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TITRATION INTERPRETATION REPORT

Patient Demographics

Patient Name:	Gordon, John William	MRN #:	5631775037
Gender:	Male	Study Date:	2020-10-17
Date of Birth:	1974-01-17	Report Date:	
Age:	46 years	Referring provider:	Dr. Jason Hang-Tat Lo
BMI	45.4 kg/m ²	Interpreting physician:	Dr. Felix Liu
Weight:	124.3 kgs (273.5 lb)	Epworth Score:	4

Study Indication: Severe OSA, AHI= 138/hr. 13.5 lb increase in weight since 14/4/2018

Medications: None

Sleep Data

Raw data was reviewed. The patient was monitored for a total of 442.4 minutes, out of which the patient slept for 300.5 minutes. Sleep efficiency was 67.9%. Sleep onset latency was 20.3 minutes and REM latency was 236.5 minutes. A breakdown of sleep staging reveals the following: stage N1 45.9%, stage N2 39.6%, stage N3 9.2% and stage REM 5.3% of total sleep time. There were 7.59 awakenings per hour of sleep and 226 stage shifts observed during the night. Sleep was fragmented by 52.1 arousals per hour of sleep with 44.9 respiratory arousals, 0.0 snoring, 0.8 leg movement arousals and 6.4 spontaneous arousals per hour of sleep. Alpha intrusion was absent.

Titration Data

CPAP titration was performed from a pressure of 7 to a maximum pressure 18 cm H₂O. Review of respiratory events demonstrated an apnea-hypopnea index (AHI) of 29.9 events per hour with a minimum oxygen saturation of 85% while on CPAP of 19 cm H₂O. At this pressure snoring was absent and there was REM sleep in the supine position. The patient spent 40.27% of total sleep time in the supine position. A ResMed Large Full Face Mask mask was used.

Cardiac Data

Normal Sinus rhythm was observed during the night. The average heart rate was 88.4 beats per minute.

Limb and Other Movements

Periodic limb movements in sleep (PLMS) index was 1.2 events per hour with a PLMS arousal index of 0.8 per hour. Bruxism or parasomnias were not observed.

Impressions

Moderate decrease in sleep efficiency with normal sleep latency and increase in REM latency. Sleep architecture was fragmented especially at lower CPAP pressure with increase in stage N 1 and decrease in percentage of REM sleep. CPAP of 19 cm water pressure was inadequate for control of respiratory events. Respiratory events were under better control while sleeping in a non-supine position. There was no cardiac arrhythmia or significant PLM.

Recommendations

1. Inadequate CPAP titration. Patient requires CPAP greater than 19 cm water pressure along with avoidance of supine sleep for control of respiratory events. BiPAP therapy can be considered. Patient's CPAP was left unadjusted at original setting of 14 cm water pressure.
2. The patient will be contacted directly for follow-up with Dr. Felix Liu's office to review the sleep study results.

Thank you for referring to Richmond Hill Sleep and Lung Institute.

Yours Sincerely,

A handwritten signature in cursive script, appearing to read "Felix Liu".

Dr. Felix Liu, MD, FRCPC LWFL.gl, dictated but not read

Gordon, John William

Study Date: 2020-10-17

MOT requires a doctor to report a patient over the age of 16 if the doctor believes a patient to have a medical condition that may make it dangerous to operate a motor vehicle. Our doctors will report a patient to the MOT if necessary, once clinical correlation of sleepiness is obtained in consultation. If, based on the results of this sleep study and your knowledge of the patient, you believe reporting is warranted urgently, we will leave this in your hands. Patients with severe OSA and self-reported sleepiness will be offered consultation appointment ASAP.