Akershus universitetssykehus

UNIVERSITETET I OSLO

Utvikling av en Atferdsintervensjon ved Manglende Mestring av Behandling for Obstruktiv Søvnapné

Harald Hrubos-Strøm, Lege, PhD, Somnologist

HELSE SØR-ØST

Interessekonflikter (1)

Google Kalender | Swedavia | Inbox (18) - hrubostr | Oslo Sovnsenter

www.oslosovnsenter.no

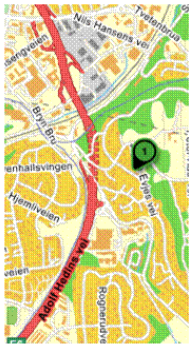
Apps | Helseportalen -... | Legeforeningen... | PubMed home | RD Web Access | Suggested Sites | Web Slice Gallery | Importert fra Int... | DiaGraphIT AS | Om Hospital IT ... | MediMatic: Co... | ::ISSTA::

Oslo Søvnsenter

Velkommen til Oslo Søvnsenter!

Oslo Søvnsenter tilbyr et behandlingstilbud for alle typer søvnlidelser etter en modell utviklet av **Bergen Søvnsenter.** Vi tilbyr profesjonell utredning og behandling av alle typer kroniske søvnlidelser hos **ungdommer og voksne.** Kontortid: **onsdager fra 18.00-21.00.**

Søvnproblemer
Søvnproblemer inndeles i seks ulike kategorier: insomni (dårlig søvn), hypersomni (økt søvn/søvnighet), døgnrytmeforstyrrelser, restless legs (urolige bein), søvnapne og parasomnier (gå i søvne etc). Les mer om søvn og de ulike søvnsykdommene på de to øverste linkene i kolonnen til venstre.



Behandling:
Vi benytter i hovedsak ikke-medikamentelle behandlingsformer, slik som søvnrestriksjon, stimulus-kontroll og lysbehandling.

Priser:
Første konsultasjon (Gjennomgang symptomer, diagnosekriterier og eventuell oppstart av behandling av søvnproblemene)
kr. 1500,-

Oppfølgingskonsultasjoner (kontroller, justering av behandling)
kr. 1000,-

Leie av lyskasse **Kr. 300,-** (ukepris)

- Bergen Søvnsenter
- Sovno.no

Ansvarlig Lege:

Harald Hrubos-Strøm, Phd

Se også:

Somnify.no

-Nettbasert selvhjelp

-Søvnblogg

Kontakt oss: (ikke krav om henvisning) **Ventetid utredningskonsultasjon: Ca 4 mnd.**

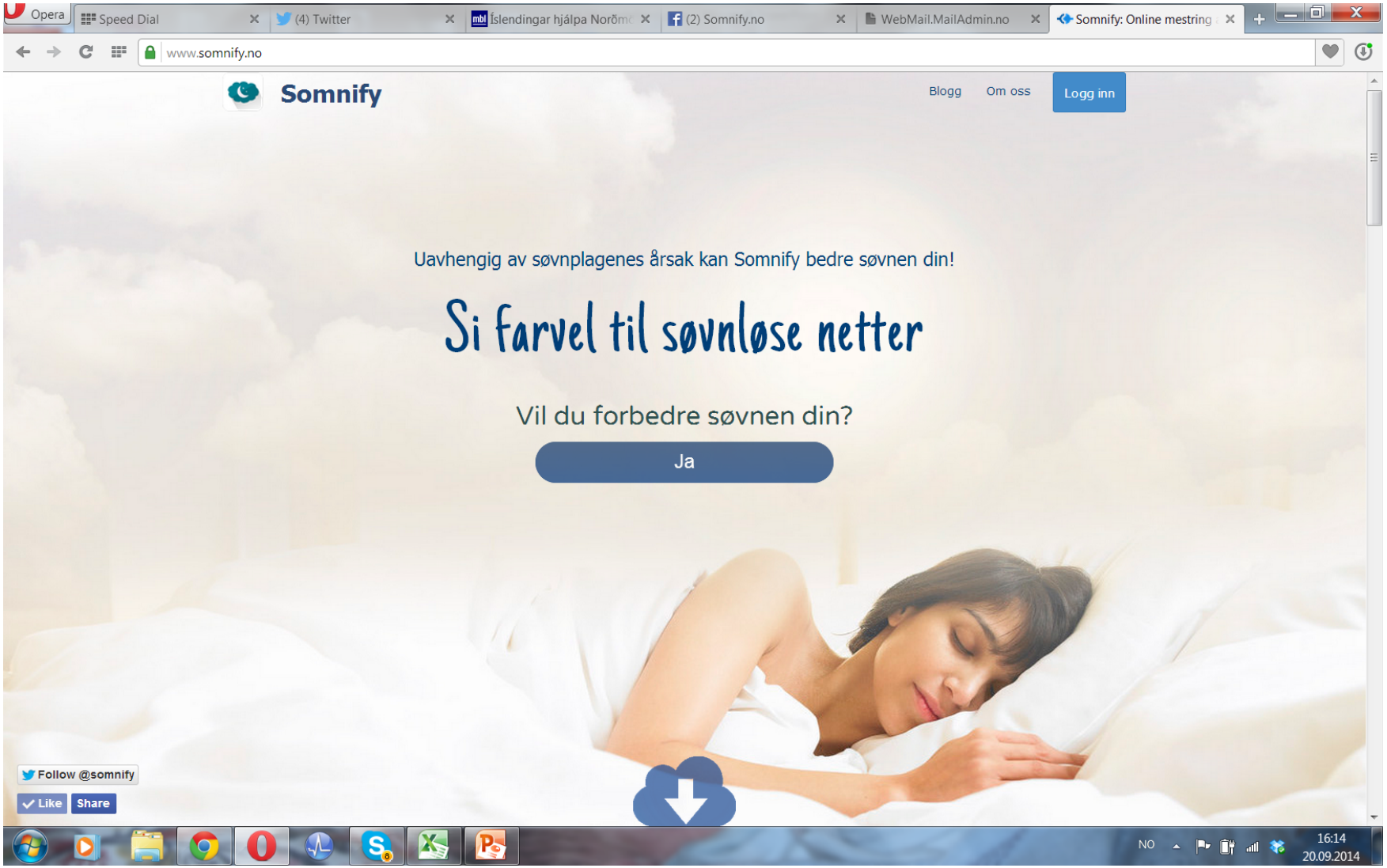
E-post: post@oslosovnsenter.no

Telefon: **412 73 116** (kun for veibeskrivelse onsdager)

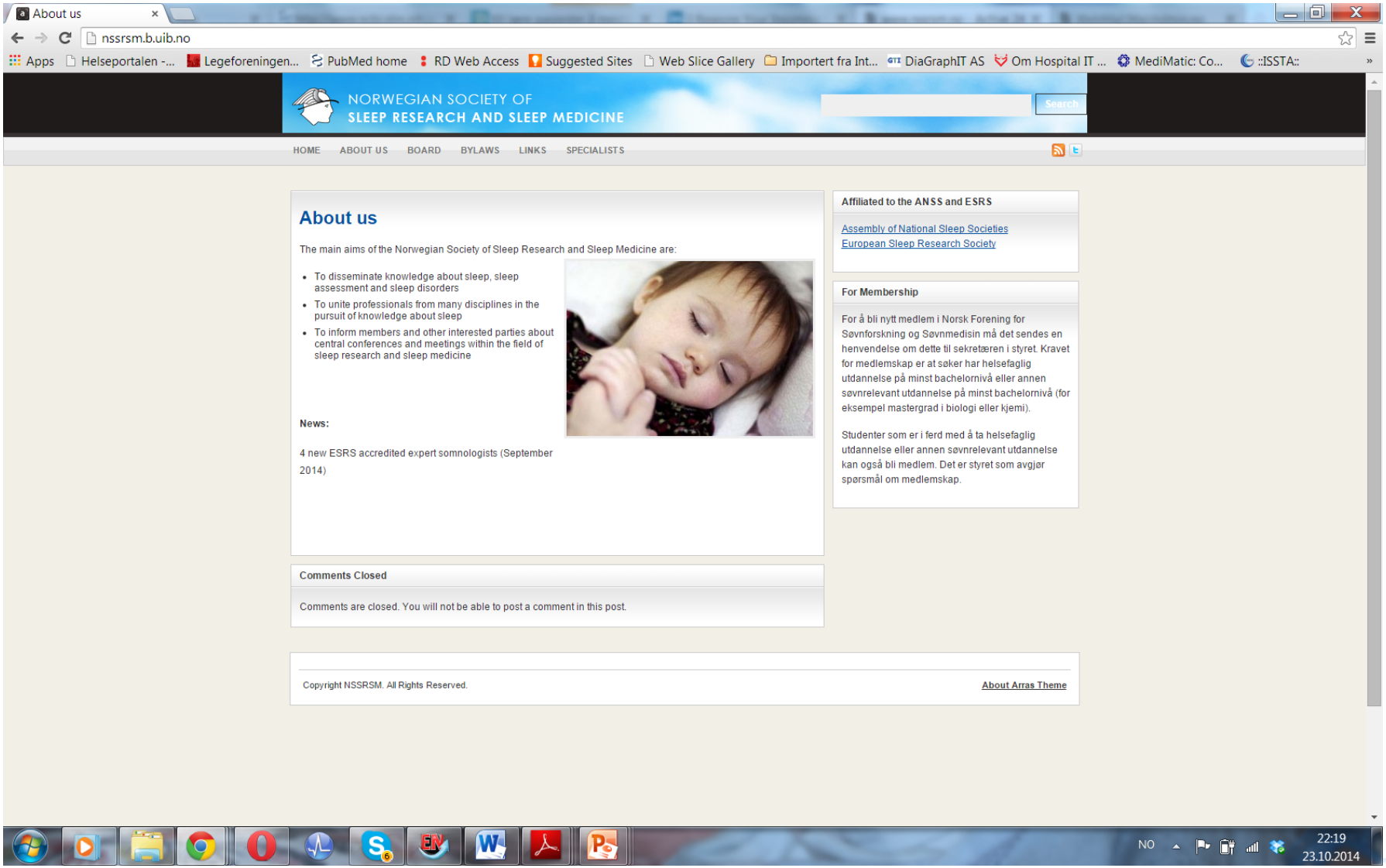
Adresse: **Thygesons vei 6b, 0667 OSLO** **Vennligst ta med kontanter!**

NO 16:18 20.09.2014

Interessekonflikter (2):

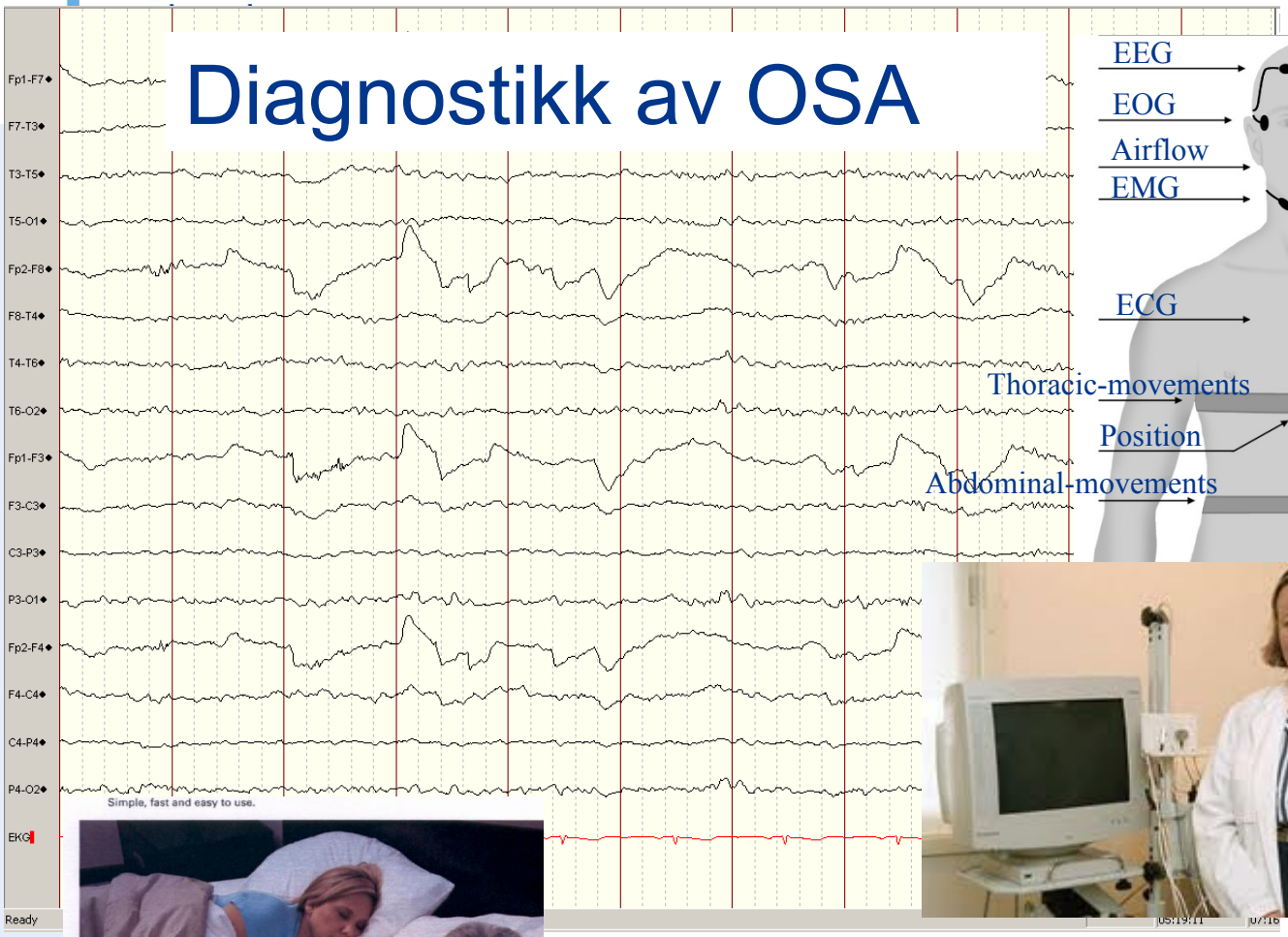


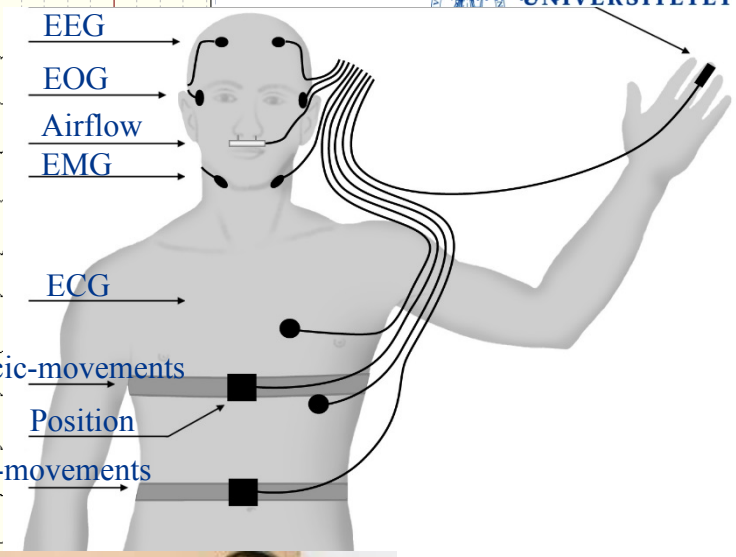
http://nssrsm.b.uib.no/

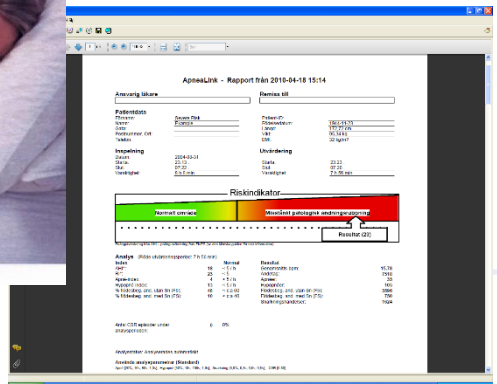



Gt. Snoring 2
Lt. Snoring 1/2
Cromer 19
A148
King's Lynn 24
A148
Little Snoring
airfield
Fakenham 2 3/4

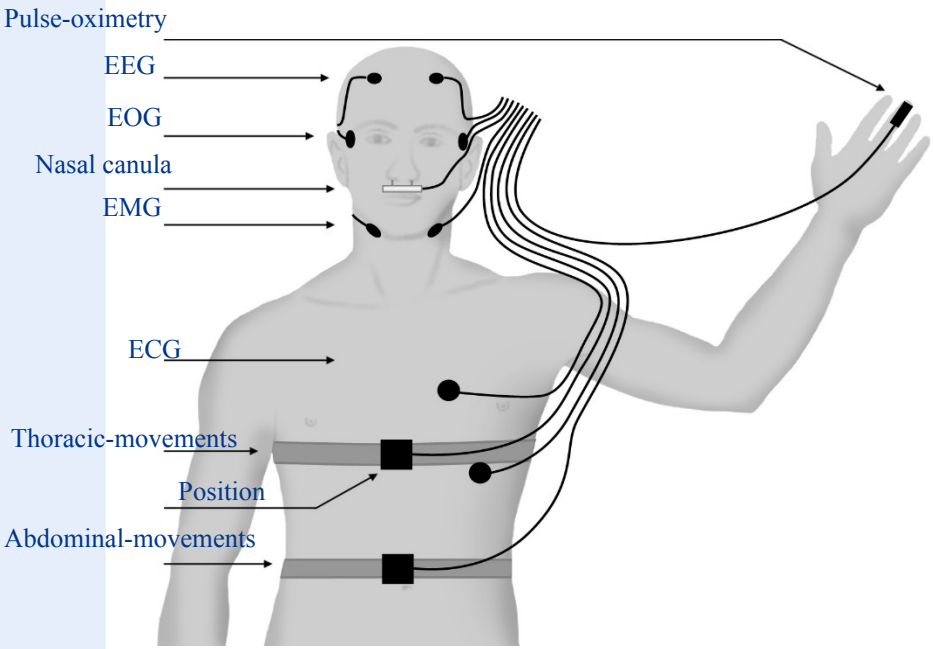
Diagnostikk av OSA



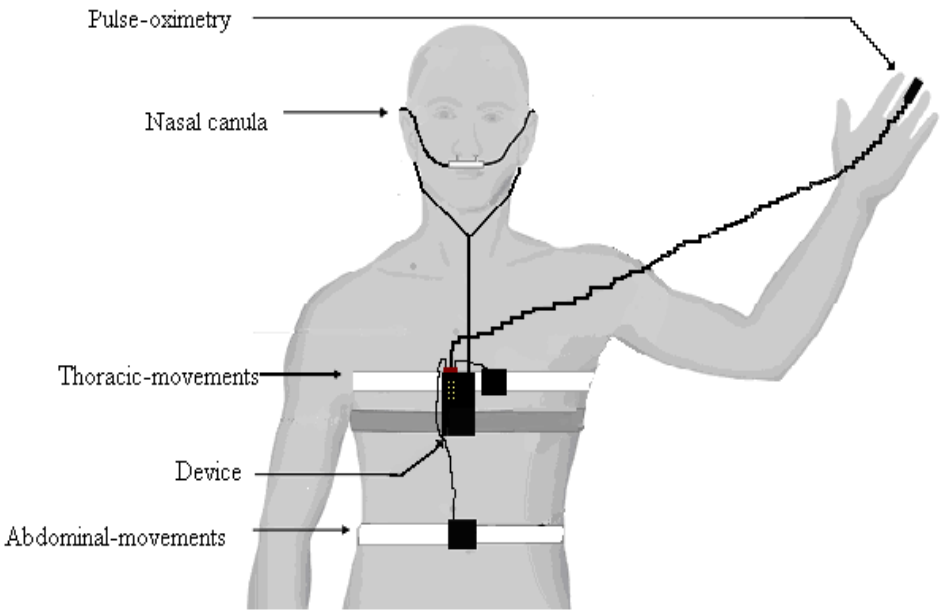




Polysomnography
Level 1-2



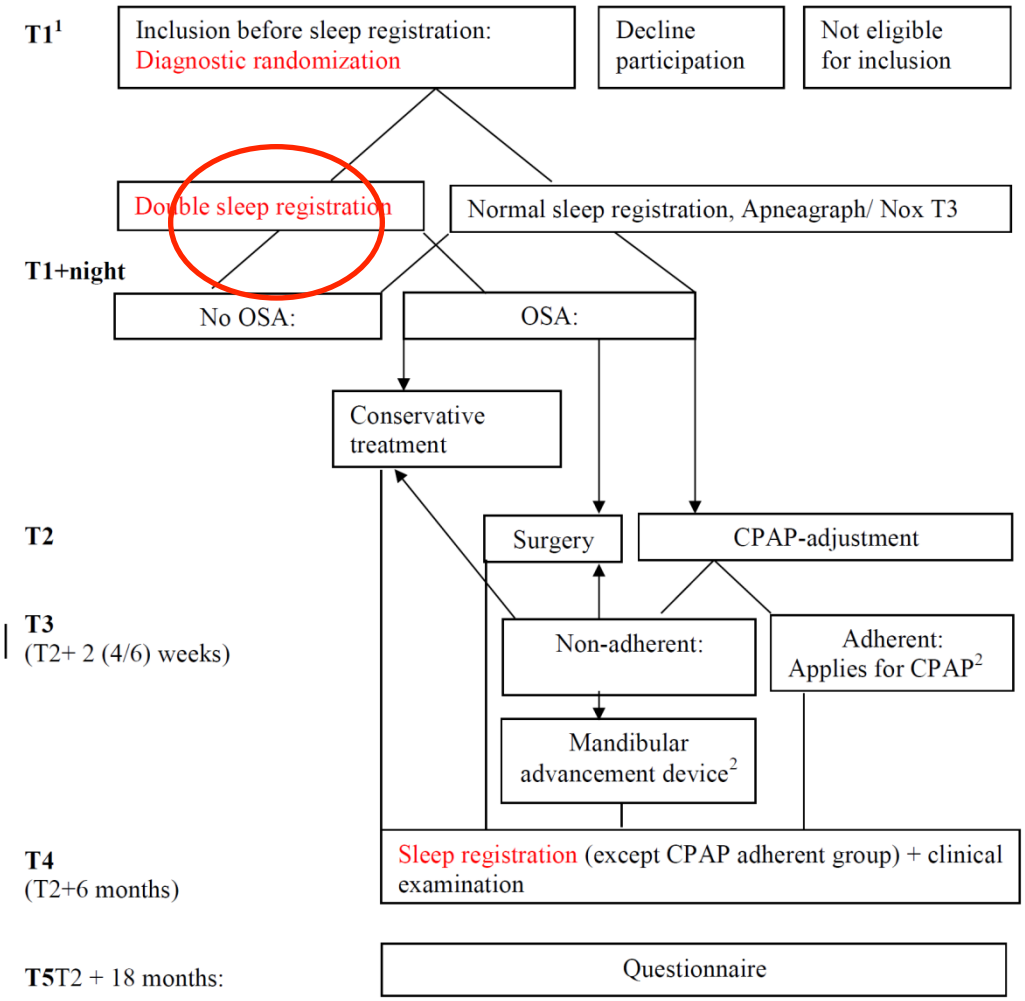
Polygraphy
Level 3(-4)



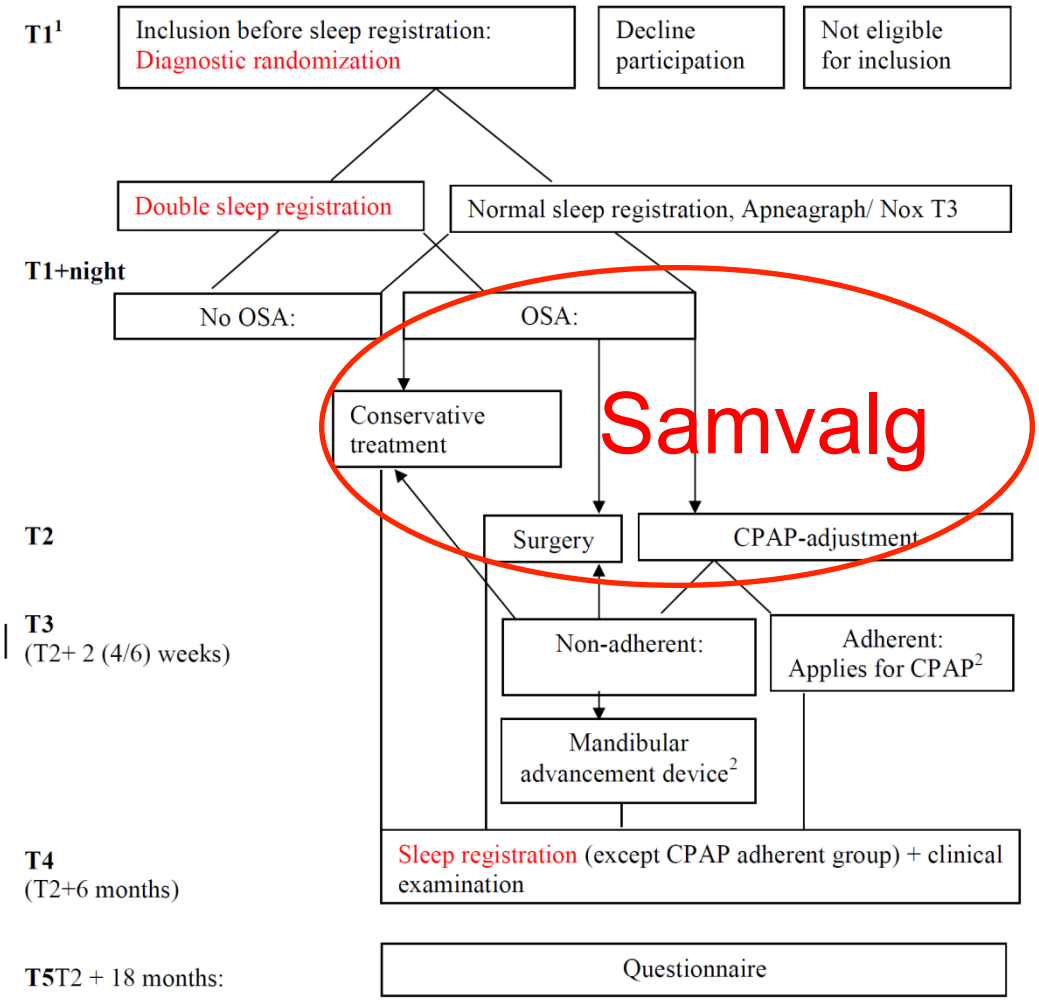
Samvalg av behandling

- Konservativ
  - Vektreduksjon
  - Andre risikofaktorer
  - Posisjonsterapi
- **Positive Airway Pressure**
- Søvnapnéskinne
- Kirurgi?
  - Trakeotomi
  - Nese
  - UPPP
  - Maxillomandibular advancement
  - Fedmekirurgi
- Hypoglossusstimulering?

Appendix 1: Study flow chart



Appendix 1: Study flow chart



Samarbeidspartnere ASADaTE I, delstudie for mestring av behandling

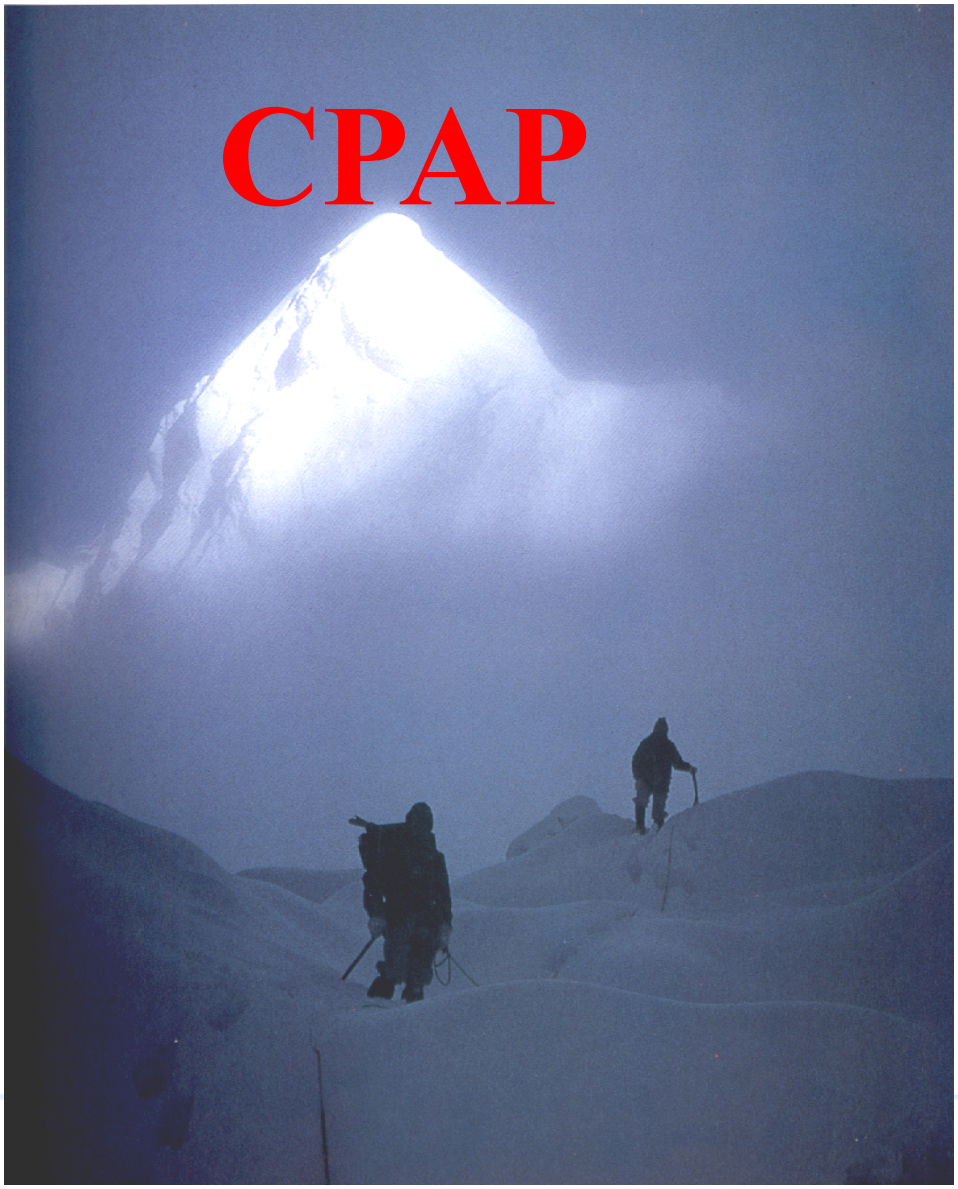
- Nasjonalt
  - Professor Toril Dammen, Avdeling for Atferdsvitenskap, Universitetet i Oslo
  - Professor Pål Gulbrandsen, Akershus Universitetssykehus
  - LMS
    - Ahus: Marit Kristine Hofset
    - Helge Skirbekk
- Internasjonalt
  - Professor Anders Broström, Høyskolen i Jönköping, Sverige
  - Professor Thorarinn Gislason, Universitetet i Reykjavik, Island

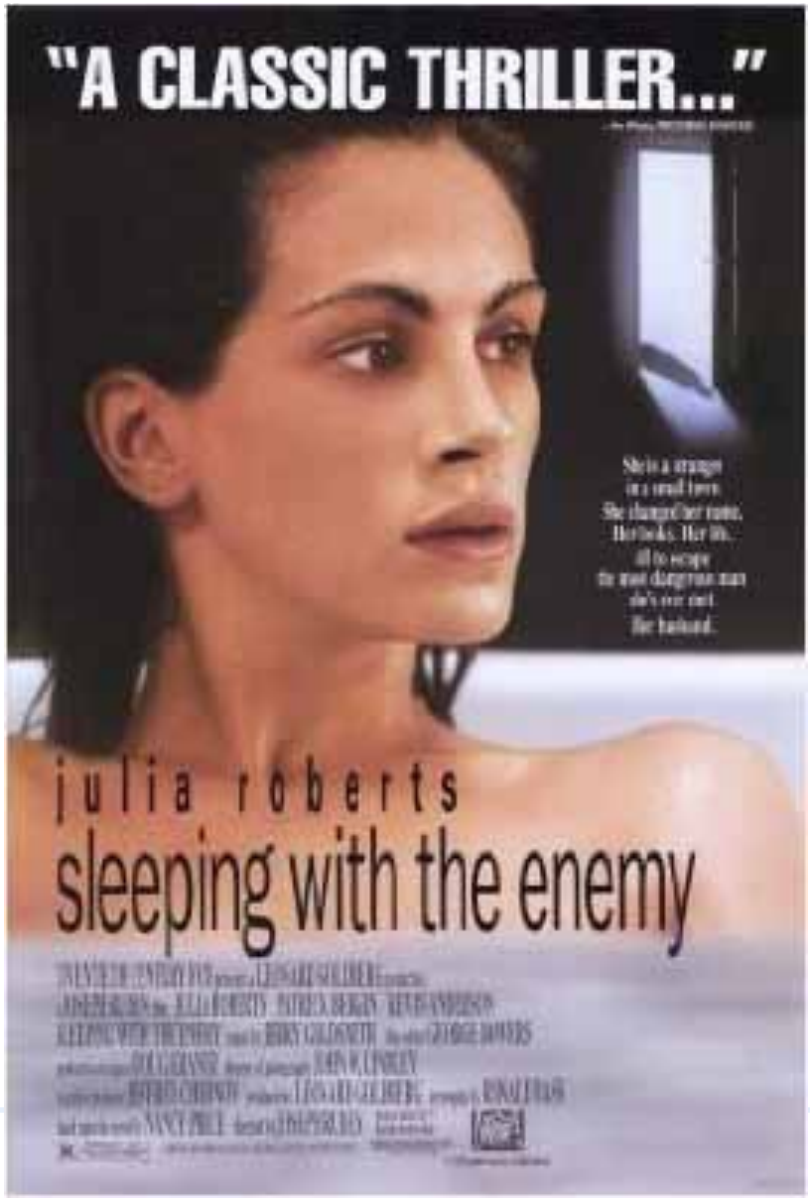
Inklusjonskriterier:

- Henvist Ahus, søvnseksjonen ØNH
- Alder 20-80 år,
- Mestring av norsk språk
- Fravær av alvorlig sykdom.

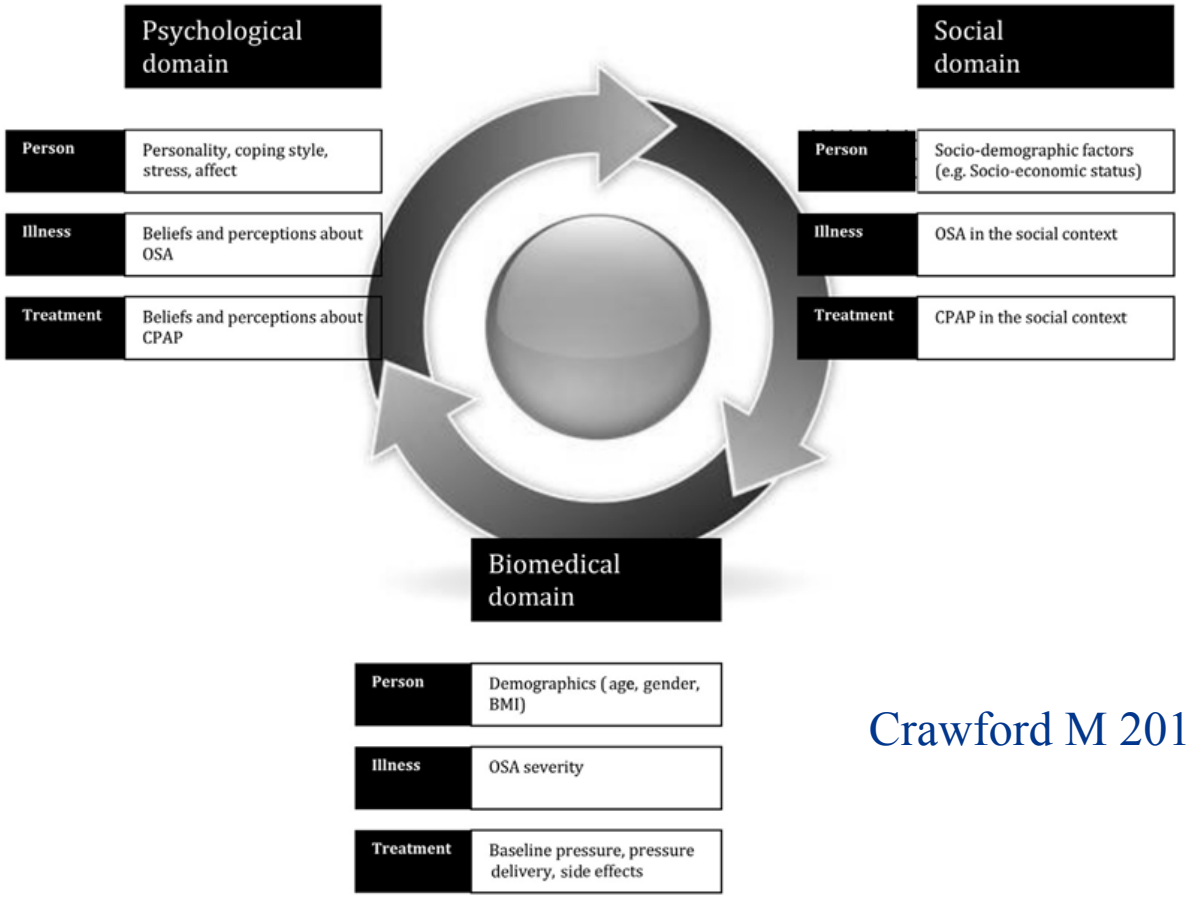
Eksklusjonskriterier

- Tidligere kjent OSA.


CPAP


"A CLASSIC THRILLER..."
julia roberts
sleeping with the enemy

Bio-PsychoSocial mestring av behandling med PAP



Crawford M 2013

Shared Decision making = Samvalg

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collaboRATE™

Oversatt av Pål Gulbrandsen, Harald Hrubos-Strøm og Øystein Eiring, Oktober 2014

Preliminær versjon

Tenk på legeavtalen du nettopp hadde...

1. Hvor mye innsats ble gjort for å hjelpe deg med å forstå helseutfordringene dine?

0	1	2	3	4	5	6	7	8	9	10
Ingen innsats										All mulig innsats

2. Hvor mye innsats ble gjort for å lytte til det som betyr mest for deg når det gjelder helseutfordringene dine?

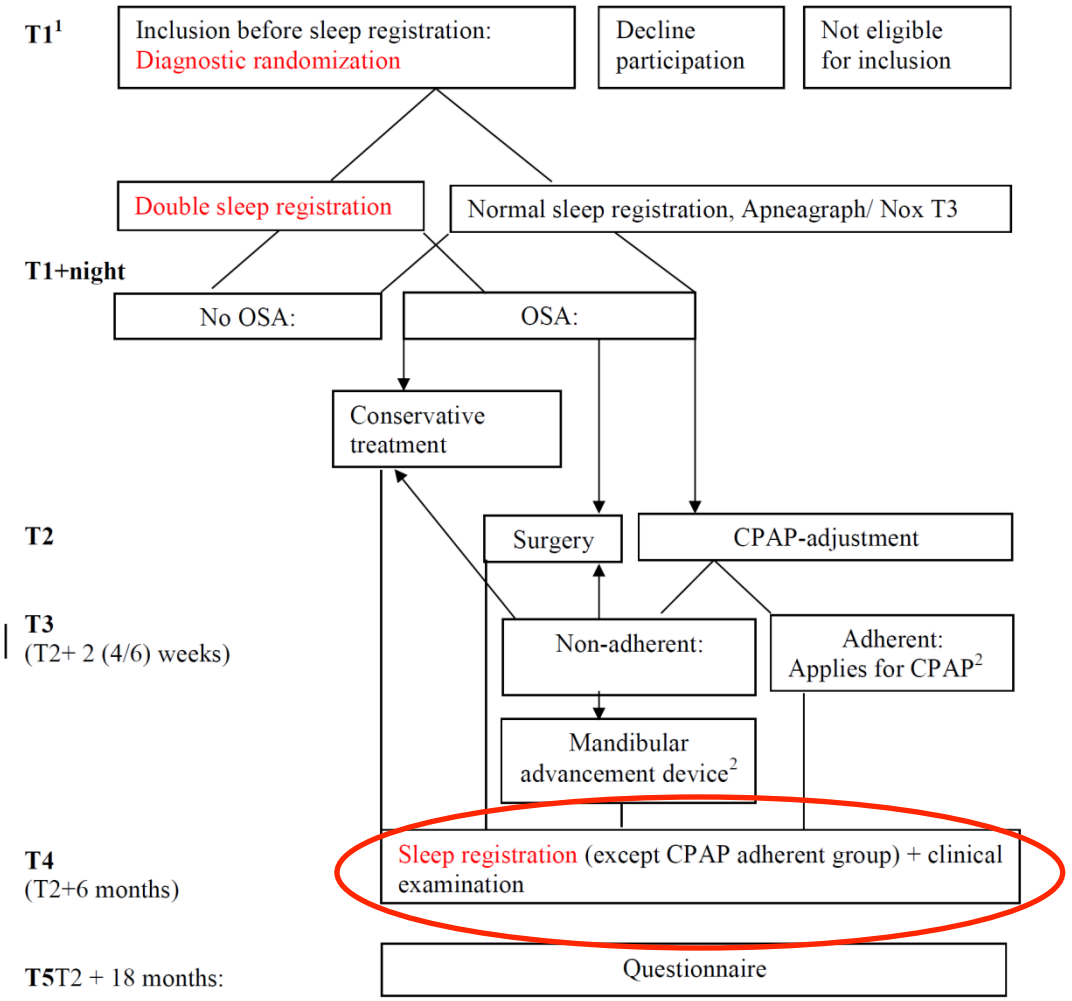
0	1	2	3	4	5	6	7	8	9	10
Ingen innsats										All mulig innsats

3. Hvor mye innsats ble gjort for å ta i betraktning det som betyr mest for deg i valget av hva som gjøres videre?

0	1	2	3	4	5	6	7	8	9	10
Ingen innsats										All mulig innsats

HELSE SØR-ØST

Appendix 1: Study flow chart



ASADaTE II? Pasienter som ikke mestrer behandling

- Forskningsmål:
  - Undersøke barrierer for behandling 6 måneder etter opprinnelig behandlingstitrering
  - Utvikle strategier for å krysse identifiserte barrierer
  - Å utvikle en atferdsintervensjon

- Langtidsmål:
  - Fremtidig multisenter, randomisert studie av effekt av intervensjonen sammenliknet med kirurgiske behandlingsmuligheter.

Metode:

- Barriærer:
  - Kvalitativ:
    - Dybdeintervjuer ved Lærings- og mestringssenteret ved Ahus
  - Kvantitativ:
    - Videoer fra ASADaTE I?
    - Spørreskjemadata fra ASADaTE I?
      - Mangler godt mål for det sosiale domenet!

- Intervensjon
  - Skreddersydd eller generell?
    - Eksempel: Ko-morbid Insomni

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INSOMNIA AMONG OSA PATIENTS BEFORE AND AFTER PAP TREATMENT

http://dx.doi.org/10.5665/sleep.3226

Symptoms of Insomnia among Patients with Obstructive Sleep Apnea Before and After Two Years of Positive Airway Pressure Treatment

Erla Björnsdóttir, MS[1,3]; Christer Janson, PhD[2]; Jón F. Sigurdsson, PhD[1,6]; Philip Gehrman, PhD[4,5]; Michael Perlis, PhD[4,5]; Sigurdur Juliusson, MD[7]; Erna S. Arnardottir, MS[1,3]; Samuel T. Kuna, MD[4,8]; Allan I. Pack, MBChB, PhD[4]; Thorarinn Gislason, MD, PhD[1,3]; Bryndis Benediktsdóttir, MD[1,3]

[1]Faculty of Medicine, University of Iceland, Reykjavik, Iceland; [2]Department of Medical Sciences: Respiratory Medicine and Allergology, Uppsala University, Sweden; [3]Department of Respiratory Medicine and Sleep, Landspitali - The National University Hospital of Iceland; [4]Center for Sleep and Circadian Neurobiology and Division of Sleep Medicine/Department of Medicine, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA; [5]Department of Psychiatry, University of Pennsylvania School of Medicine, Philadelphia, PA; [6]Mental Health Services, Landspitali - The National University Hospital of Iceland; [7]Department of Otolaryngology, Landspitali - The National University Hospital of Iceland, Reykjavik, Iceland; [8]Philadelphia Veterans Affairs Medical Center, Philadelphia, PA.

Study Objectives: To assess the changes of insomnia symptoms among patients with obstructive sleep apnea (OSA) from starting treatment with positive airway pressure (PAP) to a 2-y follow-up.

Design: Longitudinal cohort study.

Setting: Landspitali—The National University Hospital of Iceland.

Participants: There were 705 adults with OSA who were assessed prior to and 2 y after starting PAP treatment.

Intervention: PAP treatment for OSA.

Measurements and Results: All patients underwent a medical examination along with a type 3 sleep study and answered questionnaires on health and sleep before and 2 y after starting PAP treatment. The change in prevalence of insomnia symptoms by subtype was assessed by questionnaire and compared between individuals who were using or not using PAP at follow-up. Symptoms of middle insomnia were most common at baseline and improved significantly among patients using PAP (from 59.4% to 30.7%, $P < 0.001$). Symptoms of initial insomnia tended to persist regardless of PAP treatment, and symptoms of late insomnia were more likely to improve among patients not using PAP. Patients with symptoms of initial and late insomnia at baseline were less likely to adhere to PAP (odds ratio [OR] 0.56, $P = 0.007$, and OR 0.53, $P < 0.001$, respectively).

Conclusion: Positive airway pressure treatment significantly reduced symptoms of middle insomnia. Symptoms of initial and late insomnia, however, tended to persist regardless of positive airway pressure treatment and had a negative effect on adherence. Targeted treatment for insomnia may be beneficial for patients with obstructive sleep apnea comorbid with insomnia and has the potential to positively affect adherence to positive airway pressure.

Keywords: Adherence, CPAP, insomnia, obstructive sleep apnea

Citation: Björnsdóttir E; Janson C; Sigurdsson JF; Gehrman P; Perlis M; Juliusson S; Arnardottir ES; Kuna ST; Pack AI; Gislason T; Benediktsdóttir B. Symptoms of insomnia among patients with obstructive sleep apnea before and after two years of positive airway pressure treatment. *SLEEP* 2013;36(12):1901-1909.

SØR-ØST

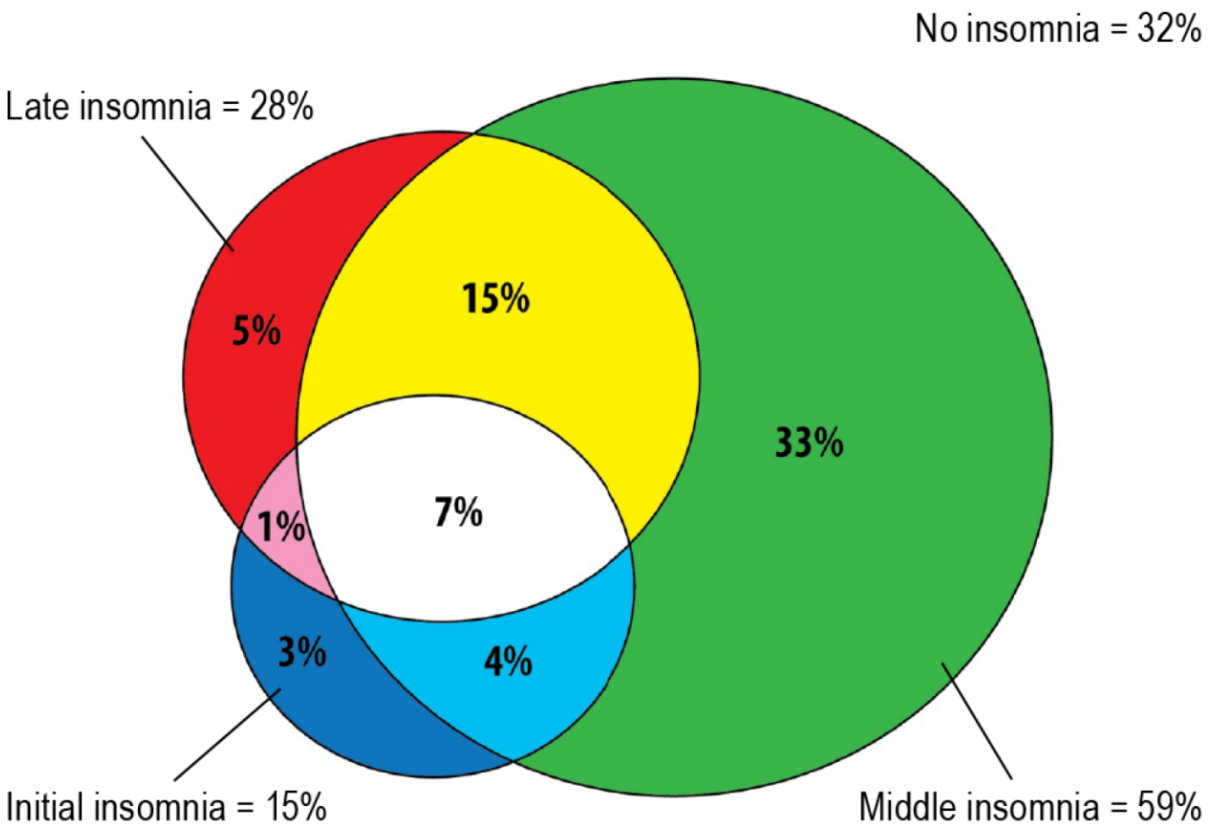


Figure 2—Baseline prevalence of insomnia symptoms among all patients.

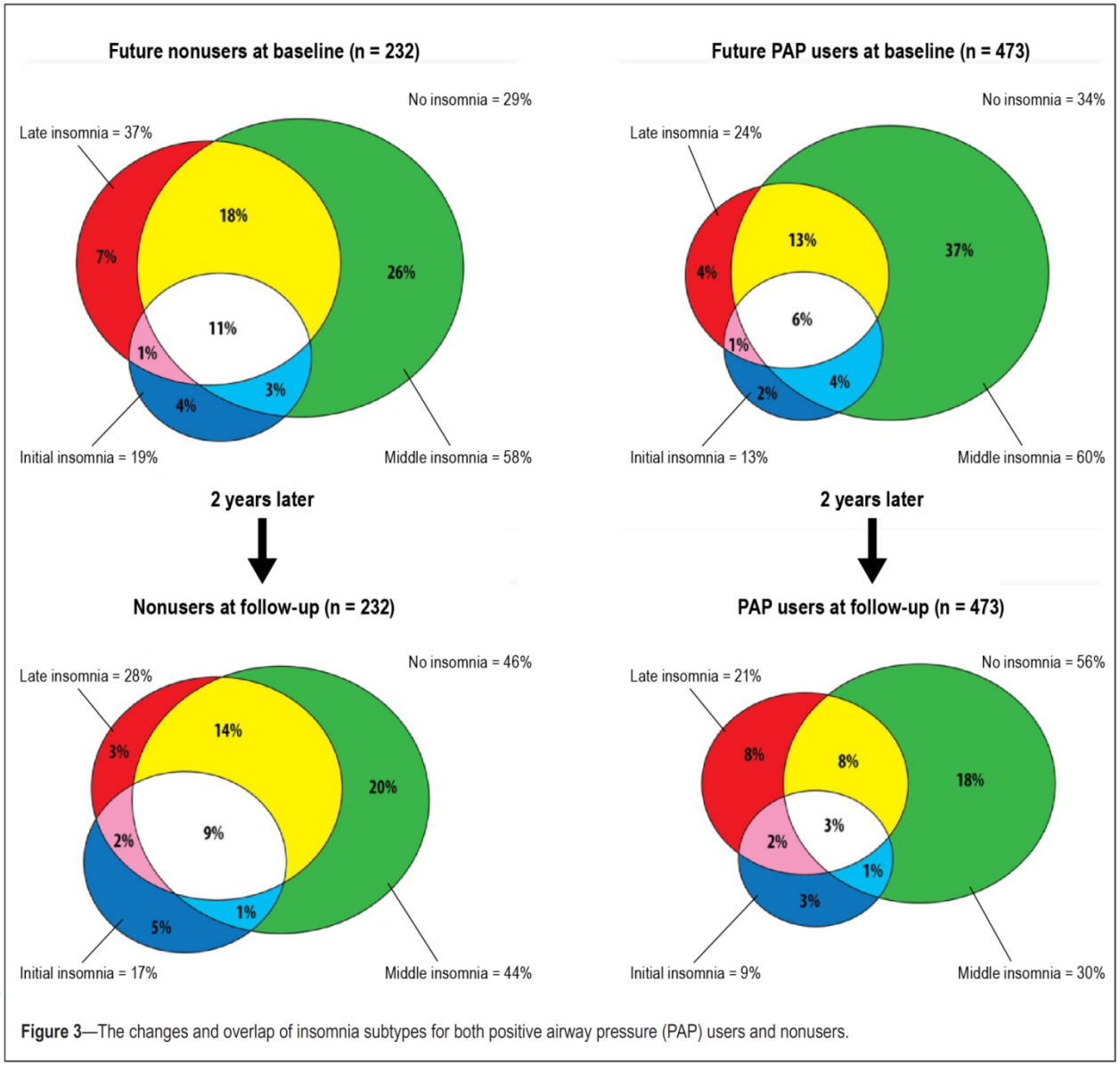


Figure 3—The changes and overlap of insomnia subtypes for both positive airway pressure (PAP) users and nonusers.

Brukere på Island fra August 2013-April 2014

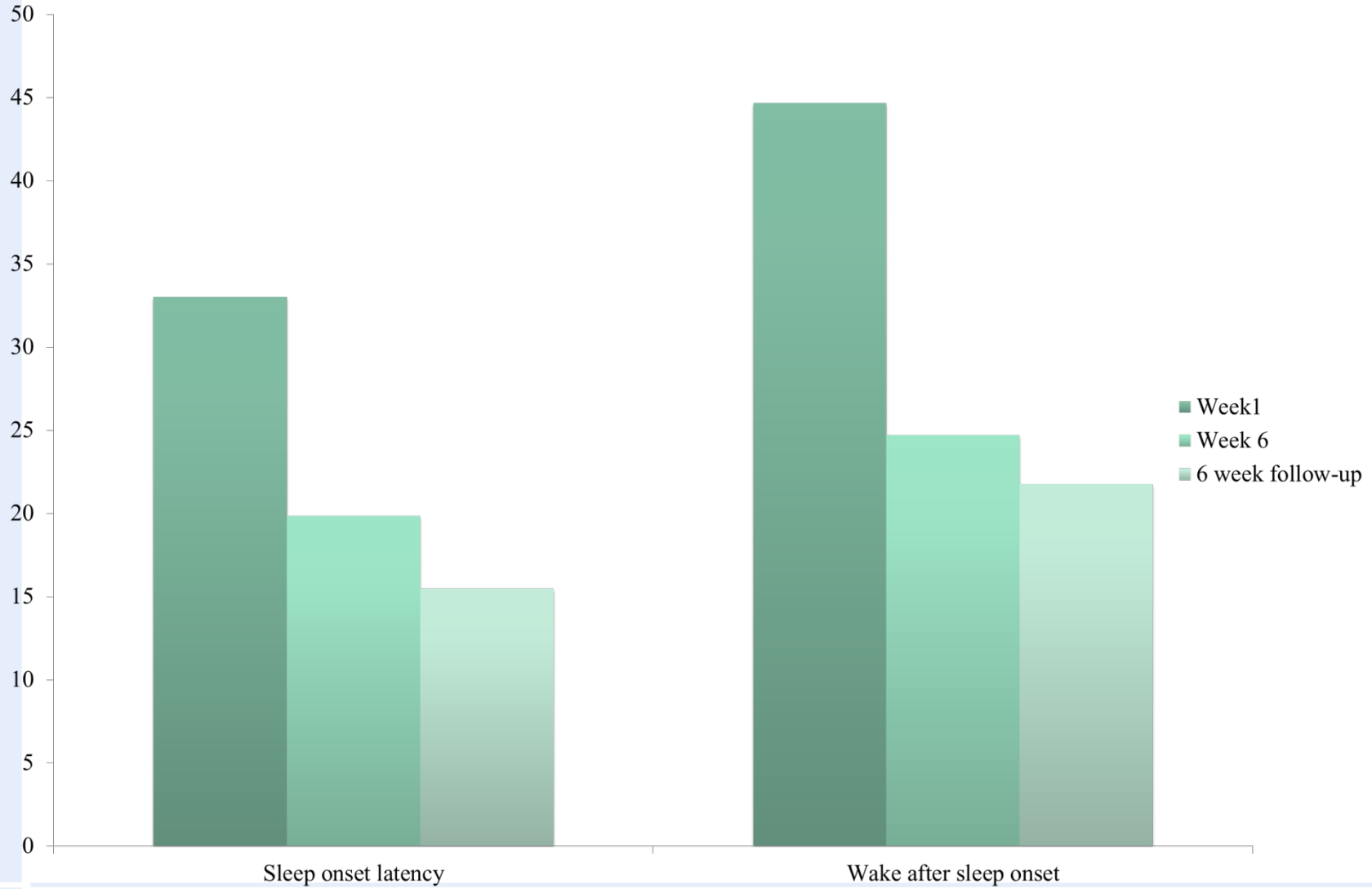
- 175 brukere
- Gjennomsnittsalder 46 år (18-79)
- 125 gjennomførte 6 uker (71%)

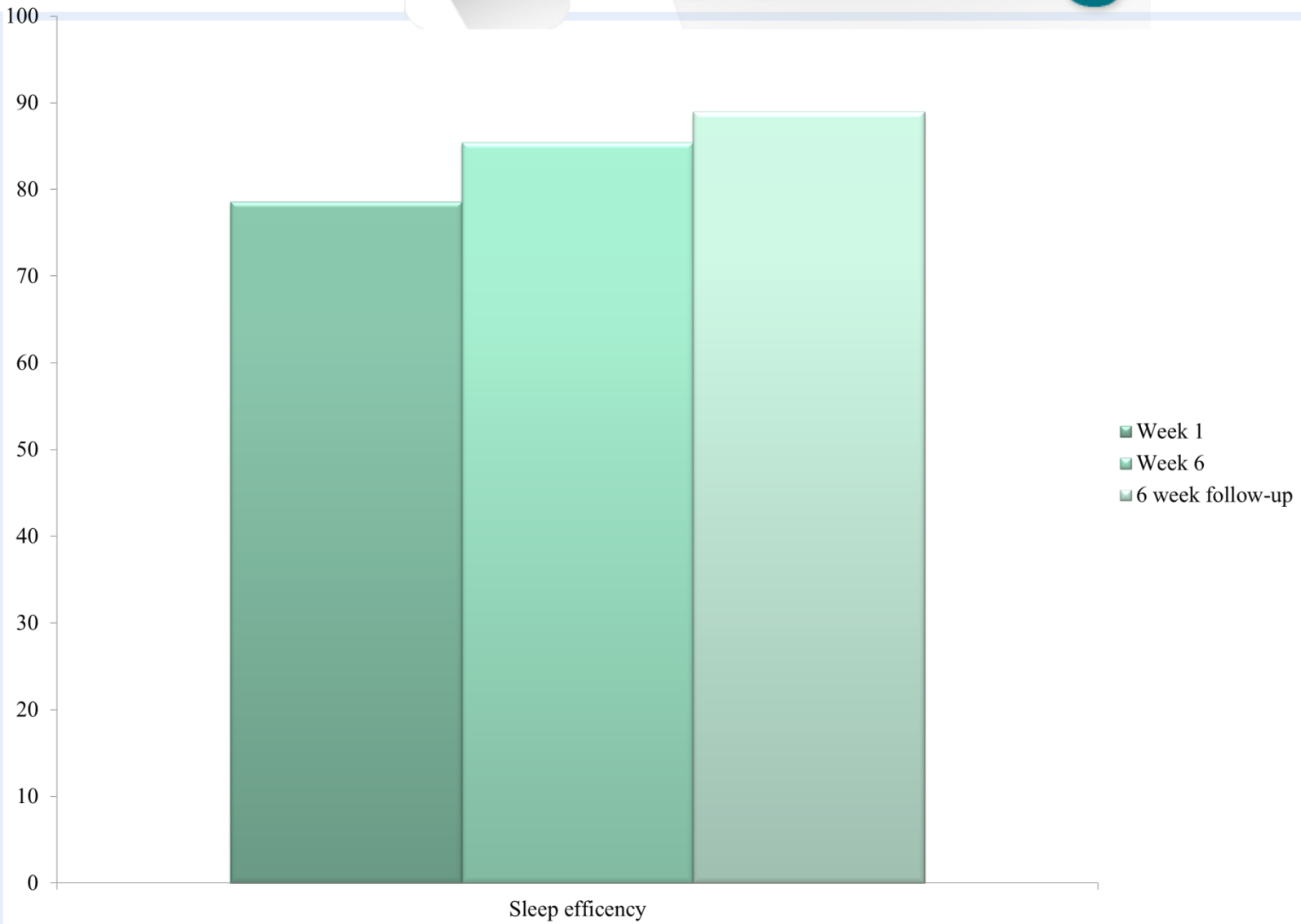
Measure	1st week of treatment M (sd)	6th week of treatment M (sd)[a]	Change from 1st to 6th week of treatment (%)
Sleep onset latency, min	33,3 (33,3)	15,1 (14,8)	55
Wake after sleep onset, min	49,5 (41,3)	23,3 (14,2)	53
Nightly awakenings, no	1,8 (1,2)	1,0 (0,8)	45
Total wake time, min	82,9 (61,2)	38,4 (22,0)	54
Total sleep time, hours	6,7 (1,0)	6,4 (1,0)	5
Time in bed, hours	8,1 (0,9)	7,0 (1,0)	13
Sleep efficiency, %	76,2 (12,1)	87,4 (6,9)	15
Sleep quality, rate[b]	3,1 (0,7)	3,7 (0,6)	18
Restorative feeling, rate[c]	2,9 (0,8)	3,3 (0,8)	16

[a] $p<0,0001$

[b] 1-5 rating, 1=very bad og 5=very good

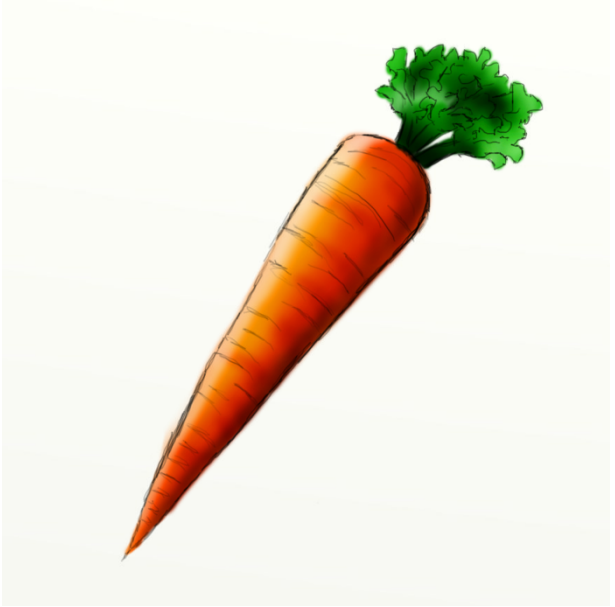
[c] 1-5 rating, 1=very tired og 5=well rested


50
45
40
35
30
25
20
15
10
5
0
Week1
Week 6
6 week follow-up
Sleep onset latency
Wake after sleep onset


100
90
80
70
60
50
40
30
20
10
0
Sleep efficency
Week 1
Week 6
6 week follow-up

Oppsummering: Ønsker innspill

- Brukermedvirkning/ Barriærer
  - Blandet kvantitativ- kvalitativ forskningsmetode?
  - Validert mål på det sosiale domenet?
- Intervensjon:
  - Risikopopulasjon eller generell intervensjon?
- Forskningsgulrot:
  - Objektiv registrering av adherence!



Kontakt: **HRSR@ahus.no**