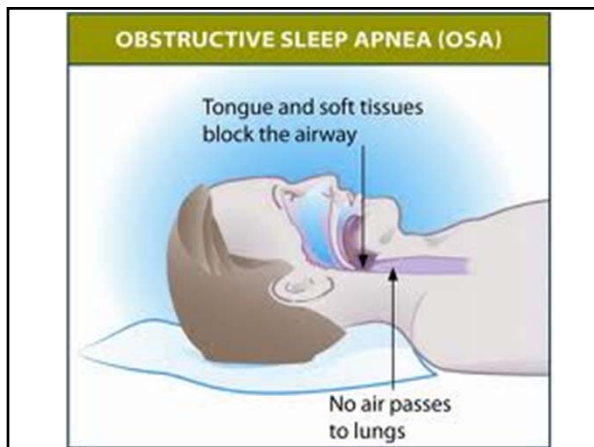
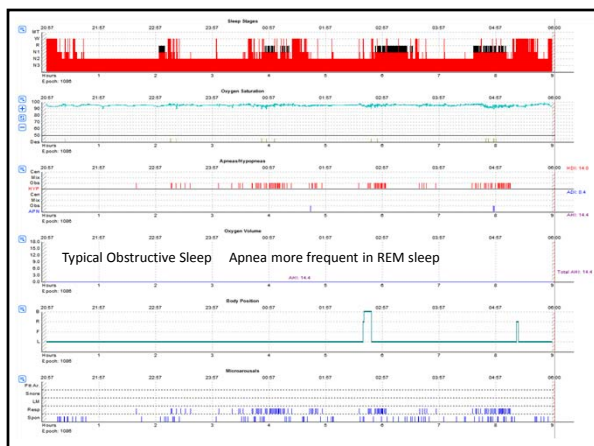
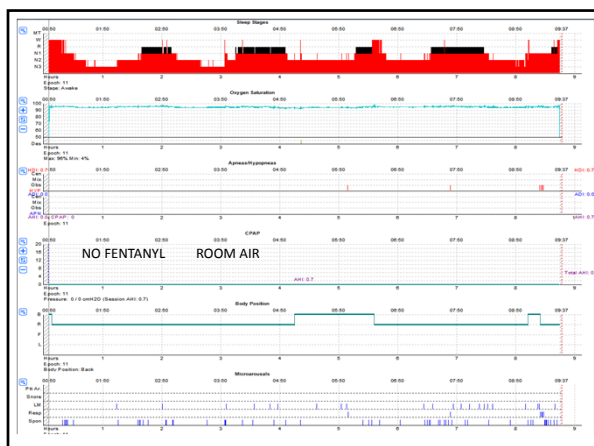


NEW PROBLEMS WITH SLEEP APNEA

Robert Albers, MD
New Mexico Center for Sleep Medicine
9-22-2011







56 YO FEMALE BMI 36

DIFFICULTY SLEEPING THROUGH THE NIGHT

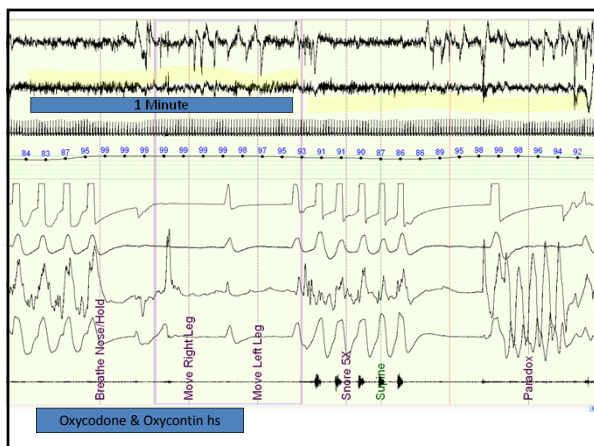
CHRONIC SHOULDER & KNEE PAIN

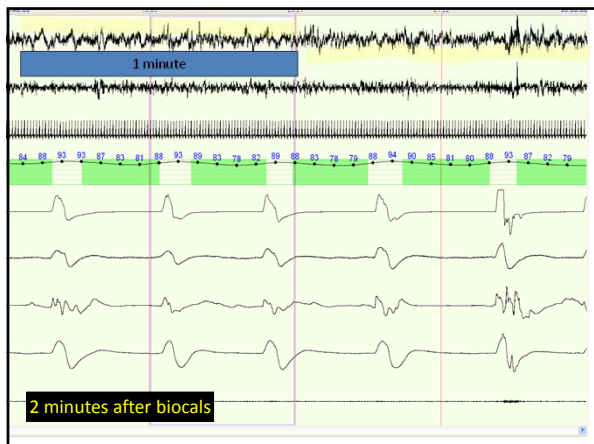
OXYCODONE 240 MG TID

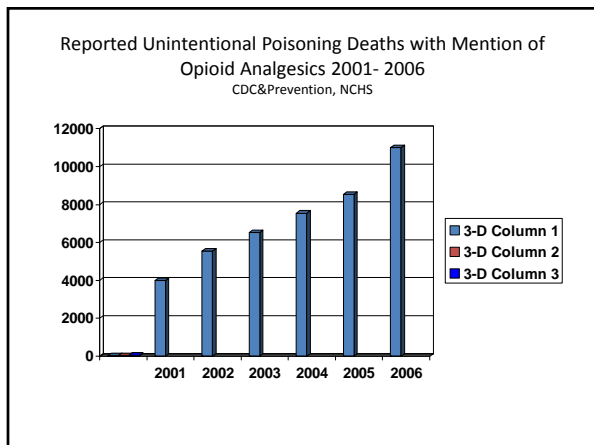
OXYCODONE 15 MG Q4HRS PRN

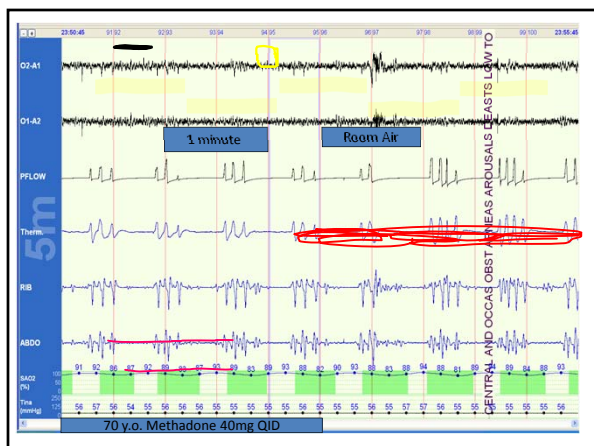
FLEXERIL 10MG Q 6HRS PRN

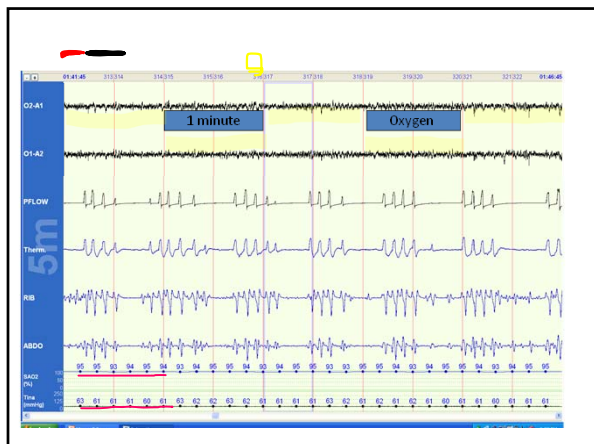
DRUG INTERACTIONS: Oxycodone, like other narcotic pain-relievers, increases the effect of drugs that slow brain function, such as alcohol, barbiturates, skeletal muscle relaxants, for example, [carisoprodol](#) (Soma), [cyclobenzaprine](#) (Flexeril), and [benzodiazepines](#), for example, [lorazepam](#) (Ativan). Combined use of muscle relaxants and oxycodone may lead to increased respiratory depression.











58 YO MALE

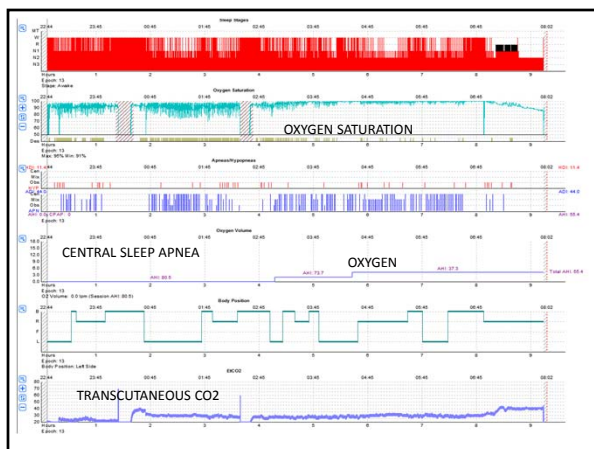
BMI 28 AT 230 LBS

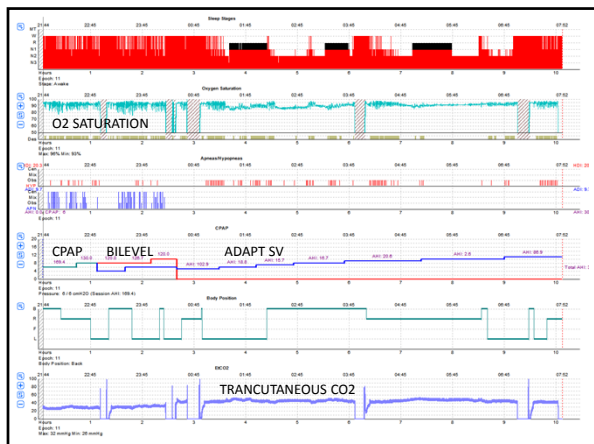
“ I ONLY GET 3-5 HOURS OF SLEEP AT NIGHT”

ON O2 WITH SLEEP

DIABETES MELLITUS, HEART FAILURE, -
BIVENTRICULAR PACEMAKER

DX OF OSA AT 38 YO, 330 LBS WITH AHI 30/HR





COMPLEX SLEEP DISORDERED BREATHING

- LESS APNEAS IN REM SLEEP
- CENTRAL APNEA MORE FREQUENT THAN OBSTRUCTIVE
- OBSTRUCTIVE PATTERN CONVERTS TO CENTRALS WITH CPAP
- HEART FAILURE
- ATRIAL FIBRILLATION
- CHRONIC PAIN ON NARCOTICS, HYPNOTIC AND MUSCLE RELAXANT

Empty box for notes.
