

THE SOMNUS ODYSSEY

WELLNESS INSTITUTE FOR SLEEP & HEALTH NEWSLETTER



IN-SERVICE

This month, the WISH team reviewed sleep apnea and prioritized developing an optimal patient experience from first contact through full acceptance of PAP therapy, including mask fitting and desensitization.

FEATURED TOPICS:

- Sleep and ADHD in Our Adult Population p.2
 - stimulant use
 - chronotype
- Behavioral Concerns in the Pediatric Population and the Link with Sleep p.3
 - referral tool
- The WISH Clinical Workflow p.4

COMMUNITY CONNECTIONS

Dr. Patel has had the immense pleasure of connecting with local providers to share our passion and focus on providing comprehensive, cutting-edge, well-rounded sleep care.

This month, we were excited to demonstrate our community involvement. It was enlightening to connect with local businesses at the “Business After Hours” event hosted by the Greater Vancouver Chamber, as well as the mixer hosted by the Camas-Washougal Chamber of Commerce. We were also excited to connect with local families through the Lourdes Legacy Golf Tournament.

FOLLOW US ON SOCIAL MEDIA

The American Academy of Sleep Medicine hosted **#StudentSleepWeek** September 11-15th, and WISH joined them to highlight and raise awareness for our students’ successes inside and outside the classroom and their dependence on optimal sleep.

We are excited to advocate for sleep through social media on LinkedIn, Facebook, Instagram, and X (Twitter). Our posts are dedicated to bringing further awareness about sleep to our entire community.

WWW.FACEBOOK.COM/WISHCARES/

SLEEP AND ADHD IN OUR ADULT POPULATION

The recent FDA notice released in August 2023 reported the ongoing concern of the nationwide stimulant medication shortages, which has urged further research on ADHD and alternative treatment recommendations. What can be done at the clinician level to aid our patients from a holistic perspective?

ADHD in an adult can manifest with reduced sleep times and increased daytime sleepiness, which can lead to a lack of focus and concentration. Not only does this impact quality of life, but it can be detrimental to job performance.

Addressing sleep as a primary evaluation standard, before considering medication, may allow for reduction in pharmacotherapy or dosage. Using stimulant medications can counteract optimal sleep, considering sleep latency may become later into the night (studies show Methylphenidate to be an exception). Our goal is to advocate for eliminating the dual need of a daytime stimulant and a sleep suppressant.

Patients with ADHD have delayed melatonin production, resulting in later sleep onset. This appears similar to a genetic delayed-sleep phase chronotype

(night owls). Societal demands further strain these individuals, who, as a consequence of shortened sleep times, have a profound increase in the severity of ADHD symptoms.

Several non-pharmacological options show promise in improving daytime symptoms of ADHD. These include use of morning light therapy to aid in promoting wakefulness, along with cognitive behavioral therapy. Costs are minimal and have a high rate of success.

One-third of individuals with ADHD have concurrent sleep disordered breathing. As sleep specialists, it is imperative that we maintain a global view in our assessment of sleep. After comprehensive analysis of possible sleep pathologies, we are confidently able to tailor an individualized approach to help focus on improving symptoms of ADHD not only at night, but also during the day.

Citations:

Hvolby A. Associations of sleep disturbance with ADHD: implications for treatment. *Atten Defic Hyperact Disord*. 2015 Mar;7(1):1-18. doi: 10.1007/s12402-014-0151-0. Epub 2014 Aug 17. PMID: 25127644; PMCID: PMC4340974.

Surman CBH, Walsh DM. Managing Sleep in Adults with ADHD: From Science to Pragmatic Approaches. *Brain Sciences*. 2021; 11(10):1361. <https://doi.org/10.3390/brainsci11101361>

Califf R. Joint DEA FDA Letter. Published August 1, 2023. Accessed September 2023. <https://www.fda.gov/media/170736/download>
Journal Sleep: Methylphenidate Can Have Sleep Benefits in Adults with ADHD. Published March 1st, 2008. Accessed September 2023. <https://aasm.org/journal-sleep-methylphenidate-can-have-sleep-benefits-in-adults-with-adhd/>



Specialists' Corner

A comprehensive pediatric evaluation is often quite detailed and covers a far broader holistic evaluation than that which is conducted for adults. Many studies have focused on cumulative socio-demographic risk factors. It has been estimated that more than 84.5% of children have ≥ 1 poor sleep health habit, compared to 62.9% with ≥ 1 insomnia symptom, and 40% with ≥ 1 OSA symptom. There is a notable association between the number of cumulative socio-demographic risk factors and the incidence of sleep disorders.

So what should you look for?

Caregiver risks such as depressive symptoms and lower educational status are predictive of poor sleep outcomes. Similarly, family risk factors such as single caregivers or crowded homes had an impact. This emphasizes the need for education regarding the importance of sleep to both the patient and the caregiver, but also may guide the frequency of follow-up visits as well as type of intervention based on the patient's circumstances rather than the clinical evaluation alone.

BEHAVIORAL CONCERNS IN THE PEDIATRIC POPULATION AND THE LINK WITH SLEEP

With the turn of the 2023-2024 school year, preliminary evaluations within the school districts are underway. The uptick of clinical visits regarding behavioral concerns are presumably knocking on your door. So how can a sleep clinic make a difference in your clinical assessment and plan?

While much of pediatric sleep remains a mystery, enough information has come to light to help us do better by our children. The time of reflexively labeling diagnoses such as ADHD, learning disorders, and behavioral issues has dissipated.

Studies demonstrate the connection between sleep deprivation in children and the link to learning disorders and behavioral issues. There has been an increase in the incidence of various behavioral issues amongst the pediatric population over the last 20 years. Several theoretical analyses indicated a connection between the prevalence of technology and the manifestation of these issues, and more recently, a connection has been drawn pulling sleep into the mix.

Our goal is to guide some of those inquiries to gain the best understanding in the most efficient manner during an encounter. In fact, most investigations do not require any more tools than those that are already being used; rather, they simply require a different frame of reference.

For all intents and purposes, the breadth of normal is quite wide when it comes to acceptable changes in sleep, and therefore, barring any major deterrents, it is safe to observe and assess over a

couple of months' duration before raising concern for any pathology from sleep standpoint. For children over the age of five, nocturnal behaviors become increasingly abnormal the longer they persist; e.g., nocturnal movements, bed-wetting, sleepwalking, etc., which do not diminish overtime, and persist in frequency and strength well beyond the age of five years, would warrant further investigation by a specialist.

It is often more important to understand the daytime consequences of poor sleep as a function of duration or quality, and to be able to associate those during the interview. Rather than jumping to a direct conclusion of developmental delay, learning disability, or behavioral disorder, sleep should be assessed first.

Given the high correlation between poor sleep and many of the aforementioned issues, fixing sleep is actually a relatively simple, benign, and high yield form of therapy. Daytime manifestations of sleep problems can include hyperactive behavior, inattention, rowdiness, lack of focus, and poor social interaction.

Our hope is to raise awareness for physicians and providers in general, especially those who interact with the pediatric population, about the complex manifestations of suboptimal sleep. The impact of optimizing the overnight physiology for our youth has the probability of creating a profoundly positive impact from a public health standpoint.

Peds Sleep Referral Tool

- nightmares
- sleep disorder breathing
- nocturnal enuresis
- insomnia
- bruxism

Citations:

A A Williamson, K Lanzilotta, N Ambrulavage, J Krasny, E Bhandari, C L Marcus, J A Mindell, 0829 Cumulative Risk is Associated with Preschoolers' Sleep Patterns and Problems, *Sleep*, Volume 41, Issue suppl_1, April 2018, Pages A307-A308, <https://doi.org/10.1093/sleep/zsy061.828>

THE WISH CLINICAL WORKFLOW

Transparency is key to allow our referring clinicians a detailed understanding of our processes from start to finish for each patient. We want to validate the importance to “Ask the Question” to your patients and their bed partner: “Are there any sleep related concerns you have?”. If a referral is appropriate, this can be directly sent using your standard referral form to referrals@wishcares.org. Patients can also directly book through our website at www.wishcares.org or by scanning the QR code. Our highly capable staff will reach out to patients to aid in booking their visit upon receipt of information or an online booking. Once

be completed at least one day prior to their appointment. Each morning, we table round on each patient with our whole team. This team approach is fundamental throughout our entire process.

It is not uncommon for patients to require other evaluation or treatment for underlying conditions whose pathology or therapy gives rise to sleep disorders. We are excited to discover this and make recommendations for alternate therapeutic options or optimization, or even referral to other specialties.

Somnus's October Spotlight

Spotting Sleep Concerns
Teens and Sleep

the consult is scheduled, the patient may access our comprehensive sleep questionnaire. We request the questionnaire

We recognize the prevalence of sleep apnea and, if indicated, utilize a level II home-based sleep study, to assess for this disorder, among others. Sleep studies are read directly in-house by Dr. Ankur Patel, who is Fellowship trained in Sleep Medicine. Finalized results are directly available to patients. Follow up with our providers is encouraged in order to review the results and diagnoses, as well as to determine a detailed and individualized treatment plan going forward.

We welcome discussions regarding challenging patient cases!

The Sleep

FUNNIES



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