

MULTIPLE SLEEP DISORDERS IN PATIENTS AT A SLEEP CENTRE

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It has previously been pointed out that patients investigated in sleep centres can have more than one sleep disorder, but there is little information available about their multiple diagnoses. We investigated the relationships between all the sleep disorders diagnosed by polysomnography etc. in 200 consecutive patients at the Epworth Sleep Centre. No distinction was made between disorders as primary or secondary. The same diagnostic recording and analysis methods were used for all patients. The numbers of patients with each of 9 sleep disorders and the percentage of patients with each disorder who had > 1 diagnosis were as follows: snoring without OSA (RDI < 5) n = 75, 69.3%; OSA (RDI = 5+) n = 113, 52.2%; periodic limb movement limb movement disorder (PLMD) n = 62, 98.4%; restless legs syndrome (RLS) n = 61, 98.4%; alpha-EEG sleep pattern, n = 15, 100%; insomnia, n = 14, 92.9%; parasomnia, n = 6, 83.3%; narcolepsy, n = 1, 0%. In total, 62.9% of all 200 patients had > 1 sleep disorder, a higher proportion than previously reported. Such multiple diagnoses must be taken into account when attempting to relate the severity of any one disorder, such as OSA, to other characteristics, such as daytime sleepiness or having motor vehicle accidents. Of all 200 patients here, 97 (48.5%) had "excessive daytime sleepiness" (EDS) with ESS scores > 10. Among those patients with EDS, 55.7% had OSA, with or without other diagnoses, 35.1% had snoring without OSA, 35.1% had PLMD, 35.1% had RLS, and 24.7% had other diagnoses. These results serve as a reminder that we should not equate EDS with OSA alone.

Kew Words: Multiple sleep disorders; excessive daytime sleepiness.

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