \dashrightarrow 00{:}25{:}40.760$ who did not discontinue the medications,

NOTE Confidence: 0.934939

 $00:25:40.760 \longrightarrow 00:25:43.055$ they were also more likely

NOTE Confidence: 0.934939

 $00:25:43.055 \longrightarrow 00:25:45.350$ to have a shorter MSL.

NOTE Confidence: 0.934939

 $00:25:45.350 \longrightarrow 00:25:47.900$ Versus those who did not.

NOTE Confidence: 0.934939

00:25:47.900 --> 00:25:49.930 Higher odds of two Sorum,

NOTE Confidence: 0.934939

 $00{:}25{:}49.930 \dashrightarrow 00{:}25{:}52.360$ so more versus those who were

NOTE Confidence: 0.934939

 $00:25:52.360 \longrightarrow 00:25:53.980$ never on these medications,

NOTE Confidence: 0.934939

 $00{:}25{:}53.980 \mathrel{--}{>} 00{:}25{:}55.980$ and the differences persisted

NOTE Confidence: 0.934939

 $00:25:55.980 \longrightarrow 00:25:57.980$ after accounting for confounders.

NOTE Confidence: 0.934939

 $00:25:57.980 \longrightarrow 00:25:59.426$ So the conclusion?

NOTE Confidence: 0.934939

00:25:59.426 --> 00:26:02.800 Of the study was that patients who

NOTE Confidence: 0.934939

 $00:26:02.891 \longrightarrow 00:26:06.116$ taper of REM suppressing antidepressants

NOTE Confidence: 0.934939

 $00:26:06.116 \longrightarrow 00:26:09.867$ are more likely to demonstrate to

NOTE Confidence: 0.934939

00:26:09.867 --> 00:26:12.435 a more sore imsan shorter MSL.

NOTE Confidence: 0.934939

 $00:26:12.440 \longrightarrow 00:26:14.564$ So pending prospective investigations,

 $00:26:14.564 \longrightarrow 00:26:17.219$ the authors concluded that clinicians

NOTE Confidence: 0.934939

 $00{:}26{:}17.219 \dashrightarrow 00{:}26{:}19.658$ should preferably with draw REM

NOTE Confidence: 0.934939

 $00:26:19.658 \longrightarrow 00:26:22.110$ suppressing antidepressants where feasible.

NOTE Confidence: 0.934939

 $00:26:22.110 \longrightarrow 00:26:22.859$ Otherwise,

NOTE Confidence: 0.934939

 $00:26:22.859 \longrightarrow 00:26:26.604$ an interpretation should include the

NOTE Confidence: 0.934939

 $00:26:26.604 \longrightarrow 00:26:29.600$ statement regarding the potential

NOTE Confidence: 0.934939

00:26:29.697 --> 00:26:33.120 effect of these drugs on the results.

NOTE Confidence: 0.934939

 $00:26:33.120 \longrightarrow 00:26:35.682$ So this was the first study to

NOTE Confidence: 0.934939

 $00:26:35.682 \longrightarrow 00:26:37.814$ actually answer these questions and

NOTE Confidence: 0.934939

 $00{:}26{:}37.814 \dashrightarrow 00{:}26{:}40.209$ support the ASM recommendations for

NOTE Confidence: 0.934939

00:26:40.209 --> 00:26:43.057 performance of the conduct of the SLT.

NOTE Confidence: 0.934939

00:26:43.060 --> 00:26:45.150 A large number of patients

NOTE Confidence: 0.934939

00:26:45.150 --> 00:26:46.404 near complete data,

NOTE Confidence: 0.934939

 $00:26:46.410 \longrightarrow 00:26:48.510$ but it's a retrospective study.

NOTE Confidence: 0.934939

 $00:26:48.510 \longrightarrow 00:26:50.975$ There are a few ***** drug

00:26:50.975 --> 00:26:52.100 screen results missing,

NOTE Confidence: 0.934939

 $00{:}26{:}52.100 \dashrightarrow 00{:}26{:}54.350$ and if patients didn't follow the

NOTE Confidence: 0.934939

 $00:26:54.410 \longrightarrow 00:26:56.890$ instructions of tapering the medications,

NOTE Confidence: 0.934939

 $00:26:56.890 \longrightarrow 00:26:59.398$ there could be potential withdrawal effects.

NOTE Confidence: 0.934939

 $00:26:59.400 \longrightarrow 00:27:01.490$ The actual severity of depression

NOTE Confidence: 0.934939

 $00:27:01.490 \longrightarrow 00:27:03.162$ was not accounted for.

NOTE Confidence: 0.934939

 $00:27:03.170 \longrightarrow 00:27:05.260$ It seems unlikely that if

NOTE Confidence: 0.934939

 $00:27:05.260 \longrightarrow 00:27:06.932$ they were severely depressed,

NOTE Confidence: 0.934939

 $00:27:06.940 \longrightarrow 00:27:11.546$ they would've been taken off the medication.

NOTE Confidence: 0.934939

 $00:27:11.550 \longrightarrow 00:27:17.913$ Alright, so. Then we move on to the next.

NOTE Confidence: 0.934939

 $00:27:17.920 \longrightarrow 00:27:19.745$ Study which is on circadian

NOTE Confidence: 0.934939

00:27:19.745 --> 00:27:21.205 rhythm sleep wake disorders.

NOTE Confidence: 0.934939

 $00:27:21.210 \longrightarrow 00:27:24.414$ If anybody wants a break, I know it's pretty.

NOTE Confidence: 0.934939

 $00:27:24.414 \longrightarrow 00:27:27.780$ There's a lot of data that we talked about.

NOTE Confidence: 0.934939

 $00:27:27.780 \longrightarrow 00:27:30.356$ Just raise your hand in the chat

NOTE Confidence: 0.934939

 $00{:}27{:}30.356 \dashrightarrow 00{:}27{:}32.960$ or indicate in some other way and

 $00:27:32.960 \longrightarrow 00:27:35.078$ we can take a short break.

NOTE Confidence: 0.70655656

 $00:27:40.250 \longrightarrow 00:27:42.246$ Can I just remember the quick

NOTE Confidence: 0.70655656

00:27:42.246 --> 00:27:43.580 question? Actually magnets Lauren.

NOTE Confidence: 0.79106

00:27:45.120 --> 00:27:46.348 Hi, this is wonderful.

NOTE Confidence: 0.79106

00:27:46.348 --> 00:27:48.750 Thank you it is it is dented,

NOTE Confidence: 0.79106

 $00:27:48.750 \longrightarrow 00:27:51.060$ a lot of information but it's great.

NOTE Confidence: 0.79106

00:27:51.060 --> 00:27:53.062 I was just curious with regard to

NOTE Confidence: 0.79106

 $00{:}27{:}53.062 \to 00{:}27{:}55.246$ the JAMA study that you brought up

NOTE Confidence: 0.79106

00:27:55.246 --> 00:27:57.142 that you had written an editorial

NOTE Confidence: 0.79106

 $00:27:57.203 \longrightarrow 00:27:59.453$ for about the combined palatal then

NOTE Confidence: 0.79106

 $00{:}27{:}59.453 \dashrightarrow 00{:}28{:}01.290$ tongue reduction surgery in patients

NOTE Confidence: 0.79106

 $00{:}28{:}01.290 \dashrightarrow 00{:}28{:}03.600$ who fail kind of first line treatment.

NOTE Confidence: 0.79106

 $00{:}28{:}03.600 \dashrightarrow 00{:}28{:}05.580$ Do you know of centers that

NOTE Confidence: 0.79106

 $00:28:05.580 \longrightarrow 00:28:06.900$ are doing that here?

NOTE Confidence: 0.79106

00:28:06.900 --> 00:28:08.880 Because that study, as you mention,

 $00:28:08.880 \longrightarrow 00:28:10.552$ was done in Australia.

NOTE Confidence: 0.79106

 $00{:}28{:}10.552 \dashrightarrow 00{:}28{:}13.060$ 'cause I was pretty impressed to

NOTE Confidence: 0.79106

 $00{:}28{:}13.143 \dashrightarrow 00{:}28{:}15.348$ say what I saw that come out.

NOTE Confidence: 0.79106

 $00:28:15.350 \longrightarrow 00:28:17.540$ Last year that you know of

NOTE Confidence: 0.79106

 $00:28:17.540 \longrightarrow 00:28:19.440$ all the surgical studies that

NOTE Confidence: 0.79106

 $00:28:19.440 \longrightarrow 00:28:21.285$ we've had for sleep apnea,

NOTE Confidence: 0.79106

 $00:28:21.290 \longrightarrow 00:28:22.538$ that was, I thought,

NOTE Confidence: 0.79106

 $00:28:22.538 \longrightarrow 00:28:24.410$ one of the better done ones

NOTE Confidence: 0.79106

 $00{:}28{:}24.482 \dashrightarrow 00{:}28{:}26.108$ with impressive outcomes.

NOTE Confidence: 0.83751273

00:28:27.290 --> 00:28:28.570 You summarized it well, Lauren,

NOTE Confidence: 0.83751273

 $00:28:28.570 \longrightarrow 00:28:30.298$ that is the biggest trend of

NOTE Confidence: 0.83751273

 $00:28:30.298 \longrightarrow 00:28:32.442$ this study that it was so well

NOTE Confidence: 0.83751273

 $00:28:32.442 \longrightarrow 00:28:33.977$ done and so rigorously done.

NOTE Confidence: 0.83751273

 $00:28:33.980 \longrightarrow 00:28:35.846$ I think a big problem here

NOTE Confidence: 0.83751273

 $00:28:35.846 \longrightarrow 00:28:36.779$ is insurance coverage.

NOTE Confidence: 0.83751273

00:28:36.780 --> 00:28:38.652 You know Orientee surgeons are doing

 $00{:}28{:}38.652 \dashrightarrow 00{:}28{:}40.255$ tongue reduction and things like

NOTE Confidence: 0.83751273

 $00{:}28{:}40.255 \longrightarrow 00{:}28{:}41.760$ that for indications of snoring,

NOTE Confidence: 0.83751273

00:28:41.760 --> 00:28:43.620 but that's not usually covered here,

NOTE Confidence: 0.83751273

 $00:28:43.620 \longrightarrow 00:28:46.020$ so I don't know of any centers that

NOTE Confidence: 0.83751273

 $00:28:46.020 \longrightarrow 00:28:47.738$ are actually doing that combined

NOTE Confidence: 0.83751273

 $00:28:47.738 \longrightarrow 00:28:50.188$ surgery as of now for the indication

NOTE Confidence: 0.83751273

 $00:28:50.257 \longrightarrow 00:28:52.409$ of sleep apnea and a large part of

NOTE Confidence: 0.83751273

 $00:28:52.409 \longrightarrow 00:28:55.428$ it might be insurance reimbursement.

NOTE Confidence: 0.83751273

 $00:28:55.430 \longrightarrow 00:28:57.420$ Gotcha, thank you.

NOTE Confidence: 0.83751273

 $00:28:57.420 \longrightarrow 00:28:59.030$ Any other questions before we

NOTE Confidence: 0.83751273

 $00:28:59.030 \longrightarrow 00:29:01.110$ move on to the next study?

NOTE Confidence: 0.83751273

00:29:01.110 --> 00:29:03.862 It might be good to take a little

NOTE Confidence: 0.83751273

 $00{:}29{:}03.862 \dashrightarrow 00{:}29{:}06.006$ break and just talk through

NOTE Confidence: 0.83751273

00:29:06.006 --> 00:29:07.834 some things like that.

NOTE Confidence: 0.83751273

 $00:29:07.840 \longrightarrow 00:29:09.000$ Like Lauren just did.

00:29:13.980 --> 00:29:17.204 Alright. Nobody alright,

NOTE Confidence: 0.8808683

 $00:29:17.204 \longrightarrow 00:29:19.256$ we'll go to the next study.

NOTE Confidence: 0.8808683

00:29:19.260 --> 00:29:21.380 So the next study is looking at the

NOTE Confidence: 0.8808683

 $00:29:21.380 \longrightarrow 00:29:23.620$ effect of patient safety on resident

NOTE Confidence: 0.8808683

 $00:29:23.620 \longrightarrow 00:29:26.092$ physicians schedule without 24 hour shifts.

NOTE Confidence: 0.8808683

00:29:26.100 --> 00:29:28.844 And this was published in the New

NOTE Confidence: 0.8808683

 $00{:}29{:}28.844 \dashrightarrow 00{:}29{:}30.950$ England Journal of Medicine last

NOTE Confidence: 0.8808683

 $00:29:30.950 \longrightarrow 00:29:33.494$ year by the roster Study Group.

NOTE Confidence: 0.8808683

 $00:29:33.500 \longrightarrow 00:29:35.340$ And what they attempted to

NOTE Confidence: 0.8808683

 $00:29:35.340 \longrightarrow 00:29:37.180$ answer is what is the,

NOTE Confidence: 0.8808683

 $00:29:37.180 \longrightarrow 00:29:40.505$ what are the effects of eliminating extended

NOTE Confidence: 0.8808683

00:29:40.505 --> 00:29:43.318 shifts for residents on patient safety?

NOTE Confidence: 0.8808683

 $00:29:43.320 \longrightarrow 00:29:45.430$ This was a multicenter cluster,

NOTE Confidence: 0.8808683

 $00:29:45.430 \longrightarrow 00:29:46.693$ randomized crossover trial

NOTE Confidence: 0.8808683

 $00:29:46.693 \longrightarrow 00:29:48.377$ that compared two feeds,

NOTE Confidence: 0.8808683

 $00:29:48.380 \longrightarrow 00:29:49.206$ ICU schedules.

00:29:49.206 --> 00:29:51.684 The control schedule was the 24

NOTE Confidence: 0.8808683

 $00{:}29{:}51.684 \dashrightarrow 00{:}29{:}54.551$ hour or greater schedule and the

NOTE Confidence: 0.8808683

 $00{:}29{:}54.551 \dashrightarrow 00{:}29{:}57.491$ intervention schedule was the less than

NOTE Confidence: 0.8808683

00:29:57.567 --> 00:30:00.395 16 Hour cycling day and night shifts.

NOTE Confidence: 0.8808683

 $00:30:00.400 \longrightarrow 00:30:03.361$ The primary outcome they looked at was

NOTE Confidence: 0.8808683

 $00:30:03.361 \longrightarrow 00:30:06.346$ serious medical errors and this was

NOTE Confidence: 0.8808683

00:30:06.346 --> 00:30:08.530 determined through intensive surveillance,

NOTE Confidence: 0.8808683

 $00:30:08.530 \longrightarrow 00:30:10.375$ including direct observation

NOTE Confidence: 0.8808683

 $00:30:10.375 \longrightarrow 00:30:12.220$ and chart review.

NOTE Confidence: 0.8808683

 $00:30:12.220 \longrightarrow 00:30:14.932$ So the characteristics of the patients

NOTE Confidence: 0.8808683

 $00:30:14.932 \longrightarrow 00:30:17.140$ themselves were similar between the

NOTE Confidence: 0.8808683

 $00{:}30{:}17.140 \dashrightarrow 00{:}30{:}19.485$ two schedules and the number of ICU

NOTE Confidence: 0.8808683

 $00:30:19.485 \dashrightarrow 00:30:22.228$ patients was higher during the intervention,

NOTE Confidence: 0.8808683

 $00:30:22.230 \longrightarrow 00:30:24.736$ which is the less than 16 hour

NOTE Confidence: 0.8808683

 $00:30:24.736 \longrightarrow 00:30:26.298$ rotating shift schedule versus

 $00:30:26.298 \longrightarrow 00:30:28.388$ the control schedule an actually

NOTE Confidence: 0.8808683

 $00:30:28.388 \longrightarrow 00:30:31.136$ there were more serious errors with

NOTE Confidence: 0.8808683

 $00:30:31.136 \longrightarrow 00:30:32.648$ the intervention schedule,

NOTE Confidence: 0.8808683

 $00:30:32.650 \longrightarrow 00:30:36.223$ which is a less than 16 hour rotating shift

NOTE Confidence: 0.8808683

 $00:30:36.223 \longrightarrow 00:30:38.906$ schedule and serious errors unit wide.

NOTE Confidence: 0.8808683

 $00:30:38.910 \longrightarrow 00:30:41.668$ So not just related to residents was

NOTE Confidence: 0.8808683

 $00:30:41.668 \longrightarrow 00:30:44.539$ higher during the intervention schedule.

NOTE Confidence: 0.8808683

 $00:30:44.540 \longrightarrow 00:30:47.372$ But there was wide variability among

NOTE Confidence: 0.8808683

 $00{:}30{:}47.372 \dashrightarrow 00{:}30{:}50.369$ sites and the secondary analysis that

NOTE Confidence: 0.8808683

 $00:30:50.369 \longrightarrow 00:30:53.974$ adjusted for number of patients per resident.

NOTE Confidence: 0.8808683

 $00:30:53.980 \longrightarrow 00:30:58.750$ The results were no longer significant.

NOTE Confidence: 0.8808683

00:30:58.750 --> 00:31:01.060 So, contrary to the hypothesis,

NOTE Confidence: 0.8808683

 $00:31:01.060 \longrightarrow 00:31:03.475$ residents that were randomly assigned

NOTE Confidence: 0.8808683

 $00:31:03.475 \longrightarrow 00:31:05.890$ to schedules that eliminated extended

NOTE Confidence: 0.8808683

 $00:31:05.962 \longrightarrow 00:31:07.510$ shifts made more errors.

NOTE Confidence: 0.8808683

00:31:07.510 --> 00:31:08.644 Of course,

 $00:31:08.644 \longrightarrow 00:31:11.479$ the effects varied by site.

NOTE Confidence: 0.8808683

 $00:31:11.480 \longrightarrow 00:31:12.773$ These residents actually

NOTE Confidence: 0.8808683

 $00:31:12.773 \longrightarrow 00:31:14.497$ obtained more sleep there.

NOTE Confidence: 0.8808683

 $00:31:14.500 \longrightarrow 00:31:15.796$ Neuro behavioral performance

NOTE Confidence: 0.8808683

 $00:31:15.796 \longrightarrow 00:31:16.660$ performance improved,

NOTE Confidence: 0.8808683

 $00:31:16.660 \longrightarrow 00:31:19.120$ but the number of patients that

NOTE Confidence: 0.8808683

 $00:31:19.120 \longrightarrow 00:31:21.420$ they cared for was higher,

NOTE Confidence: 0.8808683

 $00:31:21.420 \longrightarrow 00:31:23.820$ so the conclusions of the authors

NOTE Confidence: 0.8808683

 $00:31:23.820 \longrightarrow 00:31:25.976$ was that workout reduction should

NOTE Confidence: 0.8808683

00:31:25.976 --> 00:31:27.900 not occur without investment.

NOTE Confidence: 0.8808683

 $00{:}31{:}27.900 \dashrightarrow 00{:}31{:}30.945$ An high workload or poor hand offs could

NOTE Confidence: 0.8808683

 $00:31:30.945 \longrightarrow 00:31:33.508$ also be detrimental to patient care,

NOTE Confidence: 0.8808683

 $00:31:33.510 \longrightarrow 00:31:36.009$ so there are a number of studies

NOTE Confidence: 0.8808683

 $00:31:36.009 \longrightarrow 00:31:38.292$ looking at work hour limitations

NOTE Confidence: 0.8808683

 $00:31:38.292 \longrightarrow 00:31:39.990$ and patient outcomes,

 $00:31:39.990 \longrightarrow 00:31:44.130$ so this adds to the literature but looked at.

NOTE Confidence: 0.8808683

 $00:31:44.130 \longrightarrow 00:31:46.742$ Things slightly differently and

NOTE Confidence: 0.8808683

 $00:31:46.742 \longrightarrow 00:31:49.354$ provided some new information.

NOTE Confidence: 0.8808683

 $00:31:49.360 \longrightarrow 00:31:51.220$ There was definitely variation

NOTE Confidence: 0.8808683

 $00:31:51.220 \longrightarrow 00:31:53.545$ in data collection by side,

NOTE Confidence: 0.8808683

 $00:31:53.550 \longrightarrow 00:31:56.382$ so there may have been variation

NOTE Confidence: 0.8808683

 $00:31:56.382 \longrightarrow 00:31:58.762$ and workload or handoffs or

NOTE Confidence: 0.8808683

 $00:31:58.762 \longrightarrow 00:32:01.198$ supervision at each of the sites

NOTE Confidence: 0.8808683

 $00{:}32{:}01.198 \dashrightarrow 00{:}32{:}04.240$ that may have affected the results.

NOTE Confidence: 0.8808683

 $00:32:04.240 \longrightarrow 00:32:06.565$ An of course there's limited

NOTE Confidence: 0.8808683

 $00{:}32{:}06.565 \dashrightarrow 00{:}32{:}08.890$ generalizability to non ICU settings.

NOTE Confidence: 0.83507526

 $00:32:11.630 \longrightarrow 00:32:14.408$ Alright, so study #8 is on

NOTE Confidence: 0.83507526

 $00:32:14.408 \longrightarrow 00:32:17.335$ parasomnias and this one was published

NOTE Confidence: 0.83507526

 $00:32:17.335 \longrightarrow 00:32:20.263$ in sleep by Winkleman at all.

NOTE Confidence: 0.83507526

 $00:32:20.270 \longrightarrow 00:32:22.690$ Topiramate reduces nocturnal eating

NOTE Confidence: 0.83507526

 $00{:}32{:}22.690 \dashrightarrow 00{:}32{:}26.320$ in sleep related eating disorder or

00:32:26.405 --> 00:32:29.546 srat as we will call it is devira made

NOTE Confidence: 0.83507526

 $00:32:29.546 \longrightarrow 00:32:32.792$ an effective treatment for S red is

NOTE Confidence: 0.83507526

 $00:32:32.792 \longrightarrow 00:32:36.188$ the question that they were trying to

NOTE Confidence: 0.83507526

00:32:36.188 --> 00:32:39.224 answer for this a placebo controlled

NOTE Confidence: 0.83507526

 $00:32:39.224 \longrightarrow 00:32:41.700$ randomized control trial was done.

NOTE Confidence: 0.83507526

00:32:41.700 --> 00:32:44.836 Of 34 patients who strictly Matt ICS,

NOTE Confidence: 0.83507526

 $00:32:44.840 \longrightarrow 00:32:48.719$ D Two or three criteria for S ride with

NOTE Confidence: 0.83507526

 $00:32:48.719 \longrightarrow 00:32:51.773$ symptoms on going more than six months

NOTE Confidence: 0.83507526

00:32:51.773 --> 00:32:55.170 in at least three episodes per week.

NOTE Confidence: 0.83507526

 $00:32:55.170 \longrightarrow 00:32:58.138$ Flexible dozing of topiramate up to a

NOTE Confidence: 0.83507526

 $00:32:58.138 \longrightarrow 00:33:01.459$ maximum of 300 milligrams for 13 weeks.

NOTE Confidence: 0.83507526

00:33:01.460 --> 00:33:03.925 The primary outcomes were the

NOTE Confidence: 0.83507526

 $00{:}33{:}03.925 \dashrightarrow 00{:}33{:}07.105$ percentage of nights with eating and

NOTE Confidence: 0.83507526

 $00{:}33{:}07.105 \dashrightarrow 00{:}33{:}09.649$ occlusion global improvement scales.

NOTE Confidence: 0.83507526

00:33:09.650 --> 00:33:13.090 Um? I think global impression,

00:33:13.090 --> 00:33:16.639 improvement, scale mean age was 40 years,

NOTE Confidence: 0.83507526

 $00:33:16.640 \longrightarrow 00:33:18.36874\%$ were female.

NOTE Confidence: 0.83507526

00:33:18.368 --> 00:33:22.400 An mean duration of Srat was 14

NOTE Confidence: 0.83507526

 $00:33:22.527 \longrightarrow 00:33:25.407$ years in these subjects.

NOTE Confidence: 0.83507526

 $00:33:25.410 \longrightarrow 00:33:28.902$ So symptoms reduced with topiramate from

NOTE Confidence: 0.83507526

00:33:28.902 --> 00:33:32.988 75% to 33% of Knights versus placebo,

NOTE Confidence: 0.83507526

 $00:33:32.990 \longrightarrow 00:33:35.900$ and definitely more CGI responders

NOTE Confidence: 0.83507526

 $00:33:35.900 \longrightarrow 00:33:39.852$ on topiramate 71% versus 27% with

NOTE Confidence: 0.83507526

 $00{:}33{:}39.852 \dashrightarrow 00{:}33{:}42.788$ place bo all statistically significant.

NOTE Confidence: 0.83507526

 $00:33:42.790 \longrightarrow 00:33:45.163$ If they were less awake an had

NOTE Confidence: 0.83507526

00:33:45.163 --> 00:33:47.838 less memory of eating at night

NOTE Confidence: 0.83507526

00:33:47.838 --> 00:33:49.946 that actually predicted response,

NOTE Confidence: 0.83507526

 $00:33:49.950 \longrightarrow 00:33:50.370$ better,

NOTE Confidence: 0.83507526

00:33:50.370 --> 00:33:52.890 the topiramate group lost more weight,

NOTE Confidence: 0.83507526

 $00:33:52.890 \longrightarrow 00:33:55.781$ about 8 1/2 pounds versus £1.00 with

NOTE Confidence: 0.83507526

 $00:33:55.781 \longrightarrow 00:33:59.540$ placebo and the most common side effects

 $00:33:59.540 \longrightarrow 00:34:02.585$ were paresthesias and cognitive dysfunction.

NOTE Confidence: 0.83507526

 $00{:}34{:}02.590 \dashrightarrow 00{:}34{:}05.566$ So the conclusions of this study were that

NOTE Confidence: 0.83507526

 $00:34:05.566 \longrightarrow 00:34:08.946$ this was the first randomized control trial,

NOTE Confidence: 0.83507526

 $00:34:08.950 \longrightarrow 00:34:11.918$ showing efficacy of the pyramid for ESRD.

NOTE Confidence: 0.83507526

 $00:34:11.920 \longrightarrow 00:34:14.760$ The effects were seen as early as the

NOTE Confidence: 0.83507526

00:34:14.760 --> 00:34:17.848 first week until they became asymptomatic,

NOTE Confidence: 0.83507526

 $00:34:17.850 \longrightarrow 00:34:20.955$ most of them at four to six weeks at

NOTE Confidence: 0.83507526

 $00:34:20.955 \longrightarrow 00:34:24.208$ a dose of hundred 225 milligrams.

NOTE Confidence: 0.83507526

00:34:24.210 --> 00:34:24.618 Now,

NOTE Confidence: 0.83507526

 $00{:}34{:}24.618 {\:\dashrightarrow\:} 00{:}34{:}26.658$ many patients who seek medical

NOTE Confidence: 0.83507526

00:34:26.658 --> 00:34:29.242 treatment for S red is because

NOTE Confidence: 0.83507526

 $00{:}34{:}29.242 \dashrightarrow 00{:}34{:}31.417$ of weight gain and topiramate.

NOTE Confidence: 0.83507526

 $00{:}34{:}31.420 \dashrightarrow 00{:}34{:}33.156$ Did help with that.

NOTE Confidence: 0.83507526

 $00:34:33.156 \longrightarrow 00:34:36.788$ So the mechanism we're not sure what it is.

NOTE Confidence: 0.83507526

 $00:34:36.790 \longrightarrow 00:34:39.244$ It could be related to appetite

 $00:34:39.244 \longrightarrow 00:34:40.880$ suppression or something else.

NOTE Confidence: 0.83507526

 $00{:}34{:}40.880 \dashrightarrow 00{:}34{:}43.220$ There was no reported improvement in

NOTE Confidence: 0.83507526

00:34:43.220 --> 00:34:45.570 other sleep measures or hemoglobin,

NOTE Confidence: 0.83507526

00:34:45.570 --> 00:34:48.120 A1C and side effects were prominent,

NOTE Confidence: 0.83507526

 $00:34:48.120 \longrightarrow 00:34:51.382$ so the results of this study were

NOTE Confidence: 0.83507526

 $00:34:51.382 \longrightarrow 00:34:54.267$ similar to previous open label studies

NOTE Confidence: 0.83507526

 $00:34:54.267 \longrightarrow 00:34:58.410$ of the pyramid or for treatment of estrogen.

NOTE Confidence: 0.83507526

 $00:34:58.410 \longrightarrow 00:35:00.595$ The stands were there patients

NOTE Confidence: 0.83507526

 $00{:}35{:}00.595 \dashrightarrow 00{:}35{:}01.906$ were rigorously screened,

NOTE Confidence: 0.83507526

 $00:35:01.910 \longrightarrow 00:35:04.538$ small sample with a high dropout

NOTE Confidence: 0.83507526

00:35:04.538 --> 00:35:06.290 rate in both groups.

NOTE Confidence: 0.8427277

00:35:08.560 --> 00:35:11.626 Alright, so moving to the study #9

NOTE Confidence: 0.8427277

 $00:35:11.626 \longrightarrow 00:35:13.790$ sleep related movement disorders.

NOTE Confidence: 0.8427277

 $00:35:13.790 \longrightarrow 00:35:16.568$ This was a study published again

NOTE Confidence: 0.8427277

00:35:16.568 --> 00:35:19.944 by Winkleman at all in sleep last

NOTE Confidence: 0.8427277

 $00:35:19.944 \longrightarrow 00:35:22.334$ year that looked at baseline,

 $00:35:22.340 \longrightarrow 00:35:25.286$ an one year longitudinal data from

NOTE Confidence: 0.8427277

 $00{:}35{:}25.286 \dashrightarrow 00{:}35{:}28.769$ the national or less opioid registry.

NOTE Confidence: 0.8427277

 $00:35:28.770 \longrightarrow 00:35:30.398$ And the question was,

NOTE Confidence: 0.8427277

 $00:35:30.398 \longrightarrow 00:35:33.406$ what is the long term efficacy and

NOTE Confidence: 0.8427277

 $00:35:33.406 \longrightarrow 00:35:36.316$ safety of opioids for treatment of

NOTE Confidence: 0.8427277

00:35:36.316 --> 00:35:38.560 refractory restless leg syndrome?

NOTE Confidence: 0.8427277

 $00:35:38.560 \longrightarrow 00:35:41.906$ So for this they looked at 500

NOTE Confidence: 0.8427277

 $00{:}35{:}41.906 \dashrightarrow 00{:}35{:}44.300$ participants in the registry.

NOTE Confidence: 0.8427277

00:35:44.300 --> 00:35:47.210 Comprised mostly of white, elderly,

NOTE Confidence: 0.8427277

00:35:47.210 --> 00:35:49.538 educated and retired folks,

NOTE Confidence: 0.8427277

 $00:35:49.538 \longrightarrow 00:35:51.866$ they looked at baseline,

NOTE Confidence: 0.8427277

 $00:35:51.870 \longrightarrow 00:35:55.180$ an one year longitudinal dozing

NOTE Confidence: 0.8427277

 $00{:}35{:}55.180 \dashrightarrow 00{:}35{:}57.166$ and symptom outcomes.

NOTE Confidence: 0.8427277

 $00:35:57.170 \dashrightarrow 00:36:00.302$ Those who are currently taking a

NOTE Confidence: 0.8427277

 $00{:}36{:}00.302 \dashrightarrow 00{:}36{:}02.916$ prescribed opioids for diagnosed are

 $00:36:02.916 \longrightarrow 00:36:06.010$ less that were included in the registry.

NOTE Confidence: 0.8427277

00:36:06.010 --> 00:36:07.501 They obtained information

NOTE Confidence: 0.8427277

 $00:36:07.501 \longrightarrow 00:36:09.986$ on the dosing side effects,

NOTE Confidence: 0.8427277

 $00:36:09.990 \longrightarrow 00:36:11.982$ past or current treatments,

NOTE Confidence: 0.8427277

00:36:11.982 --> 00:36:14.476 severity of arlis, psychiatric history,

NOTE Confidence: 0.8427277

00:36:14.476 --> 00:36:16.468 opioid abuse risk factors,

NOTE Confidence: 0.8427277

 $00{:}36{:}16.470 \dashrightarrow 00{:}36{:}19.458$ so comprehensive look at each of

NOTE Confidence: 0.8427277

00:36:19.458 --> 00:36:21.450 these participants at baseline,

NOTE Confidence: 0.8427277

 $00:36:21.450 \longrightarrow 00:36:24.838$ and then they did follow up surveys

NOTE Confidence: 0.8427277

 $00:36:24.838 \longrightarrow 00:36:28.920$ on line at six months and one year.

NOTE Confidence: 0.8427277

 $00:36:28.920 \longrightarrow 00:36:32.496$ So what is the study show?

NOTE Confidence: 0.8427277

 $00:36:32.500 \longrightarrow 00:36:37.060 50\%$ were on opioids is monotherapy.

NOTE Confidence: 0.8427277

 $00{:}36{:}37.060 \dashrightarrow 00{:}36{:}39.300$ 50% were actually on methadone

NOTE Confidence: 0.8427277

 $00:36:39.300 \longrightarrow 00:36:41.544$ and 25% on oxycodone formulations

NOTE Confidence: 0.8427277

 $00:36:41.544 \longrightarrow 00:36:44.680$ with a median dose of 30 me,

NOTE Confidence: 0.8427277

 $00:36:44.680 \longrightarrow 00:36:47.662$ so most of them were on the

 $00{:}36{:}47.662 \dashrightarrow 00{:}36{:}50.500$ medication for a year or longer.

NOTE Confidence: 0.8427277

 $00:36:50.500 \longrightarrow 00:36:51.772 3/4$ of participants,

NOTE Confidence: 0.8427277

 $00:36:51.772 \longrightarrow 00:36:54.740$ an 1 third were on it for

NOTE Confidence: 0.8427277

 $00:36:54.834 \longrightarrow 00:36:56.770$ five years or longer.

NOTE Confidence: 0.8427277

00:36:56.770 --> 00:37:00.208 Most of them indicated mild to

NOTE Confidence: 0.8427277

 $00:37:00.208 \longrightarrow 00:37:02.500$ moderate symptoms on opioids.

NOTE Confidence: 0.8427277

 $00:37:02.500 \longrightarrow 00:37:06.010$ At one year follow up.

NOTE Confidence: 0.8427277

 $00:37:06.010 \longrightarrow 00:37:08.686$ About a third close to 1/3

NOTE Confidence: 0.8427277

 $00:37:08.686 \longrightarrow 00:37:10.024$ increase their doors,

NOTE Confidence: 0.8427277

 $00:37:10.030 \longrightarrow 00:37:13.614$ but by a small amount median of 10

NOTE Confidence: 0.8427277

 $00:37:13.614 \longrightarrow 00:37:16.789$ me and 16% decrease their doors.

NOTE Confidence: 0.8427277

00:37:16.789 --> 00:37:19.854 A significant increase in dose.

NOTE Confidence: 0.8427277

 $00{:}37{:}19.860 \dashrightarrow 00{:}37{:}22.668$ Which they called an enemy increase

NOTE Confidence: 0.8427277

 $00{:}37{:}22.668 \dashrightarrow 00{:}37{:}25.608$ of 25 or higher was associated

NOTE Confidence: 0.8427277

00:37:25.608 --> 00:37:29.010 with use of opioid for non RLS

00:37:29.010 --> 00:37:31.851 related pain or if they had used

NOTE Confidence: 0.8427277

 $00:37:31.851 \longrightarrow 00:37:35.970$ it for less than one year.

NOTE Confidence: 0.8427277

00:37:35.970 --> 00:37:39.006 If they were switching to methadone,

NOTE Confidence: 0.8427277

00:37:39.010 --> 00:37:42.775 or if they were discontinuing

NOTE Confidence: 0.8427277

 $00:37:42.775 \longrightarrow 00:37:45.034$ other RLS medications.

NOTE Confidence: 0.8427277

 $00:37:45.040 \longrightarrow 00:37:48.220$ So what were the conclusions of

NOTE Confidence: 0.8427277

 $00:37:48.220 \longrightarrow 00:37:51.400$ this study in refractory RLS opioids

NOTE Confidence: 0.8427277

 $00:37:51.400 \longrightarrow 00:37:54.774$ are generally used at low dose and

NOTE Confidence: 0.8427277

 $00{:}37{:}54.774 \dashrightarrow 00{:}37{:}57.819$ with good efficacy over a year.

NOTE Confidence: 0.8427277

 $00:37:57.820 \longrightarrow 00:38:00.000 1/3$ increase their dose.

NOTE Confidence: 0.8427277

 $00{:}38{:}00.000 \dashrightarrow 00{:}38{:}02.725$ The larger dose increases were

NOTE Confidence: 0.8427277

 $00:38:02.725 \longrightarrow 00:38:05.370$ accounted by predictable features.

NOTE Confidence: 0.8427277

 $00:38:05.370 \longrightarrow 00:38:07.206$ So this is the largest sample

NOTE Confidence: 0.8427277

00:38:07.206 --> 00:38:09.347 of patients with RLS followed on

NOTE Confidence: 0.8427277

00:38:09.347 --> 00:38:11.487 opioids that were followed long-term,

NOTE Confidence: 0.8427277

 $00:38:11.490 \longrightarrow 00:38:13.772$ and it's the first study to assess

 $00:38:13.772 \longrightarrow 00:38:15.737$ the features that are associated

NOTE Confidence: 0.8427277

00:38:15.737 --> 00:38:17.569 with prescription of these

NOTE Confidence: 0.8427277

 $00:38:17.569 \longrightarrow 00:38:19.401$ medications and those increase.

NOTE Confidence: 0.8427277

00:38:19.410 --> 00:38:21.940 Of course there's limited generalizability.

NOTE Confidence: 0.8427277

 $00:38:21.940 \longrightarrow 00:38:25.468$ These are volunteer patients in the registry.

NOTE Confidence: 0.8427277

 $00:38:25.470 \longrightarrow 00:38:29.005$ It may be related to prescribing bias.

NOTE Confidence: 0.8427277

 $00:38:29.010 \longrightarrow 00:38:32.040$ These are the patients that get

NOTE Confidence: 0.8427277

 $00:38:32.040 \longrightarrow 00:38:34.060$ prescribed opioids more frequently,

NOTE Confidence: 0.8427277

 $00:38:34.060 \longrightarrow 00:38:36.080$ and the participants are

NOTE Confidence: 0.8427277

 $00:38:36.080 \longrightarrow 00:38:38.100$ usually from academic centers.

NOTE Confidence: 0.9112499

 $00:38:41.520 \longrightarrow 00:38:45.678$ Alright, that brings us to our last.

NOTE Confidence: 0.9112499

 $00:38:45.680 \longrightarrow 00:38:50.090$ Study on pediatric sleep disorders.

NOTE Confidence: 0.9112499

 $00{:}38{:}50.090 \dashrightarrow 00{:}38{:}52.946$ And this study came out in JAMA

NOTE Confidence: 0.9112499

 $00:38:52.946 \dashrightarrow 00:38:55.694$ Pediatrics last year by Videoman out

NOTE Confidence: 0.9112499

 $00:38:55.694 \longrightarrow 00:38:58.568$ looking at the Association of delaying

00:38:58.568 --> 00:39:01.567 School start time with sleep duration,

NOTE Confidence: 0.9112499

 $00:39:01.570 \dashrightarrow 00:39:03.860$ timing and quality among adolescents.

NOTE Confidence: 0.9112499

 $00:39:03.860 \longrightarrow 00:39:05.261$ The question was,

NOTE Confidence: 0.9112499

 $00:39:05.261 \longrightarrow 00:39:08.063$ is delayed school start time associated

NOTE Confidence: 0.9112499

 $00:39:08.063 \longrightarrow 00:39:11.093$ with objective sleep measures in a dollar

NOTE Confidence: 0.9112499

 $00:39:11.093 \longrightarrow 00:39:13.959$ sense and this was an observation.

NOTE Confidence: 0.9112499

 $00:39:13.960 \longrightarrow 00:39:16.085$ ULL study with district initiated

NOTE Confidence: 0.9112499

00:39:16.085 --> 00:39:18.810 change in school times five public

NOTE Confidence: 0.9112499

00:39:18.810 --> 00:39:21.636 schools in Minneapolis, Saint Paul.

NOTE Confidence: 0.9112499

00:39:21.636 --> 00:39:22.264 Minnesota.

NOTE Confidence: 0.9112499

00:39:22.264 --> 00:39:26.032 Close to 500 students that were

NOTE Confidence: 0.9112499

00:39:26.032 --> 00:39:29.057 followed from 2016 through 2018,

NOTE Confidence: 0.9112499

 $00:39:29.060 \longrightarrow 00:39:33.302$ so grades nine through 11 and the

NOTE Confidence: 0.9112499

 $00:39:33.302 \longrightarrow 00:39:37.148$ data was analyzed finally in 2019.

NOTE Confidence: 0.9112499

 $00:39:37.150 \longrightarrow 00:39:40.390$ Now all of the schools started at 7:30,

NOTE Confidence: 0.9112499

 $00:39:40.390 \dashrightarrow 00:39:43.225$ Seven 45 at Baseline at follow up.

 $00:39:43.230 \longrightarrow 00:39:46.268$ Two of the schools delayed their start

NOTE Confidence: 0.9112499

 $00:39:46.268 \longrightarrow 00:39:49.960$ time by 50 to 60 minutes and three

NOTE Confidence: 0.9112499

 $00:39:49.960 \longrightarrow 00:39:53.330$ other schools stayed at 7:30 throughout.

NOTE Confidence: 0.9112499

00:39:53.330 --> 00:39:56.930 So all of the students got wrist actigraph,

NOTE Confidence: 0.9112499

 $00:39:56.930 \longrightarrow 00:39:59.180$ so to measure sleep duration,

NOTE Confidence: 0.9112499

00:39:59.180 --> 00:40:00.028 timing quality.

NOTE Confidence: 0.9112499

00:40:00.028 --> 00:40:02.148 An linear mixed effects models

NOTE Confidence: 0.9112499

 $00:40:02.148 \longrightarrow 00:40:04.424$ were used to estimate difference

NOTE Confidence: 0.9112499

 $00:40:04.424 \longrightarrow 00:40:06.734$ in changes in sleep time.

NOTE Confidence: 0.9112499

 $00:40:06.740 \longrightarrow 00:40:09.290$ Mean age of 15 years with

NOTE Confidence: 0.9112499

 $00:40:09.290 \longrightarrow 00:40:12.910$ subjects with 50% being girls.

NOTE Confidence: 0.9112499

 $00:40:12.910 \longrightarrow 00:40:16.810$ Now in the delate cohort.

NOTE Confidence: 0.9112499

 $00:40:16.810 \longrightarrow 00:40:20.016$ The night time sleep at follow up.

NOTE Confidence: 0.9112499

 $00{:}40{:}20.020 {\:{\mbox{--}}\!>}\ 00{:}40{:}23.079$ One increased by 41 minutes an at

NOTE Confidence: 0.9112499

 $00:40:23.079 \longrightarrow 00:40:27.000$ follow up two by 43 minutes and this

 $00:40:27.000 \longrightarrow 00:40:30.116$ was not associated with falling going

NOTE Confidence: 0.9112499

00:40:30.116 --> 00:40:33.146 to sleep later on school nights.

NOTE Confidence: 0.9112499

00:40:33.150 --> 00:40:35.796 An on weekends at follow up

NOTE Confidence: 0.9112499

 $00:40:35.796 \longrightarrow 00:40:37.560$ one they were sleeping,

NOTE Confidence: 0.9112499

 $00:40:37.560 \longrightarrow 00:40:40.096$ a mean of 24 minutes less an at

NOTE Confidence: 0.9112499

 $00:40:40.096 \longrightarrow 00:40:42.791$ follow up 234 minutes less versus

NOTE Confidence: 0.9112499

00:40:42.791 --> 00:40:45.266 the comparison called it the

NOTE Confidence: 0.9112499

 $00:40:45.266 \longrightarrow 00:40:47.699$ differences in differences analysis.

NOTE Confidence: 0.9112499

 $00:40:47.700 \longrightarrow 00:40:52.036$ So that difference in most of the other

NOTE Confidence: 0.9112499

 $00:40:52.036 \longrightarrow 00:40:55.546$ measures between the two groups or the

NOTE Confidence: 0.9112499

 $00:40:55.546 \longrightarrow 00:40:59.130$ two conditions I could say was minimal.

NOTE Confidence: 0.9112499

 $00:40:59.130 \longrightarrow 00:41:02.280$ So the conclusion of this study was

NOTE Confidence: 0.9112499

 $00:41:02.280 \longrightarrow 00:41:05.272$ that delaying high school start times

NOTE Confidence: 0.9112499

 $00:41:05.272 \longrightarrow 00:41:08.374$ could extend school night sleep duration

NOTE Confidence: 0.9112499

 $00:41:08.374 \longrightarrow 00:41:11.397$ an lessen the need for catch up,

NOTE Confidence: 0.9112499

 $00:41:11.400 \longrightarrow 00:41:12.612$ sleep on weekends.

00:41:12.612 --> 00:41:15.036 It could be a durable strategy

NOTE Confidence: 0.9112499

 $00{:}41{:}15.036 \dashrightarrow 00{:}41{:}17.545$ for addressing population wide

NOTE Confidence: 0.9112499

 $00{:}41{:}17.545 \dashrightarrow 00{:}41{:}19.567$ adolescent sleep deficits.

NOTE Confidence: 0.9112499

 $00:41:19.570 \longrightarrow 00:41:22.286$ We had before and after measures in

NOTE Confidence: 0.9112499

 $00:41:22.286 \longrightarrow 00:41:24.645$ the same students with objective

NOTE Confidence: 0.9112499

 $00:41:24.645 \longrightarrow 00:41:26.889$ sleep measures from actigraphy.

NOTE Confidence: 0.9112499

00:41:26.890 --> 00:41:29.542 It was not randomized and potentially

NOTE Confidence: 0.9112499

 $00:41:29.542 \longrightarrow 00:41:32.365$ there could be a confounder that

NOTE Confidence: 0.9112499

 $00:41:32.365 \longrightarrow 00:41:35.746$ accounted for both the change in the

NOTE Confidence: 0.9112499

 $00:41:35.746 \longrightarrow 00:41:39.265$ starts timings as well as the sleep change.

NOTE Confidence: 0.9112499 $00{:}41{:}39.270 --> 00{:}41{:}39.806 \text{ Uh},$

NOTE Confidence: 0.9112499

 $00:41:39.806 \longrightarrow 00:41:40.878$ in Minneapolis.

NOTE Confidence: 0.9112499

00:41:40.878 --> 00:41:44.630 Saint Paul is public schools with had

NOTE Confidence: 0.9112499

00:41:44.731 --> 00:41:48.116 limited racial and ethnic diversity.

NOTE Confidence: 0.9112499

 $00:41:48.120 \longrightarrow 00:41:51.025$ There was no data on other outcomes.

 $00:41:51.030 \longrightarrow 00:41:53.928$ The big question always is about grades.

NOTE Confidence: 0.9112499

 $00{:}41{:}53.930 \dashrightarrow 00{:}41{:}56.005$ 'cause there's conflicting data there

NOTE Confidence: 0.9112499

 $00:41:56.005 \longrightarrow 00:41:58.080$ an an actual daytime sleepiness.

NOTE Confidence: 0.79758906

 $00:42:01.190 \longrightarrow 00:42:03.240$ Start a question in there,

NOTE Confidence: 0.79758906

 $00:42:03.240 \longrightarrow 00:42:06.504$ but it's hard to do again on zoom.

NOTE Confidence: 0.79758906

 $00:42:06.510 \longrightarrow 00:42:09.366$ The answer is that over one year,

NOTE Confidence: 0.79758906

 $00:42:09.370 \longrightarrow 00:42:11.635$ patients who are taking chronic

NOTE Confidence: 0.79758906

 $00:42:11.635 \longrightarrow 00:42:13.900$ opioids for RLS increase the

NOTE Confidence: 0.79758906

 $00:42:13.978 \longrightarrow 00:42:16.316$ dose in about 1/3 of the cases.

NOTE Confidence: 0.9078513

 $00:42:18.860 \longrightarrow 00:42:22.206$ Alright, so that's what I have learned.

NOTE Confidence: 0.9078513

 $00:42:22.210 \longrightarrow 00:42:25.955$ Told me to leave 15 minutes for

NOTE Confidence: 0.9078513

 $00:42:25.955 \longrightarrow 00:42:29.570$ questions I have about 16 minutes.

NOTE Confidence: 0.9078513

 $00:42:29.570 \longrightarrow 00:42:34.170$ So I'm going to stop sharing my screen.

NOTE Confidence: 0.9078513

 $00:42:34.170 \longrightarrow 00:42:37.758$ And take any questions.

NOTE Confidence: 0.9078513

 $00:42:37.760 \longrightarrow 00:42:40.106$ Thank you for listening to me.

NOTE Confidence: 0.9078513

 $00:42:40.110 \longrightarrow 00:42:42.528$ And if you have any questions.

 $00:42:42.530 \longrightarrow 00:42:43.930$ That I don't answer today.

NOTE Confidence: 0.9078513

 $00:42:43.930 \longrightarrow 00:42:45.320$ You can always email me.

NOTE Confidence: 0.75918764

00:42:53.810 --> 00:42:55.735 Lauren, should I look in the chat?

NOTE Confidence: 0.79977804

00:43:10.590 --> 00:43:13.558 1st, I have a nice message from Craig

NOTE Confidence: 0.79977804

 $00{:}43{:}13.558 \longrightarrow 00{:}43{:}15.868$ Canepari who is well known to me.

NOTE Confidence: 0.79977804

00:43:15.870 --> 00:43:17.278 Welcome message. Hi Magna,

NOTE Confidence: 0.79977804

 $00:43:17.278 \longrightarrow 00:43:18.686$ another Wednesday afternoon together.

NOTE Confidence: 0.79977804

 $00{:}43{:}18.690 \dashrightarrow 00{:}43{:}21.498$ Craig and I work on the Education committee.

NOTE Confidence: 0.79977804

 $00{:}43{:}21.500 --> 00{:}43{:}26.044$ Thank you, Craig. Next we have.

NOTE Confidence: 0.79977804

 $00:43:26.044 \longrightarrow 00:43:28.156$ This might be Debbie,

NOTE Confidence: 0.79977804

00:43:28.160 --> 00:43:30.090 who's sending some information on

NOTE Confidence: 0.79977804

 $00:43:30.090 \longrightarrow 00:43:32.639$ the code that you need to text.

NOTE Confidence: 0.79977804

 $00:43:32.640 \longrightarrow 00:43:35.658$ Although this looks different from the

NOTE Confidence: 0.79977804

 $00:43:35.658 \longrightarrow 00:43:39.950$ one I said was 21612 and here's 21334.

NOTE Confidence: 0.79977804

 $00:43:39.950 \longrightarrow 00:43:42.938$ Not sure which one is correct.

00:43:42.940 --> 00:43:44.440 OK 21612 OK

NOTE Confidence: 0.8426502

 $00:43:44.440 \longrightarrow 00:43:46.440$ sorry I got disconnected

NOTE Confidence: 0.8426502

 $00:43:46.440 \longrightarrow 00:43:49.930$ for a second so I'm back on

NOTE Confidence: 0.8426502

 $00:43:49.930 \longrightarrow 00:43:51.930$ my phone I think.

NOTE Confidence: 0.80710065

 $00:43:54.500 \longrightarrow 00:43:56.100$ Daily 1612 correct code.

NOTE Confidence: 0.80710065

00:43:56.100 --> 00:43:58.510 It wasn't working at the beginning,

NOTE Confidence: 0.80710065

 $00:43:58.510 \longrightarrow 00:44:00.516$ but it is working now.

NOTE Confidence: 0.80710065

 $00:44:00.516 \longrightarrow 00:44:02.730$ So what's that?

NOTE Confidence: 0.80710065

 $00:44:02.730 \longrightarrow 00:44:03.980$ Yeah, can you hear me?

NOTE Confidence: 0.80710065

 $00:44:03.980 \longrightarrow 00:44:05.480$ OK, now we can hear you.

NOTE Confidence: 0.9212813

00:44:07.960 --> 00:44:14.090 OK yeah, so the two 1612 is the correct code.

NOTE Confidence: 0.9212813

00:44:14.090 --> 00:44:15.430 Then next question from Craig,

NOTE Confidence: 0.9212813

 $00:44:15.430 \longrightarrow 00:44:17.566$ could we get a list of these papers?

NOTE Confidence: 0.9212813

 $00:44:17.570 \longrightarrow 00:44:19.999$ Sure I can send them to you.

NOTE Confidence: 0.9212813

 $00:44:20.000 \longrightarrow 00:44:23.997$ Craig and I tend the slides too.

NOTE Confidence: 0.9212813

 $00:44:24.000 \longrightarrow 00:44:25.352$ I will definitely make

 $00:44:25.352 \longrightarrow 00:44:27.380$ sure to send those to you.

NOTE Confidence: 0.9212813

 $00{:}44{:}27.380 \dashrightarrow 00{:}44{:}28.906$ Thank you, you can just send them

NOTE Confidence: 0.8964477

00:44:28.910 --> 00:44:30.326 to me and I can pass them on

NOTE Confidence: 0.8964477

 $00:44:30.326 \longrightarrow 00:44:31.520$ to anyone who's interested.

NOTE Confidence: 0.843779

 $00:44:32.180 \longrightarrow 00:44:33.146$ And another question,

NOTE Confidence: 0.843779

00:44:33.146 --> 00:44:35.799 maybe from the VA I haven't had good

NOTE Confidence: 0.843779

00:44:35.799 --> 00:44:38.431 success with topiramate for S red for the

NOTE Confidence: 0.843779

 $00:44:38.431 \longrightarrow 00:44:40.705$ limited number of patients that I have,

NOTE Confidence: 0.843779

 $00:44:40.710 \longrightarrow 00:44:42.350$ what are the treatment strategies?

NOTE Confidence: 0.843779

00:44:42.350 --> 00:44:44.318 Have you tried at your center?

NOTE Confidence: 0.843779

 $00:44:44.320 \longrightarrow 00:44:46.816$ I have had a little bit of luck

NOTE Confidence: 0.843779

 $00{:}44{:}46.816 \to 00{:}44{:}48.738$ with topiramate but I would say

NOTE Confidence: 0.843779

 $00{:}44{:}48.738 \dashrightarrow 00{:}44{:}51.002$ that most of the patients I've had

NOTE Confidence: 0.843779

00:44:51.002 --> 00:44:53.168 luck with have been on clonazepam,

NOTE Confidence: 0.843779

00:44:53.170 --> 00:44:55.291 and again I don't know if it's

 $00:44:55.291 \longrightarrow 00:44:57.079$ because they are not able to

NOTE Confidence: 0.843779

00:44:57.079 --> 00:44:58.976 walk to the kitchen or if it's

NOTE Confidence: 0.843779

 $00:44:59.040 \longrightarrow 00:45:01.040$ actually treating the estimate,

NOTE Confidence: 0.843779

 $00:45:01.040 \longrightarrow 00:45:03.008$ but I've had a little bit

NOTE Confidence: 0.843779

 $00:45:03.008 \longrightarrow 00:45:04.320$ of success with that.

NOTE Confidence: 0.8691242

 $00:45:07.010 \longrightarrow 00:45:08.300$ Any other questions?

NOTE Confidence: 0.8383889

 $00:45:15.490 \longrightarrow 00:45:18.169$ I have a question. This is mere

NOTE Confidence: 0.8383889

00:45:18.170 --> 00:45:20.468 creating, so the question that I

NOTE Confidence: 0.8383889

 $00{:}45{:}20.468 \dashrightarrow 00{:}45{:}23.150$ have this was a paper that that

NOTE Confidence: 0.8383889

 $00:45:23.150 \longrightarrow 00:45:25.460$ I thought was very important that

NOTE Confidence: 0.8383889

 $00{:}45{:}25.460 {\:{\mbox{--}}}{>} 00{:}45{:}28.130$ came out in December last year and

NOTE Confidence: 0.8383889

 $00:45:28.130 \longrightarrow 00:45:30.804$ I think was in New England Journal.

NOTE Confidence: 0.8383889

 $00:45:30.810 \longrightarrow 00:45:33.489$ Looking at Oximetry and the fact that

NOTE Confidence: 0.8383889

 $00:45:33.489 \longrightarrow 00:45:35.021$ Oximetry was frequently inaccurate

NOTE Confidence: 0.8383889

00:45:35.021 --> 00:45:37.319 and African Americans yes and it

NOTE Confidence: 0.8383889

 $00:45:37.320 \longrightarrow 00:45:39.618$ sort of makes you wonder about

00:45:39.618 --> 00:45:42.298 how much do people know about the

NOTE Confidence: 0.8383889

 $00:45:42.300 \longrightarrow 00:45:43.828$ oximeters that they're using,

NOTE Confidence: 0.8383889

 $00:45:43.830 \longrightarrow 00:45:45.436$ and whether they are.

NOTE Confidence: 0.8383889

00:45:45.436 --> 00:45:47.716 Accurate in their own populations.

NOTE Confidence: 0.8882914

 $00:45:48.440 \longrightarrow 00:45:50.380$ Yes, exactly that one missed

NOTE Confidence: 0.8882914

 $00:45:50.380 \longrightarrow 00:45:52.320$ my review because I obviously

NOTE Confidence: 0.8882914

 $00:45:52.392 \longrightarrow 00:45:54.197$ made my slides before that,

NOTE Confidence: 0.8882914

 $00:45:54.200 \longrightarrow 00:45:56.965$ but we just had a discussion about

NOTE Confidence: 0.8882914

 $00:45:56.965 \longrightarrow 00:45:59.722$ that here recently and that's a great

NOTE Confidence: 0.8882914

 $00:45:59.722 \longrightarrow 00:46:02.260$ paper for everybody to be aware of.

NOTE Confidence: 0.8882914

 $00{:}46{:}02.260 \dashrightarrow 00{:}46{:}04.948$ That doctor Mayer just mentioned an again,

NOTE Confidence: 0.8882914

 $00:46:04.950 \longrightarrow 00:46:08.359$ you have to do what is relevant

NOTE Confidence: 0.8882914

00:46:08.359 --> 00:46:10.230 in your population. Yeah.

NOTE Confidence: 0.902666

 $00:46:15.010 \longrightarrow 00:46:16.830$ Any other comments? Any other

NOTE Confidence: 0.902666

00:46:16.830 --> 00:46:19.190 papers that I might have missed?

00:46:21.650 --> 00:46:23.883 There are so many on sleep apnea

NOTE Confidence: 0.89377606

 $00{:}46{:}23.883 \rightarrow 00{:}46{:}25.869$ and in somnia that were important,

NOTE Confidence: 0.89377606

00:46:25.870 --> 00:46:27.935 but I was trying to get all

NOTE Confidence: 0.89377606

 $00:46:27.935 \longrightarrow 00:46:30.168$ of the sleep disorders and is

NOTE Confidence: 0.89377606

 $00:46:30.168 \longrightarrow 00:46:32.210$ hard to pick sometimes, but.

NOTE Confidence: 0.8864522

 $00:46:34.720 \longrightarrow 00:46:36.390$ Thank you, that was really

NOTE Confidence: 0.8864522

 $00:46:36.390 \longrightarrow 00:46:37.392$ a wonderful overview.

NOTE Confidence: 0.8864522

 $00:46:37.392 \longrightarrow 00:46:41.358$ Thank you so much. That was great.

NOTE Confidence: 0.8864522

 $00:46:41.360 \longrightarrow 00:46:43.568$ If there's any other questions folks,

NOTE Confidence: 0.8864522

 $00:46:43.570 \longrightarrow 00:46:45.410$ feel free to speak up.

NOTE Confidence: 0.8864522

 $00:46:45.410 \longrightarrow 00:46:47.618$ I will just mention or talk.

NOTE Confidence: 0.8864522

 $00{:}46{:}47.620 {\:{\circ}{\circ}{\circ}}>00{:}46{:}50.217$ Next week is going to be from

NOTE Confidence: 0.8864522

00:46:50.217 --> 00:46:52.029 Doctor Santosh Peg Bag Ala.

NOTE Confidence: 0.8864522

 $00{:}46{:}52.030 \dashrightarrow 00{:}46{:}54.417$ Who is one of the Sleep Medicine

NOTE Confidence: 0.8864522

 $00:46:54.417 \longrightarrow 00:46:55.879$ Fellows at Norwalk Hospital

NOTE Confidence: 0.8864522

 $00{:}46{:}55.879 \dashrightarrow 00{:}46{:}58.087$ and his talk is entitled Sleep

00:46:58.087 --> 00:47:00.130 Medicine in the 21st century.

NOTE Confidence: 0.8864522

00:47:00.130 --> 00:47:01.598 Using technology to empower

NOTE Confidence: 0.8864522

 $00:47:01.598 \longrightarrow 00:47:02.699$ patients and physicians.

NOTE Confidence: 0.7946456

 $00:47:05.830 \longrightarrow 00:47:07.823$ And it looks like he may

NOTE Confidence: 0.7946456

 $00:47:07.823 \longrightarrow 00:47:09.480$ be set for questions, so

NOTE Confidence: 0.7946456

00:47:09.480 --> 00:47:10.804 thank you again, Doctor,

NOTE Confidence: 0.7946456

 $00:47:10.804 \longrightarrow 00:47:12.140$ Johnson County. Thanks so

NOTE Confidence: 0.7946456

 $00:47:12.140 \longrightarrow 00:47:13.464$ much for being here.

NOTE Confidence: 0.7946456

 $00:47:13.464 \longrightarrow 00:47:14.457$ Thank you everyone.

NOTE Confidence: 0.7946456

 $00:47:14.460 \longrightarrow 00:47:15.784$ Thanks for every help.

NOTE Confidence: 0.7946456

 $00:47:15.784 \longrightarrow 00:47:18.443$ Take care by by see you next week.

NOTE Confidence: 0.7946456

 $00:47:18.443 \longrightarrow 00:47:19.767$ See bye bye.