CLINICAL SLEEP EDUCATOR
CSE
CERTIFICATE PROGRAM
BOARD OF REGISTERED POLYSOMNOGRAPHIC TECHNOLOGISTS

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BRPT

FACT SHEET: UNDERSTANDING YOUR RESULTS

KEY FACTS

- Differentiate results between portions of the study such as "Baseline" and "Diagnostic."
- Look for extra data in text that may not be represented numerically such as heart and brain wave patterns.
- Discuss the data with a sleep physician.

Q: WHAT IS THE FIRST THING TO NOTICE WHEN LOOKING AT YOUR TEST RESULTS?

A: The first thing you should pay attention to is whether the results you are looking at pertain to a "baseline" or "diagnostic" portion of a study as opposed to a "treatment" or "titration" portion. The data from different portions represent very different contexts, and should be viewed as such.

Q: WHAT IS THE DIFFERENCE BETWEEN APNEA, HYPOPNEA AND RERA?

A: An apnea is a respiratory event in which the airway has closed and you cannot breathe. A hypopnea is similar, except the airway isn't entirely close, but closed enough that there is reduced airflow. Lastly, a RERA is an acronym for Respiratory Effort Related Arousal. This is a respiratory event in which the effort required to obtain an adequate breath is too large to sleep through. RERAs result in the same symptoms of daytime sleepiness as apneas and hypopneas. They all are significant and should be discussed with your physician.

Q: WHAT ARE THE APNEA/HYPOAPNEA INDEX (AHI) AND THE RESPIRATORY DISTURBANCE INDEX (RDI)?

A: The AHI is a statistic that represents the average number of apneas and hypopneas per hour of sleep. The RDI is similar but it includes RERAs as well as apneas and hypopneas per hour of sleep. These statistics are significant both before and after treatment (if applicable).

Q: WHAT IS AROUSAL INDEX?

A: The arousal index is the average number of times you have brief awakenings per hour of sleep. When this number is high it is indicative of fragmented sleep which can lead to excessive daytime sleepiness. This number may be high secondary to another sleep disorder, and this should be discussed with your physician.

Q: WHAT IS SLEEP EFFICIENCY?

A: Sleep efficiency is the percentage of the time you are asleep while in bed. A low sleep efficiency can be indicative of insomnia, or sleep disruption by another sleep disorder. A low sleep efficiency should be discussed with your sleep physician, and evaluated both with and without treatment (if applicable).

Q: WHAT ADDITIONAL DATA SHOULD I LOOK FOR?

A: Many things are recorded during a sleep study. Much can be learned from sleep without a corresponding statistic. For instance, heart rate irregularities, parasomnias such as sleep talking/walking, or other respiratory abnormalities may be mentioned in the report. These things should be discussed with your physician to learn how they may be impacting your health, both awake and asleep.

FURTHER READING

1. **"Polysomnography II, Respiratory Care Clinics of North America, Vol. 12, Number 1" –Teofilo L. Chiong, Jr, MD and W. David Brown, PhD**