



Peter Helm

OBSTRUCTIVE SLEEP APNEA

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Hypoglossal nerve stimulation couldn't have come at a better time in my life, given that in the past two years I have also been dealing with increased sleep interruption from my two-year-old daughter.

My diagnosis of obstructive sleep apnea is relatively typical. Unfortunately, I had already spent the majority of my 20s suffering from constant fatigue, mild depression, and other complications of OSA. When I was 29, I participated in a sleep study at the University of California, San Francisco. I learned that I had an apnea-hypopnea index (AHI) of 35 to 40 events per hour, and that my oxygen levels dropped to the mid-80s. Much to my chagrin, I was immediately prescribed a CPAP, a continuous positive airway pressure machine.

During the year between my initial diagnosis and my entry into the Apnex HGNS Study, I fought that machine every single night. I tried five different masks and different hose configurations, but I ended up using my CPAP roughly an hour per night, if that. I began to dread going to bed because I knew I'd have to be strapped up to the CPAP. Even my wife complained about it. She was awakened as often by a pressure leak as she would be by my snoring. I was banished to the couch more than a few times.

When I was contacted by UCSF for the Apnex HGNS study, I jumped at the chance and only hoped I would qualify. I have to admit, though, in my eagerness to get a good night's sleep without using the CPAP, I didn't realize exactly how significant the surgery to implant the device, stimulator, and sensor would be. With a one-month-old daughter, it was a rough several weeks of recovery, but we worked hard to perfect the appropriate stimulation levels and vectors. I got very familiar with the staff at the sleep center, to the say least.

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- At least 18 million Americans suffer from obstructive sleep apnea (OSA). Of these, at least 75 percent are undiagnosed.
- Although obesity, age, and male gender are among the risk factors for OSA, this common disorder affects many women, children, and people of all sizes.
- Not everyone with untreated sleep apnea falls asleep in the daytime, but people with OSA are six times more likely to have a crash and seven times more likely to have multiple accidents.
- People with OSA tend to have associated conditions including diabetes, obesity, anxiety and depression, sexual dysfunction, and high blood pressure.

Source: American Sleep Apnea Association—www.sleepapnea.org

HGNS feels like I stuck my tongue into an electrical socket. While that is a bit of hyperbole, it is a somewhat uncomfortable. I don't know if I will ever get used to the idea of my muscles moving involuntarily. I don't fall asleep with stimulation active, I have a 30 minute delay from the time I turn on the device, and I have the option to pause the treatment if I wake up in the middle of the night (this happens a lot with a baby).

Discomfort aside, if I'm asleep already, the stimulation is not strong enough to wake me up, and I would definitely consider myself a light sleeper. Even after two years, my wife continues to marvel when my snoring stops as if someone flipped a switch when the stimulation kicks in. Her sleep has improved alongside mine.

The most obvious impact has been the dramatic increase in my energy level. My career, my relationship with my wife and daughter, and my happiness have all improved, due in no small part to the better sleep I enjoy because of HGNS.

Peter Helm was a patient speaker at the ATS 2012 International Conference in San Francisco, Calif.