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Sleep and pain connection: Dx and management of apnea/hypopnea and how it influences the outcome of management of pain conditions if it overlooked

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Apnea/hypopnea is often overlooked in the pain patient medical work up. Unless apnea or hypopnea are diagnosed by proper screening and subsequently properly managed by an experienced practitioner, the medical outcome of the pain patient will often be unfavorable. This is the reason that many health care professionals commonly encounter patients that are refractory to excellent pain management protocols. Certain pain disorders such as myofascial pain and migraine, and a host of other debilitating diseases are comorbidities of an unmanaged or undiagnosed sleep disorder. When managing a patient presented for pain, sleep disorder has to be considered as potential contributing factor. Appropriate testing for sleep disorders should be instituted as part of the medical evaluation for the majority, if not all patients in chronic pain.

I would like to present the topic in three parts:

1. Brief overview of apnea/hypopnea conditions, screening tests available as well as acquired expertise in the interpretation of such results.
2. Clinical cases demonstrating a successful management of complex pain patients and how management of sleep disorders contributed to the favorable outcome.
3. The cutting edge options that have a high percentage of patient tolerability and compliance. CPAP isn't always effective as it has a low rate of patient compliance and a significant percentage of patients cease using these devices due to intolerance.

What I hope to make clear - what questions to ask and how to determine whether sleep is a contributing factor in painful condition/s.

How to understand the results of the sleep study?

How to manage the patient with positive sleep study results?

I hope to demonstrate how important it is not to miss the existing sleep disorder and how managing such disorder will make a huge difference in managing a pain patient.

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