

July 2003 Press Release

Symptoms of Sleep-Disordered Breathing More Common in Hispanic than White Children

Daytime Sleepiness and Snoring Associated with Learning Problems in Children

(NORTHBROOK, IL, July 8, 2003) - Hispanic children are more likely to suffer from symptoms of sleep-disordered breathing (SDB) than white children, says a study published in the July issue of CHEST, the peer-reviewed journal of the American College of Chest Physicians (ACCP). Symptoms of SDB include snoring, witnessed sleep apnea (WITAP), and excessive daytime sleepiness (EDS). The study also found that SDB was associated with parental report of learning problems in school-age children and that Hispanic boys were more likely to have EDS and learning problems than Hispanic girls and white boys and girls.

"Sleep-disordered breathing is associated with frequent arousal from sleep throughout the night. Therefore, children with SDB may not be attaining the physical and cognitive benefits of sleep and, as a result, may experience learning problems," said lead author Jamie Goodwin, Ph.D., Research Assistant Professor at The University of Arizona College of Medicine. "With the increasing Hispanic population in the United States, understanding the occurrence of SDB and its effect on children of this ethnic group is essential."

Researchers from the University of Arizona College of Medicine and the University of Minnesota School of Medicine utilized data from the prospective Tucson Children's Assessment of Sleep Apnea Study (TuCASA) to determine the prevalence of reported symptoms associated with SDB in Hispanic and white children. Parents with children ages 4 through 11 attending Tucson area schools completed surveys on their children's sleeping habits as well as symptoms of SDB such as learning problems. This resulted in 1,214 completed surveys (556 white children and 658 Hispanic children). Survey results showed 11.4 percent Hispanic children snored as compared to 7.4 percent of white children. Excessive daytime sleepiness was reported in 9.6 percent of Hispanic children and 5.8 percent of white children. Witnessed sleep apnea was identified in 4.7 percent of Hispanic children and 1.9 percent of white children. In addition, 6.5 percent of parents with Hispanic children reported their children, mainly boys, had learning problems, while only 3.7 percent of parents with white children reported having children with learning problems. Regardless of gender, age or ethnicity, children with learning problems were more than twice as likely to snore and have EDS than children without learning problems.

"Even if SDB affects only one percent of children in the United States, there are millions of children who may have behavioral and learning problems as a direct result of SDB," said Dr. Goodwin. "Parents should be aware that SDB can be treated in a variety of ways and that children do not have to suffer from these problems."

"It is important for pediatricians and family physicians to recognize SDB as a significant factor in the health of school-age children and educate parents on the symptoms associated with SDB and treatment options available," said Udaya B. S. Prakash, MD, FCCP, President of the American College of Chest Physicians.

CHEST is a peer-reviewed journal published by the ACCP. It is available on-line each month at www.chestjournal.org. ACCP represents more than 15,000 members who provide clinical, respiratory, and cardiothoracic patient care in the United States and throughout the world. ACCP's mission is to promote the prevention and treatment of diseases of the chest through leadership, education, research, and communication.

ACCP: Advancement in Sleep Medicine

The ACCP is active in the advancement of sleep medicine through its annual educational courses on Sleep Disorders and Pulmonary Medicine and Sleep Medicine, and its educational tool, the Sleep Medicine Syllabus. ACCP members also have the opportunity to join the ACCP's NetWork on Sleep Medicine, which strives to promote sleep medicine as a specialty, provide educational and research opportunities, and raise awareness of issues pertinent to the practice of sleep medicine.

July 2003 Press Release

Meeting Emotional Needs of Family Makes a Difference in the ICU

Study Finds that Canadian ICUs are Providing Quality End-of-Life Care

(NORTHBROOK, IL, July 8, 2003) - When a loved one dies in the Intensive Care Unit (ICU), respect, compassion, communication, and good decision-making are key to making the emotional experience easier for patients and family members, says a study published in the July issue of CHEST, the peer-reviewed journal of the American College of Chest Physicians (ACCP). The study found that family satisfaction with end-of-life care was prevalent in Canadian ICUs and that satisfaction most significantly correlated with the family's involvement in making decisions, the amount of communication between staff and family, and the respect and compassion shown toward the patient and family.

"So much of the pain and suffering around end-of-life care, from both the patients' and families' perspectives, relates to the way in which staff communicate with them," said lead author Daren Heyland, MD, MSc, Director of Research, Critical Care Program Kingston General Hospital, Ontario, Canada. "When it becomes apparent that a patient is going to die from his or her critical illness, physicians need to direct more supportive care and compassion, to a greater degree, toward family members."

Researchers from six university-affiliated hospitals in Ontario, Alberta, British Columbia, and Nova Scotia, Canada, documented the experience of patients dying in ICUs from the perspectives of family members. Researchers surveyed family members of nonsurviving patients who had been supported by mechanical ventilation and in the ICU for more than

48 hours. Of the 256 completed surveys, 52 percent of the families rated their satisfaction with overall ICU care as "excellent," 31 percent as "very good," and 10 percent as "good." The majority of respondents believed they were adequately included in the decision-making process (84.2 percent), that they received an appropriate amount of information (88.1 percent), that they had adequate time to have their concerns and questions addressed (73.9 percent), and that they were "very supported" or "supported" by the health care team (87.7 percent). In addition, the majority of family members rated the ease of getting information, their understanding of information, and the honesty and completeness of information provided as excellent. With regard to general patient care, 83.3 percent of families reported that they were "completely" or "very" satisfied with the amount or level of health care that the patient actually received. In the final hours of life, 34.8 percent of respondents reported that the patient was "totally comfortable," while 55.8 percent reported the patient was "very" or "mostly" comfortable. The majority of families considered the symptom management to be "excellent," and most believed that the patient's life was neither prolonged nor shortened unnecessarily.

"Although some of the study findings are limited to Canadian ICUs, the importance of adequate communication, good decision-making, and respect and compassion in quality critical care crosses many settings, borders, and cultures," said Dr. Heyland. "As we learn more about optimal communication and decision-making strategies, we will need educational interventions that will help translate this knowledge into practice in the ICU setting."

Significant correlations were found between satisfaction with end-of-life care and the way in which family members and patients were treated. Specifically, family members who rated the courtesy, compassion, and respect shown to them by ICU staff as excellent, were more than twice as likely to rate their overall ICU experience as completely satisfactory than families who reported the same treatment for the patient. Family members who were completely satisfied with the amount or level of patient care were more likely to be completely satisfied with their overall ICU experience than those families not satisfied with patient care. In addition, family members who rated completeness of information provided by ICU staff as excellent were more likely to be completely satisfied with their overall ICU experience than those families who felt they were less informed.

"As physicians, patient care is our utmost priority. However, it is essential for critical care physicians and staff to recognize the role of the patient's family in decision-making and to establish a supportive hospital environment with open communication, respect, and compassion," said Udaya B. S. Prakash, MD, FCCP, President of the American College of Chest Physicians.

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ACCP: The Resource for Critical Care and End-of-Life Care

The ACCP is a leading resource for critical care education and research offering annual Critical Care Board Review courses and educational tools, such as SEEK: Critical Care, and Pulmonary and Critical Care Update on-line, for medical professionals worldwide. The ACCP also offers specialty NetWorks related to Critical Care and End-of-Life Care for ACCP members. The ACCP's philanthropic arm, The CHEST Foundation, is active in critical and end-of-life care through its development and implementation of the Critical Care Family Assistance Program, a national program which aims to respond to the unmet needs of families of critically ill patients in a hospital intensive care unit, and its Stories at the End of Life project, which shares personal stories from physicians and family members on experiencing the loss of a patient or loved one.

August 2003 Press Release

Study Links Preschool Snoring, Asthma, and Nighttime Cough

Snoring Children Twice as Likely as Nonsnorers to Have Asthma, Cough

(NORTHBROOK, IL, August 12, 2003) - Preschool-age children who regularly snore have a higher prevalence of asthma and nighttime cough than children who do not snore, says a study published in the August issue of CHEST, the peer-reviewed journal of the American College of Chest Physicians (ACCP). The study found that preschool children who snored were twice as likely as nonsnorers to have either asthma or nighttime cough, and that children who snored were more likely than nonsnorers to have coexisting asthma and nighttime cough.

"Physicians often use nighttime cough as a guide in diagnosing asthma in young children, and proceed to treat the asthma hoping to eliminate the cough," said lead author Lucy R. Lu, MB, MPH, Department of Medicine, University of Sydney, Australia. "Our study shows nighttime cough may be caused by snoring, rather than asthma. In these cases, treating the snoring would be more effective in reducing cough."

Researchers from the University of Sydney and The Children's Hospital at Westmead, investigated the prevalence of snoring and the association between snoring, asthma, nighttime cough, and nasal obstruction (hay fever) in preschool children. Using a parent-administered questionnaire, researchers gathered information from 974 children (516 boys and 458 girls) ages 2 through 5. In the children studied, 42.2 percent of children who snored also had asthma, compared to 26.4 percent of children who did not snore. In addition, 61.8 percent of children who snored reported nighttime cough, as compared to 30.5 percent of children who did not snore. A cross-analysis indicated 86.1 percent of children with asthma who snored also experienced nighttime cough, as compared to 52.6 percent of children with asthma who did not snore, 44.1 percent of children without asthma who snored, and 22.6 percent of children reporting no asthma or snoring. Although nasal obstruction of any kind is known to cause snoring, the prevalence of

asthma in children without hay fever was significantly higher in children who snored than in children who did not snore.

"Although there is a strong correlation between asthma and snoring, the causal link between the two conditions is unclear. Asthma does increase the drive to breathe and increased breathing efforts are known to induce snoring. However, it is possible that snoring may act as a trigger for asthma by allowing allergen-laden mucus from the upper airway to enter the lung airways," said co-author Colin E. Sullivan, BSc, MB, BS, PhD, Professor of Medicine, University of Sydney. "Snoring's potential to produce adverse outcomes in behavior, learning, and possibly asthma management will make its identification and evaluation important aspects of any medical consultation in childhood."

Overall survey results indicated 10.5 percent of children snored four or more times a week, and 28 percent suffered from asthma. There was no difference in the prevalence of snoring between genders and no association with age. In addition, the prevalence of obesity in children who snored was slightly higher than in those who did not snore.

"We are constantly building the base of knowledge on chronic medical conditions in children. Understanding the interdependence of these chronic conditions and their link to nighttime cough is essential for effective medical treatment and disease management," said Udaya B. S. Prakash, MD, FCCP, President of the American College of Chest Physicians.

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September 2003 Press Release

Sleep Apnea Treatment Helps Patients and Partners

CPAP Therapy Can Improve Couple's Mental and Physical Health

(NORTHBROOK, IL, September 8, 2003) - Continuous positive airway pressure (CPAP) for the treatment of obstructive sleep apnea (OSA) not only improves patients' lives, it can improve the lives of their bed partners, says a study published in the September issue of CHEST, the peer-reviewed journal of the American College of Chest Physicians (ACCP). The study found that when patients with OSA were treated with CPAP, the mental and physical health, and overall quality of life (QOL) of patients and their bed partners significantly improved. OSA is a common disorder that is characterized by repetitive episodes of upper airway closures during sleep that result in arousal from sleep and can often lead to daytime sleepiness. CPAP prevents upper airway closure, improving sleep quality and, subsequently, reducing daytime sleepiness.

"Snoring and sleep apnea interfere with the quality of sleep of both the patient and the bed partner. Many bed partners choose to sleep in separate rooms rather than endure continuous sleepless nights caused by sleep apnea," said lead author James M. Parish, MD, FCCP, Chair, Division of Pulmonary Medicine and Director, Sleep Disorders Center, Mayo Clinic, Scottsdale, Arizona. "With CPAP therapy, patients and their partners can experience restful nights which can ultimately benefit them physically and mentally."

Researchers from the Mayo Clinic in Scottsdale examined the effects of OSA on QOL in 54 pairs of patients and their regular bed partners and the effects of CPAP therapy on QOL in both groups after six weeks of patient treatment. Patients and bed partners completed three pre- and post-treatment questionnaires on their likelihood to fall asleep in routine situations, their overall physical and mental QOL, and their QOL specifically related to their experience with OSA. Prior to therapy, patients reported situational sleepiness more than the national norm, and overall QOL was significantly lower than national norms. Initial bed partner scores were similar to national norms, except in the category of bodily pain, which was below the expected norm. After CPAP treatment, both patient and partner scores showed a decrease in situational sleepiness and an increase in the majority of physical and mental QOL categories, including vitality, social functioning, role limitations due to physical health, and mental health. In addition, QOL scores specific to OSA improved in both patients and bed partners.

"It is unclear why initial reports from bed partners indicated normal QOL. It is possible that over time, patients and partners adapt to their poor sleep and believe that it is normal or expected," said Dr. Parish. "Patients, as well as their bed partners, should not endure the effects of sleep apnea but rather share the responsibility in seeking treatment for this serious but manageable condition."

Overall physical and mental QOL was categorized by physical functioning, role limitations due to physical health (role-physical), bodily pain, general health, vitality, social functioning, role limitations due to emotional problems (role-emotional), and mental health. QOL categories specific to OSA included daily functioning, social interactions, emotional functioning, symptoms, and treatment-related symptoms.

"When left untreated, sleep disorders such as sleep apnea can lead to more serious conditions, including hypertension, heart disease, and other cardiovascular complications," said Udaya B. S. Prakash, MD, FCCP, President of the American College of Chest Physicians. "Sleep medicine has greatly improved in recent years with new methods for diagnosing and treating sleep disorders. It is important for primary care and specialty physicians to educate patients on the health effects of sleep disorders and to inform them of the treatment options available."

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September 2003 Press Release

Adults With Asthma Fail to Follow Flu Vaccine Guidelines

Age, Education Level Major Factors for Vaccination Rates in Adult Asthmatics

(NORTHBROOK, IL, September 8, 2003) - Adults with asthma are considered a high risk group for developing complications after contracting the influenza virus, yet the majority of adults with asthma does not receive an annual influenza vaccination, says a study published in the September issue of CHEST, the peer-reviewed journal of the American College of Chest Physicians (ACCP). The study found that only one-third of all asthmatic adults and one-fifth of asthmatic adults under age 50 follow the Centers for Disease Control and Prevention guidelines that recommend asthmatics receive the influenza vaccine annually. The study also found that despite similar recommendations from the 1997 National Asthma Education and Prevention Program guidelines, the vaccination rate among adults with asthma has not improved from 1999-2001.

"Upper respiratory infections like influenza are an important trigger of asthma. Vaccination guidelines for asthmatics were established to help reduce the severe impact influenza can have on patients in this group," said study author Seymour G. Williams, MD, National Center for Environmental Health, Centers for Disease Control and Prevention, Atlanta, Georgia. "Initially, vaccination campaigns were aimed at older adults who are more likely to acquire a high risk health condition. The older age groups were easier to target and deliver the influenza vaccinations. It is harder to target and increase vaccination rates among groups younger than 65 years of age with high risk conditions including asthma, hence the overall influenza vaccination rates among persons with asthma are less than optimal."

Researchers from the National Center for Environmental Health, Centers for Disease Control and Prevention, utilized data from the National Health Interview Survey from 1999-2001 to examine the prevalence of influenza vaccinations among people with asthma. A sample of the United States population participated in the study each year, including 30,801 in 1999, 32,374 in 2000, and 33,326 in 2001. Among respondents with asthma, those who reported receiving the influenza vaccine included 35.1 percent in 1999, 36.7 percent in 2000, and 33.3 percent in 2001. In respondents without asthma, percentages were significantly lower with 27.9 percent, 28.0 percent, and 25.9 percent reporting vaccination in the respective years. Survey results also indicated the percentage of respondents with asthma who reported being vaccinated increased strongly with age. In asthmatics age 18 to 49 years, those who reported being vaccinated included 20.9 percent in 1999, 22.7 percent in 2000, and 21.1 percent in 2001. Percentages rose to 46.2 percent, 47.8 percent, and 42.3 percent in respondents with asthma age 50 to 64 years, and 72.8 percent, 71.2 percent, and 64.8 percent in those 65 years and older.

"Improving vaccination rates in adults with asthma is challenging. In young adults with asthma, there is a misconception that the vaccination will aggravate their asthma, which may cause them to avoid being vaccinated. Others may avoid the vaccination due to the cost or simply because they do not see its benefits. In addition, health care providers may be unaware of the recommendations related to vaccinations in asthmatic patients," said Dr. Williams. "The consistently low vaccination rates suggest that various strategies, including education, aimed at the provider and patient are needed to address the concerns that people with asthma have about the vaccine and to share with the patient the proven benefits of annual influenza vaccinations."

In regard to demographics, survey results indicated that vaccination rates progressively increased with higher educational attainment and that gender and ethnicity impacted vaccination rates. In 2000, men were less likely to report having been vaccinated than women, and African-American participants were less likely to report having been vaccinated than white participants. In 2001, Hispanic participants were significantly less likely to report having been vaccinated than white participants.

"Respiratory infections such as influenza are more serious in patients with asthma and can often lead to adverse health outcomes, including pneumonia and acute respiratory disease," said Udaya B. S. Prakash, MD, FCCP, President of the American College of Chest Physicians. "To ensure effective asthma management, it is important for physicians to understand the current vaccination recommendations for asthmatic patients and educate patients on the importance of receiving their annual vaccination."

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