

SLEEP STUDY REFERRAL FORM

THORACIC AND SLEEP GROUP (QUEENSLAND)

ABN 99 125 959 133

Patient's Name _____ M / F

Address _____

Phone _____ Date of Birth _____

DOCTORS USE ONLY

☐ Home Sleep Study

☐ Diagnostic
Sleep Study

☐ Diagnostic
Sleep Study with
Mandibular Device

SPECIALIST REFERRALS ONLY

☐ CPAP titration (Initial)

☐ CPAP review study

☐ MSLT / MWT

☐ Bi-level ventilation study

CLINICAL HISTORY / INDICATIONS

☐ Snoring

☐ Hypertension

☐ Daytime Somnolence

☐ Obesity

☐ Witnessed Apnoeas

☐ Type II Diabetes

SLEEP / RESPIRATORY PHYSICIAN REVIEW?

With Dr. _____

REFERRING DOCTOR DETAILS (include provider number)

Name _____

Address _____

Phone _____

Provider Number _____

Signature _____

Date of Referral _____

www.thoracicansleep.com.au

The Connection Between Sleep and Depression

There are a number of different sleep disorders that may cause or increase depression.

- People with untreated Obstructive Sleep Apnoea are 5 times more likely to develop depression.
- The link between insomnia and depression is very strong, as insomnia can cause depression and depression can also cause insomnia.
- 35-75% of depressed individuals complain of insomnia.
- Young people getting less than five hours sleep per night triple their chances of developing a mental illness.
- Polysomnographic abnormalities can be observed during a major depressive episode

It's important to understand that trouble sleeping (for any reason) can promote feelings of depression, anxiety and suicidal ideation.

If sleep problems are your main symptom, it is worth talking to your healthcare professional, who will help you understand your sleep difficulties.

Referrals to a Sleep Disorders Centre for consultation can provide useful information about your condition.

For advice and support, you can contact;
www.beyondblue.org.au Ph: 1300 2246 36
Mental Health Professional's Network (www.mhpn.org.au)

www.thoracicansleep.com.au



THORACIC &
SLEEP GROUP
QUEENSLAND

Thoracic and Sleep Group (QLD) provides full state-of-the-art services for the diagnosis, treatment and long term management of all sleep and respiratory disorders.

Your doctor can refer to one of our specialists if you are concerned you have a sleep disorder

Dr Andrew Scott

Ph (07) 3876 8405 Fax (07) 3870 3212

scott.reception@tsgq.com.au



Accredited for compliance with the Australasian Sleep Association Standards for Sleep Disorders Services

People caring for how you
breathe and ***sleep***.

If your doctor requires you to have a diagnostic sleep study this can be done at the following locations.

All Sleep Centres Enquiries and Bookings

Ph 07 3870 1120 or 1800 119 446

Fax 07 3870 0233 Email admin@tsgq.com.au

The Wesley Hospital Sleep Disorders Centre

The Wesley Hospital, Suite 2&3, Level 9

Evan Thomson Building, 24 Chasely Street

Auchenflower Qld 4066

The Sunshine Coast Sleep Disorders Centre

Nambour Selangor Private Hospital

62 Netherton St, Nambour Qld 4560

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Sleep and Depression



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A Look at the relationship between mood and sleep.

For more information on Sleep and Depression, visit our website.

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WHAT IS OBSTRUCTIVE SLEEP APNOEA?

OSA is characterised by stopping breathing during sleep. Each 10 second pause is called an 'apnoea'.

SYMPTOMS OF OBSTRUCTIVE SLEEP APNOEA

- Daytime sleepiness and fatigue
- Waking-up groggy and unrefreshed
- Morning headaches
- Depression, low mood, irritability
- Getting up to go to the bathroom at night
- Low libido or impotence
- Poor memory and concentration
- Loud snoring



SLEEP DISORDERS & MENTAL HEALTH

There are a number of sleep disorders that may cause or increase the risk of mental illness.

- **Obstructive Sleep Apnoea**
- **Periodic limb movement disorders**
- **Insomnia**
- **Hypersomnia**

Due to the frequent awakenings, prolonged wakefulness or disrupted sleep routine, people with sleep disorders often experience fatigue which can lead to depression.

Insomnia complaints are present in most individuals with anxiety disorders.

- 80% of individuals with an anxiety disorder complain of insomnia
- Sleep latency is increased and total sleep time and efficacy is reduced
- Excessive daytime sleepiness is noted in 30% of individuals suffering from anxiety

SLEEP DISTURBANCE & SUICIDE RISK

Research has found sleep disturbance being also associated with increased risk of suicidal ideation and actually attempting suicide.

Drastic changes in sleep is a marker for suicide and should be taken very seriously.

Patients with reported sleep problems where;

- 5 times more likely to have suicidal thoughts
- 7.5 times more likely to have attempted suicide
- 9 times more likely to have planned a suicide

SCREENING

Sleep disorders are rarely without some degree of mood disturbances and psychiatric disorders are often accompanied with sleep disturbances. It is often a complex inter-related process. Sleep disorders associated with a psychiatric pathology can be primary, e.g. OSA or secondary.

Mental disorders producing insomnia

- Depression
- Mania
- Anxiety disorders
- Psychotic disorders
- Anorexic patients

Mental disorders producing hypersomnia

- Depression
- Anxiety disorders
- Mania
- Psychotic disorders

RECOMMENDATIONS

1. Patients assessed for depression should have routine physical examinations and be screened for OSA with a diagnostic sleep study (DSS).
2. Early diagnosis and treatment of depression with appropriate management of sleep hygiene improves prognosis
3. Treatment should be supervised by a Sleep Physician and GP/Psychiatrist experienced in this area.

TREATMENT FOR SLEEP APNOEA & DEPRESSION

Treatment for OSA with CPAP assists in treating depression in conjunction with the following strategies.

1. Continuous Positive Airway Pressure Therapy (CPAP)

The implications are twofold: OSA needs to be excluded in case of chronic or resistant depression and treatment of OSA will make it easier to treat the primary depressive disorder.

In patients with moderate to severe OSA and depression there is evidence that after 6 weeks of CPAP therapy, patients show significant improvements in depressive symptoms.

2. Sleep Hygiene Issues

3. Cognitive behavioural therapy

4. Antidepressants

- (i) Mild sedative medications are commonly prescribed in addition to selective serotonin reuptake inhibitor (SSRI) administration as an effort to maintain sleep quality.
- (ii) From the reported evidence some researchers conclude that antidepressant effectiveness relies heavily on the ability to suppress REM sleep (as many antidepressants do).
- (iii) It is important to note that antidepressant treatment may induce specific changes in sleep architecture and the discontinuation of antidepressants may also result in sleep disturbance.