

Sleep: A Progressive Field

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Editorial

Sleep medicine has been a rapidly progressing field. It has seen unprecedented growth in the last 2 decades. It's estimated that, throughout the United States in 1,292 sleep clinics, at least 1.17 million people were examined during 2001. These numbers have likely doubled since then, and other countries have seen a similar growth in the field of sleep medicine. The heightened awareness of sleep disorders as the field has become more widely known and healthcare more readily available has no doubt contributed to this dramatic increase in sleep clinics and the number of polysomnographic recordings.

Examinations to diagnose breathing disorders in sleep are carried out much the same way as they were done 20 or 30 years ago by sleep specialists. The methodology and encompassing aspects of diagnosis, treatment, and lab testing procedures have impressively advanced in ways that affect patients', outcomes, and insurance carriers. For one: Electrophysiological recordings have moved from analog to digital, and data are no longer stored on novel amounts of recording paper but on compact, miniature, digital storage media. This makes scoring of a digital polysomnographic record more precise and efficient.

As a result of the advances in sleep medicine, technology, and awareness insurance carriers have become more involved in defining the treatment and diagnosis parameters that affect the flow of testing and treatment. For years, the gold standard in sleep medicine included completing a comprehensive in-lab sleep study fully attended by a technician. Modern determinations geared toward more cost effective and speedier result outcomes have caused most initial testing to shift from the center based testing to in-home testing with portable devices.

These devices while not as comprehensive as an in center test can screen patients for significant apnea easily eliminating the need for a costly \$2,000 procedure requiring the services of a technician and a setting with which to test overnight. However, considerations have been made for patients with co-morbidities or who have a borderline result on the portable test. For these patients only an in-center sleep test attended by a registered technician and interpreted by a doctor whom is board certified in sleep medicine can rule out or positively diagnosis the sleep condition.

Treatment of apnea has now largely been automated with CPAP machines that use smart technology to detect patterns and algorithms in the patients' breathing and adjust the pressures to accommodate the patient's level of apnea through the night; seemingly eliminating the need for a fixed pressure such as CPAP (Continuous Positive Airway Pressure). Now, the treatment of choice is APAP (Auto Positive Airway Pressure). In large part, insurance carriers are now requiring physicians to prescribe APAP for straightforward cases of apnea vs. having a CPAP test in the facility to determine a fixed setting. This is not only considered to be more efficient in streamlining the diagnosis to treatment ratio, but is considerably more cost effective.

As awareness, access to healthcare and advances continue to progress in healthcare it is expected that there will continue to be an ever growing need for knowledgeable people to test, diagnosis, and liaison the care of patients with sleep disorders. However, the atmosphere roles, technology, and methodology will continue to change.

"Change is the law of life and those who look only to the past or present are certain to miss the future".