

**GENERAL INTERNAL MEDICINE & HEALTH SERVICES RESEARCH CASE
CONFERENCE TEACHING MODULE**

Obstructive Sleep Apnea
Dr. Lisa Skinner

Case

J. Parnell is a 52 yo AAF who presents to clinic with a long history of asthma, poorly controlled HTN on three medications, and CHF with an EF of 40%. She states that for the past several years she has had chronic fatigue. She becomes exhausted upon walking only 2-3 blocks and also feels very sluggish, finding it difficult to motivate herself to perform any physical activity. Furthermore, she complains of occasional morning headaches, often relieved with prn motrin. She is 5 feet 8 inches and weighs 272 lbs. Her exam is unremarkable except for very slight wheezing on forced expiration.

- **What may be the underlying causes of this pt's HTN? Do the pts other complaints help to elucidate a cause? What other physical exam findings may be helpful?**
- **What further questions can be asked of the patient or other family members that may heighten your suspicion of a diagnosis of sleep apnea?**
- **What are the two types of sleep apnea and how may they be differentiated?**
- **What are the distinctive physiologic characteristics of obstructive apnea, obstructive hypopnea and upper respiratory disturbance? How does one define the severity of sleep apnea based upon the sleep study?**
- **Ms. Parnell had a sleep study ordered (see attached), can you interpret the study for her? .**
- **What are the available medical treatments for sleep apnea? How would you proceed to treat this patient? Are there any treatments that can worsen sleep apnea?**
- **Could treating sleep apnea in this patient also treat her comorbid conditions?**
- **J Parnell has had a partial gastrectomy for weight loss in the past and wonders whether surgical manipulation can work to reduce the upper airway obstruction. What do you tell her?**
- **What should you inform J. Parnell of the long term sequelae of sleep apnea?**