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The recent news of the sudden death of a 25-year old man during a routine overnight polysomnogram at the Emory Sleep Laboratory is a clear tragedy. It certainly evokes compassion for his family and requires further medical inquiry, as in any case of sudden death. Also, we should take away from this situation a better understanding of sleep medicine, and why we perform sleep tests in the first place.

According to the National Sleep Foundation, over 18 million Americans are currently on therapy for sleep apnea alone, and estimates suggest that another 120 million may have sleep apnea and not know it. The number of Americans with other sleep medicine disorders such as Restless Legs Syndrome, Periodic Limb Movement Disorder, Hypersomnia, Narcolepsy and Insomnia are even higher. In many cases patients with sleep disorders such as sleep apnea require diagnostic and therapeutic testing in a sleep laboratory or sleep center. An overnight sleep test is called a polyomnogram (or PSG). This is a non-invasive test that records a number of physiologic parameters while a person sleeps. Sensors applied to various areas of the body record EEG (brain waves), EOG (eye movements), EMG (muscle movements), ECG (heart rhythms), nasal air flow, and respiratory effort, oxygenation of the blood and body position. During a typical PSG, a sleep technologist monitors the test and the patient in order to minimize discomfort and maximize data collection. Given the non-invasive nature of the PSG, there is little if any risk to the test itself. Unlike some medical tests, the PSG does not involve any medications, needles, injections, painful posturing, radiation, immobility, or prolonged inconvenience. Millions of Americans have had PSGs without any reports of death caused by the test itself.

The cause of sudden death during a PSG, while unrelated to the test itself, may be related to one of the many conditions associated with sleep disorders. Sleep apnea, for example, is well known to be linked with hypertension, type II diabetes, heart failure, obesity, and increases the risk of death due to heart disease and stroke. Individuals with these conditions often require polysomnographic testing and treatment for sleep apnea and despite the known risks many of them remain untested. Therefore, the potential already exists for a person with sleep apnea and one of these conditions to have a sudden life-threatening event during a PSG, or at home, as is often the case. Unfortunately, many people with sleep disorders do not come to the sleep medicine clinician in time to benefit from disease preventive therapies. Often patients arrive in the sleep medicine laboratory after a heart attack, a stroke, or complications from their diabetes, hypertension or obesity.

So while there is nothing that we can do to replace the tragic loss of this young man, we can use his story to help stop other tragedies by taking steps to prevent diseases caused by untreated sleep disorders. If the memory of this young man serves to increase awareness, testing and treatment for sleep disorders, the tragedy of his death will be meaningful for us all.

The Georgia Association of Sleep Professionals (GASP) is a statewide association, which strives to enhance the quality of human life by supporting an environment in which sleep medicine professionals can provide the highest quality of care. GASP is the leader in Georgia for setting standards and promoting excellence in sleep medicine care, education, research, and public health by promoting awareness and advocating for sleep professionals across the state. To learn more about GASP please contact us at 404-310-5866 or visit us at <http://www.gasleep.org>

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