

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 _____

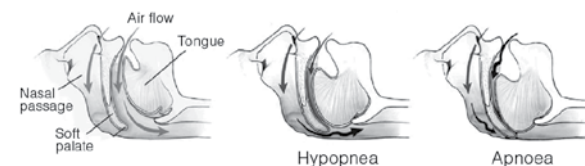
Signature _____

Date of Referral _____

www.thoracicansleep.com.au

OBSTRUCTIVE SLEEP APNOEA

OSA is characterised by stopping breathing during sleep. After 10 seconds of cessation of breathing it is called an 'apnoea'



Partial and complete airway obstruction resulting sleep apnoea.

It is a problem that, if left untreated, can be fatal.

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
- Short temper or easily aggravated
- Low libido or impotence
- Poor memory and concentration
- Loud snoring



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 Heart Disease

Medical professionals have long acknowledged a direct connection between sleep, sleep disorders and heart disease.



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This booklet will inform you about this connection and point you in the direction of help if you are having trouble sleeping.

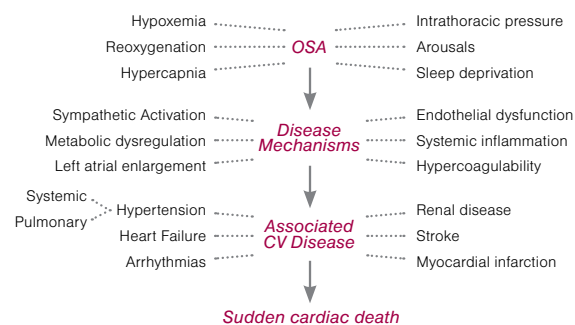
For more information on Sleep and Heart Disease, visit our website

www.thoracicansleep.com.au





RELATIONSHIP BETWEEN SLEEP AND HEART DISEASE



Obstructive sleep apnoea induces a drop in oxygen 'hypoxia' and CO₂ retention during sleep, disrupting normal neurological and haemodynamic responses to sleep.

Towards the end of an apnoea the BP can reach levels of 240/130, where this level of stress accelerates cardiac and vascular disease through complex interacting mechanisms. These include 'sympathetic nerve system' activation (adrenaline), diminished heart rate variability and increased BP variability. This releases vasoactive and trophic chemical substances that damage blood vessels including the heart, brain and kidneys.

Overall this leads to increased risk of developing systemic hypertension, heart failure, stroke, heart arrhythmias, myocardial ischemia and infarction, pulmonary arterial hypertension and the acceleration of renal disease. This damage is further accelerated with pre-existing obesity, hypertension, left ventricular dysfunction and diabetes.

CONGESTIVE HEART FAILURE

Congestive heart failure occurs when the heart has been damaged so much that it is unable to pump blood effectively. This leads to 'left ventricular dysfunction'.

Disorders of sleep and breathing accelerates hypertensive heart damage which causes heart failure.

Obstructive Sleep Apnoea (OSA) is an independent and significant risk factor for the development of congestive heart failure. However people who have heart failure from other conditions, such as coronary artery disease or hypertension, worsen their risk of congestive heart failure. Recent data confirms untreated OSA in patients with heart failure is associated with an increased risk of death.

Treating OSA has been shown to improve heart function in patients with left ventricular failure.

CENTRAL SLEEP APNOEA

About 40% of people with congestive heart failure also have a sleep-related breathing disorder called central sleep apnoea (CSA).

This is similar to OSA however the airway remains open, and the person stops making an effort to breathe.

The cycle of lower oxygen to the heart and body, high BP and left ventricular dysfunction can accelerate damage to heart function.

The first approach to treating CSA is to maximise the treatment of the heart failure as thoroughly as possible.

If CSA is still present, treatments are available to correct the CSA. Treatment of CSA can improve heart function as well as improve sleep quality.

HYPERTENSION MEDICATION

Treatment of hypertension is important. It is a risk factor for the development of other forms of cardiovascular disease however hypertension medications may not work effectively if OSA remains untreated..

TREATMENT OF OSA CAN REDUCE HYPERTENSION

If you are not experiencing an improvement in blood pressure once on medication, it is important for your healthcare professional to investigate all the possible causes of your hypertension, including sleep apnoea. Successful therapy can significantly reduce the dose (or the need) of BP medication.

ISCHAEMIC HEART DISEASE

People with OSA have been found to have higher rates of coronary artery disease (CAD). There are several reasons why this may occur:

In people with CAD the narrowed arteries reduce the amount of blood and therefore oxygen to the heart. If they experience OSA, their blood oxygen levels drop and their heart rate and blood pressure rise, increasing the work required of the heart. An uneven balance in oxygen demand and supply then increases the risk of a heart attack.

Studies demonstrate treatment of OSA can reduce the incidence of fatal and non-fatal cardiovascular events, including in healthy men and women plus patients with treated and untreated sleep apnoea.

ARE YOU CONCERNED
THAT YOU MIGHT HAVE
A SLEEP DISORDER?

PLEASE FILL YOUR DETAILS
OUT ON THE BACK
AND GIVE IT TO YOUR
GP FOR A REFERRAL TO
OUR SLEEP CLINIC.