

# [PDF] Sleep Medicine Pearls, 3e (Pearls Series)

Richard B. Berry MD, Mary H Wagner MD - pdf download free book

"Sleep Medicine Pearls", 3rd Edition, ISBN: 9781455770519, ©2015 Elsevier

PATIENT 17: A PATIENT WITH CLAUDICATIO



**Figure 17-1** A and B, A nasal pillow mask (Duo 17, ResMed, Irvine, CA). C, Nasal CPAP device (Single-use valves are connected to each nostril and secured with adhesive). A and B, Berry MD, Wagner MD. *Sleep Medicine Pearls*, 3rd Edition, © 2015 Elsevier. C, Berry MD, Wagner MD. *Sleep Medicine Pearls*, 3rd Edition, © 2015 Elsevier. C, Berry MD, Wagner MD. *Sleep Medicine Pearls*, 3rd Edition, © 2015 Elsevier.

Patients who desire volume PEP or traditional nasal mask or full-face mask may require titration or treatment with a nasal pillow mask. These masks provide a seal through the use of two soft pillows that insert into each nostril (Figure 17-1, A and B). Pressure against the pillow material is applied slightly and creates a seal. A variety of these masks are available, and the major issue is finding the correct size of pillow mask for each patient. Finding a mask with the proper pillow shape and angle of entry into the nostrils may require trying several brands of masks. Using too small a pillow size causes leak within the mask is uncomfortable, and this may cause nasal pain with prolonged use, even if tolerated briefly. Some patients also do not like head straps, and for such patients, masks that do around the ears are available. Nasal pillow masks are especially useful to patients with nasal pain and for whom patients who have no dental support to insert the mask pressure on the upper lip. Some patients have difficulty inserting the mask into the nostrils and may be left with the eyes. Some patients may do well with a nasal pillow mask. A nasal pillow mask may be used in most situations of the entry area into the nose caused by the pillow. In one experience, when patients are unable to insert a traditional nasal mask in a pillow mask, they often complain that the pressure of the mask is too tight. The pressure drop across the nasal airway is eliminated. A slightly lower pressure may be needed when changing to a nasal pillow mask.

If severe claustrophobia is present, even the use of a nasal pillow mask may not be tolerated. In this case, desensitization, with or without the assistance of a behavioral specialist such as a psychiatrist, may be used. In general, the technique involves slowly introducing the object that causes distress, for example, wearing a mask, while watching the television during the first few treatment periods. Very low CPAP pressure should be used on the mask intended to increase tolerability. Desensitization may be used with or without titration treatment or the addition of an anxiolytic medication. An example is to connect a behavioral hierarchy which is increasing order of perceived difficulty, consists of the following five "steps": (1) wearing the CPAP nasal pillow mask at home for 1 hour each day while awake; (2) attaching the mask to the CPAP apparatus, switching the unit to the "on" position and practicing breathing through the mask for 1 hour while watching television, reading, or performing some other voluntary activity; (3) using CPAP during 1-hour scheduled naps at home; (4) using CPAP during travel 1 to 4 hours of scheduled sleep; and (5) using CPAP through an entire night's sleep. When the patient reports performing one step for 5 consecutive days without anxiety, he or she is encouraged to move to the next, more difficult step. For more details see the article by Edgar and Ruckel.

**Nasal CPAP**  
Once any valve inserted into each nostril and sealed with head and adhesive provide PEP during exhalation (nasal CPAP, ResMed, Durban, South Africa; Figure 17-1, C). Exhalation is without resistance, but exhalation meets a resistance, and back pressure is generated. The mechanism of action is resistance but likely includes an increase in nasal inspiratory flow volume, as increase upper airway size by pneumatic effect, or a slight increase in partial pressure of carbon dioxide (PCO<sub>2</sub>) (traditional breathing). About 50% to 60% of patients have a 20% decrease in the CPAP resistance as the CPAP is the first step. Patients with OSA, severity of sleep may respond. The treatment AHI is not reliably as low as CPAP but may be acceptable to patients not tolerating CPAP for

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## Description:

Sleep Medicine is a rapidly growing and changing field. Experienced sleep medicine clinicians and educators Richard B. Berry, MD and Mary H. Wagner, MD present the **completely revised**, third edition of *Sleep Medicine Pearls* featuring 150 cases that review key elements in the evaluation and management of a wide variety of sleep disorders. The cases are preceded by short fundamentals chapters that present enough basic information so that a physician new to sleep medicine can start reading page 1 and quickly learn the **essential information** needed to care for patients with sleep disorders. A concise, practical format makes this an **ideal resource** for sleep medicine physicians in active practice, sleep fellows learning sleep medicine, and

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