SLEEP TERM DEFINITIONS

Abbreviation and Description	DEFINITION
Diagnostic PSG- **Titration PSG-** **Split night PSG-**	Attended sleep Study ≥16 channels where only data collection and analyzing for diagnostic purpose only is done Attended sleep study ≥16 channels in which the patient is on CPAP or Bilevel for the entire study Attended sleep study ≥16 channels in which the patient is diagnosed with obstructive sleep apnea and treated with CPAP in the same night.
OA- Obstructive Apnea	A cessation of breathing during sleep for at least 10 seconds, where there is respiratory effort through the entire event.
CA- Central Apnea	A cessation of breathing during sleep lasting at least 10 seconds, where there is NO respiratory effort throughout the entire event.
MA- Mixed Apnea	A cessation of breathing during sleep lasting at least 10 seconds, where the event starts out central in origin and ends up obstructive. IE: No effort through the first part of the apnea, but effort resumes through the last part of the apnea.
H- Hypopnea	A 30% reduction in airflow lasting at least 10 seconds that **causes at least a 4% oxygen desaturation.**
RERA- **Respiratory Effort Related Arousal**	A reduction or flattening in the airflow that lasts at least 10 seconds and **causes a brain (sleep) arousal, but DOES NOT cause the 4% oxygen desaturation.** (More simply: A struggle to breathe that causes sleep fragmentation but doesn't drop the oxygen saturation enough to classify as hypopnea)
Arousal	A sudden increase in the brain wave frequency lasting at least 3 seconds that indicates interruptions of sleep (arousals can be related to any number of things: leg movement, respiratory struggle, outside noise ect….)
AHI- **Apnea/Hypopnea Index**	The total number of apneas and hypopneas in an entire study, divided by the number of hours slept. ***IE : 4 apnea + 20 hypopnea= 24 events in a 6 hour study will give you an AHI of 4.0*** The patient is having 4 apneic or hypopneic events per hour of sleep.
RDI- **Respiratory Disturbance Index**	The total number of apneas, hypopneas, and RERAs in an entire study, divided by the number of hours slept. ***IE: 4 apnea + 20 hypopnea + 276 RERA = 300 events in a 6 hours study will give you an RDI of 50.0*** The patient is having 50 respiratory events per hour of sleep. ***This measurement is a much clearer picture of sleep fragmentation and the reason for the patient's daytime sleepiness.***
SpO2	Saturation of oxygen in the peripheral artery. This is measured by a pulse oximeter (finger probe)
Hypoxemia	Lower than normal oxygen saturation of the blood. This is measured by oximeter (finger probe)
CPAP- Continuous Positive Airway Pressure	Nasal or full face mask that exerts continuous positive air pressure in the airway, in essence creating a "balloon or stent" of air pressure that will keep the airway open enough to eliminate apnea, hypopnea and RERA. Pressure is measured in cm of water pressure
BiLevel or BiPAP -	Nasal or full face mask that exerts positive air pressure that is set at a higher pressure on the inspiratory phase of breathing and lower on the expiratory phase of breathing. Pressure is measured in cm of water pressure.
Desensitization – Acclimation to CPAP prior to titration study.	Patient practices with CPAP for 1-2 weeks prior to their titration study. It is CPAP worn **while awake**, in their home on the lowest setting for 15-30 minutes/day. This process allows them time to acclimate to the mask and the pressure prior to their titration study and in most cases eliminates extended sleep latencies due to CPAP intolerance. Titrations are generally longer, better and more likely to produce a correct therapeutic pressure setting for the patient. This, in turn, creates the best chance for compliance with CPAP in the home.