

# Arkansas Trucking Association Safety Management Council Meeting 2/12/09

## Welcome

Don Holman, SMC Chairman. I'd like to call this meeting of the Arkansas Trucking Association's (ATA) Safety Management Council to order.

Mr. Holman then spoke briefly about the following matters:

- - Changing the name for the ATA Safety Executive of the Year to Safety Professional of the Year.
- - Still need volunteers for the Truck Driving Championship. Step vans have been added this year to the Truck Driving Championship.
- - Recommend/review the NATMI training courses and dates on the Arkansas Trucking Association websites for required training needs.
- - A demonstration on safety devices is being presented at the Little Rock State Fairgrounds on 3-17-2009. The ATA will provide more details on this demonstration later.

## Reading of the minutes of the last meeting.

The minutes were published on the web-site after our last meeting. May we have a motion to approve these minutes? Is there a second? Approved.

## New Business/Old Business

Is there any other new business from the audience at this time? None.

## Break for Lunch

## Presentation - Topic: Sleep Apnea

**Mr. Holman introduced the guest speakers from the Coulter Sleep Center from Benton, AR.**

- Dr. Gordon L. Gibson: MD University of Arkansas for Medical Sciences; member of numerous boards and Board Certification Neurology, American Board.
- Lisa Coulter, REEGT, RPSGT

## **Key Points Made During The Presentation:**

- Go to [www.coultersleepcenters.com](http://www.coultersleepcenters.com) for a review of services offered for the treatment of sleep apnea.
- Sleep apnea is a sleep disorder which triggers pauses in breathing during sleep. These episodes, called apneas, last long enough so one or more breaths are missed, and occur repeatedly throughout sleep. Sleep apnea is diagnosed with an overnight sleep test called a polysomnogram.

Often, individuals with sleep apnea are not aware of having difficulty breathing. Because of this, sleep apnea is frequently recognized by a spouse or sleep-mate who witnesses sleep apnea episodes. Sometimes sleep apnea is suspected because of its effects on the body. Symptoms may be present for years or even decades without identification, during which time the sufferer may become conditioned to the daytime sleepiness and fatigue associated with significant levels of sleep disturbance.

- WARNING!
  - o It is a fact....30 - 40% of truck drivers are driving under the influence of sleep apnea.

These drivers are 7 times more likely to have an accident as your other drivers.

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- **Symptoms of Sleep Apnea**
  - o Loud snoring. This can indicate breathing problems or blocked air passages.
  - o Cessation of breathing or choking spells in the night. In severe cases, this can occur over 50 times an hour with each spell lasting as long as 10 seconds.
  - o Excessive daytime sleepiness. Daytime sleepiness can become so excessive that working becomes difficult and driving is dangerous.
  - o Frequent visits to the bathroom. Individuals with sleep apnea often find that they require repeated trips to the bathroom throughout the night.
  - o Severe mood swings. Sleep deprivation can affect mental health, often causing moods to shift rapidly from depression to irritability to anger.
  - o Obesity. Although some slip people do suffer from sleep apnea, the majority are overweight or obese.
  - o A general lack of energy. Because individuals with sleep apnea suffer from sleep deprivation, they often find they lack the energy to perform daily activities.
  - o Dry mouth and sore throat in the morning. This is caused from sleeping with the mouth open, snoring, and gasping for air.
  - o Lack of concentration and forgetfulness. Sleep deprivation affects motor skills and memory.
  - o Morning headaches. Lack of sufficient air throughout the night can cause headaches.
  
- **Causes for Sleep Apnea**
  - o Generally, the throat muscles keep the throat and airway open, but in the case of sleep apnea, the throat collapses during sleep, blocking the airway and preventing air from getting to the lungs.
    - oo **Causes of an obstructed airway include:**
      - ooo Shape of head and neck -- some head and neck shapes can create a smaller than normal airway.
      - ooo Large tonsils or adenoids -- this or other anatomical differences such as a deviated septum, enlarged tongue, or receding chin can also create difficulties in breathing during sleep.
      - ooo Excess weight or obesity -- although slim people can suffer from sleep apnea, obesity is a risk factor for sleep apnea.
      - ooo Abnormally relaxed throat muscles and tongue -- this can be due to alcohol or sedative use before bedtime.
    - oo **Other risk factors for sleep apnea include:**
      - ooo Irregular sleep hours
      - ooo Snoring
      - ooo Smoking or exposure to secondhand smoke
      - ooo Nasal congestion, nasal blockages, and nasal irritants.
      - ooo Family history of sleep apnea.
  
- **Treatment Options**
  - oo **How Sleep Apnea is Diagnoses**
    - ooo Speak with your health care professional if you suspect you might have sleep apnea or any other sleep disorder. You will most likely be asked to keep a sleep diary for a few nights. A sleep diary tracks your sleep patterns and behaviors to allow your physician to get a clear picture of how your sleep is being affected.
    - ooo If necessary, your health care professional may schedule a sleep test overnight in a sleep center. Most sleep centers are set up much like hotels

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with private rooms and baths. You will be observed while sleeping -- using cameras as well as monitors attached to your body. A test called a polysomnogram performed at sleep center, is the definitive test to diagnose sleep apnea.

### oo **Treatment for Sleep Apnea**

ooo Sleep apnea is highly treatable, and most individuals find that they experience relief from employing one or sometimes a combination of treatments. Mild to moderate sleep apnea can often be treated with behavioral modification, but most cases of sleep apnea require a physician's assistance to find the most effective treatment.

ooo The treatments outlined below are for informational purposes only. Sleep apnea is a serious condition – it's important to consult with your physician to find the treatment that is best for you.

### oo **Behavioral Treatments for Sleep Apnea**

ooo Weight loss: Losing even 10% of your weight can reduce sleep apnea incidents and dramatically improve the quality of your sleep.

ooo Reduce consumption of alcohol, tobacco, and sedatives such as sleeping pills: Avoiding the use of stimulants and depressants can reduce the likelihood of airway closure during the night.

ooo Sleep on your side: Some individuals with sleep apnea find that they experience temporary relief when sleeping on the side, rather than the back.

ooo Establish a regular sleep routine: Irregular sleep hours can throw off your sleep cycles and lead to breathing problems during the most important sleep stages.

### oo **Medical Treatments For Sleep Apnea**

ooo Continuous Positive Airway Pressure (CPAP):

oooo A CPAP machine blows pressurized air into a mask worn over the nose to keep the patient's airway open during sleep. This is the most common long-term treatment for severe sleep apnea.

ooo Bilevel Positive Airway Pressure (BIPAP):

oooo An electronic circuit monitors the patient's breathing and provides two different pressures; one for inhalation and one for exhalation. This treatment is sometimes used for patients who find breathing out against increased pressure to be uncomfortable or disruptive to their sleep.

ooo Oral Devices

oooo Oral devices such as dental appliances open the patient's airway by bringing the lower jaw or tongue forward during sleep. Two common oral devices are the Mandibular Repositioning Device and the Tongue Retaining Device.

ooo Surgery

oooo Surgically removing tissue such as tonsils, adenoids, or excess tissue at the back of the throat or inside the nose increases the size of the patient's airway, allowing better airflow during sleep.

ooo Oxygen Administration:

oooo Oxygen is provided to the patient via a small tube that fits inside the nose. This treatment is rarely used, although it is occasionally employed in conjunction with CPAP.

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**Questions & Answers Session**

Q: We had a driver that took the test, but did not come back for the medical treatment. What should we do?

A: A driver who has been diagnosed with sleep apnea should return for the appropriate medical treatment before driving again.

Q: What is the impact of diabetes on individuals with sleep apnea?

A: Low oxygen supply puts stress on all body systems.

Q: How much does a sleep study to include a CPAP machine cost?

A: Currently, the Coulter Sleep Center charges \$2,000.00 per patient which includes monitoring.

Q: What is the percentage of people who take the test that do not have sleep apnea?

A: Our data reflect about 5% of those tested do not have sleep apnea.

Q: Are there any problems with the CPAP machine (forced air) into lungs?

A: It depends upon the patient. Sometimes we have to adjust the airflow to fit the individual. We try to do that when the patient is being fitted for their mask. There are a variety of masks that a patient can choose from. Normally, the masks last for about 6 months and then will need to be replaced.

Q: Is the Coulter Sleep Center an accredited institution?

A: Yes

Q: Do you know if Blue Cross/Blue Shield covers sleep apnea?

A: Yes, Blue Cross/Blue Shield covers sleep apnea and I believe ETNA will, too. You will need to review the policy to see if the equipment is covered.

Q: Have you had a case that involved litigation?

A: No, not to date.

Q: What is the percentage of individuals that do not comply with using their system?

A: We find that about 69% of the people comply initially. We use our monitoring system to work with the individuals for those that are not in compliance.

Q: How do you monitor compliance?

A: - Each machine has a card.  
- The data on the card is downloaded.  
- Dr. Gibson interprets the data.  
- Machine must be used 70% of the time for 4 or more hours.

Our next meeting 3-17-2009 at Little Rock State Fairgrounds.

Number in attendance: 23

**Meeting Adjourned - travel safely.**

**Supporting Documents**

- Credentials for Dr. Gordon L. Gibson
- Slide presentation used by Dr. Gibson and Ms. Lisa Coulter