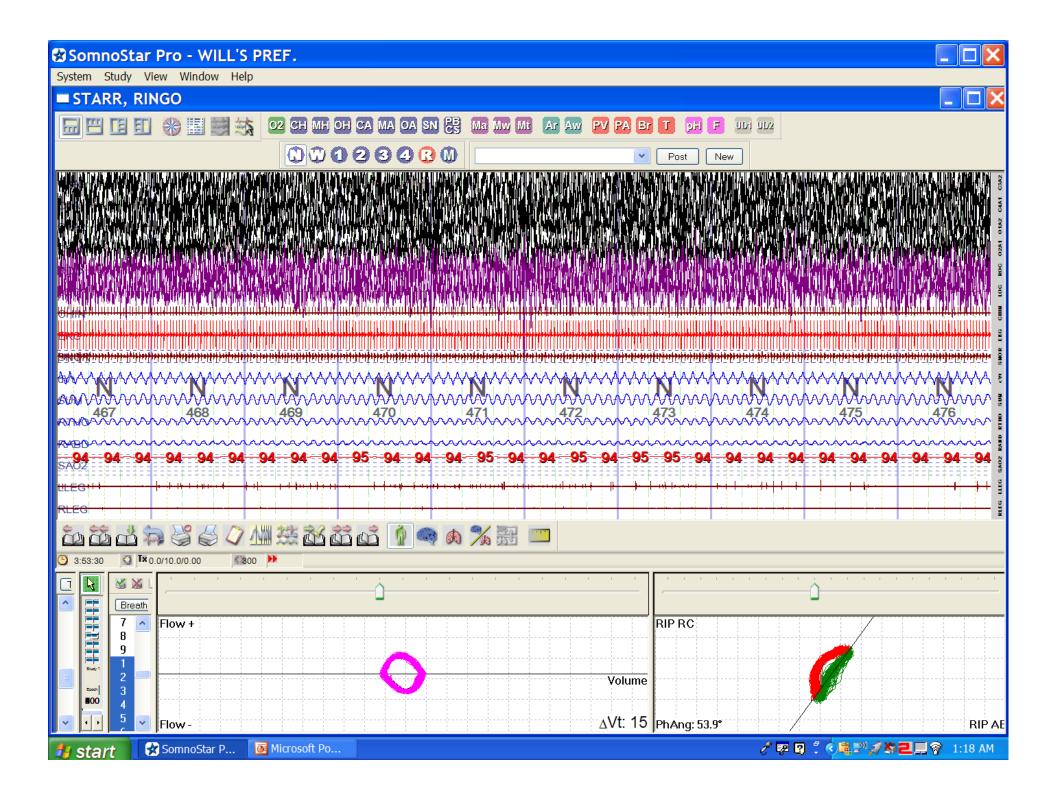
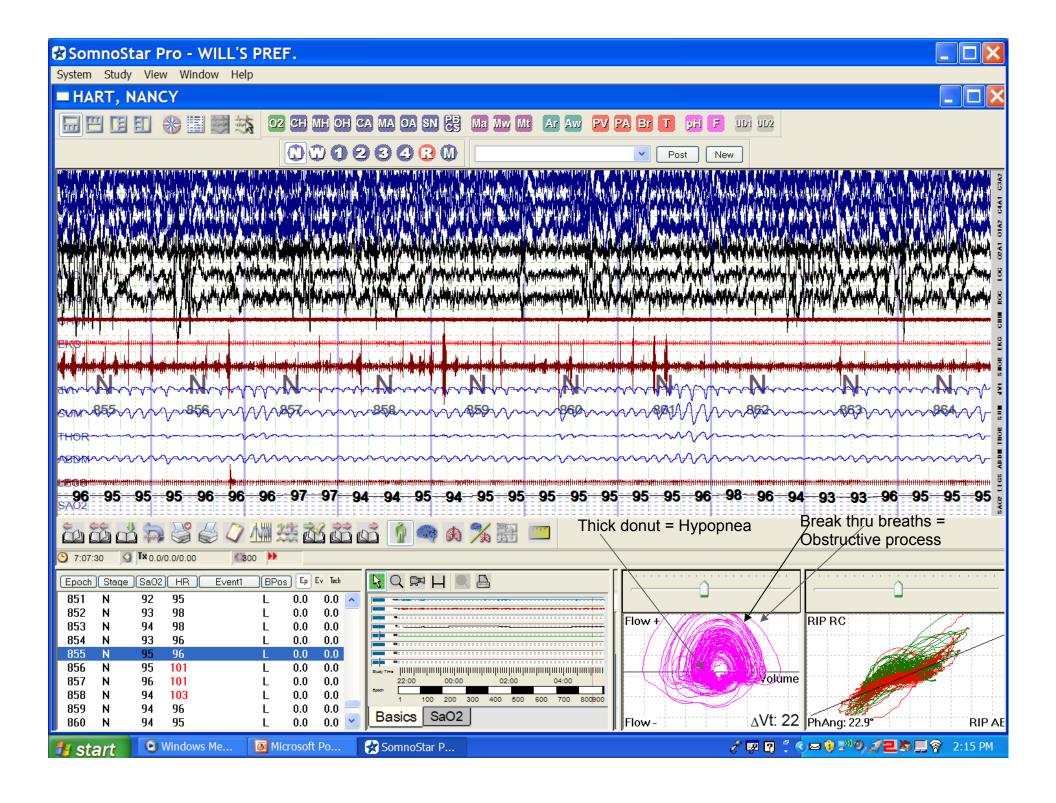
Titration Complete

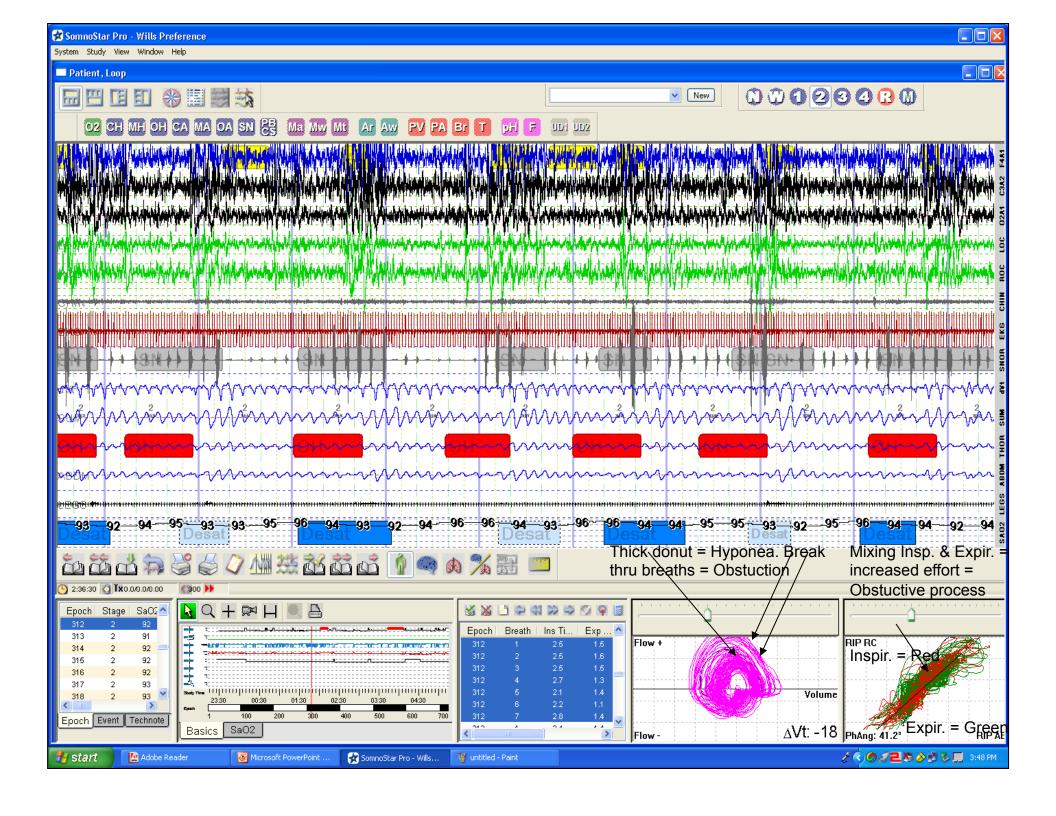
Excellent titration when Flow Volume Loop has no flattening or dropping during inspiration. Also note, the Konno-Mead Loop has no mixing of inspiratory and expiratory loops with each other as well as a decent deflection.

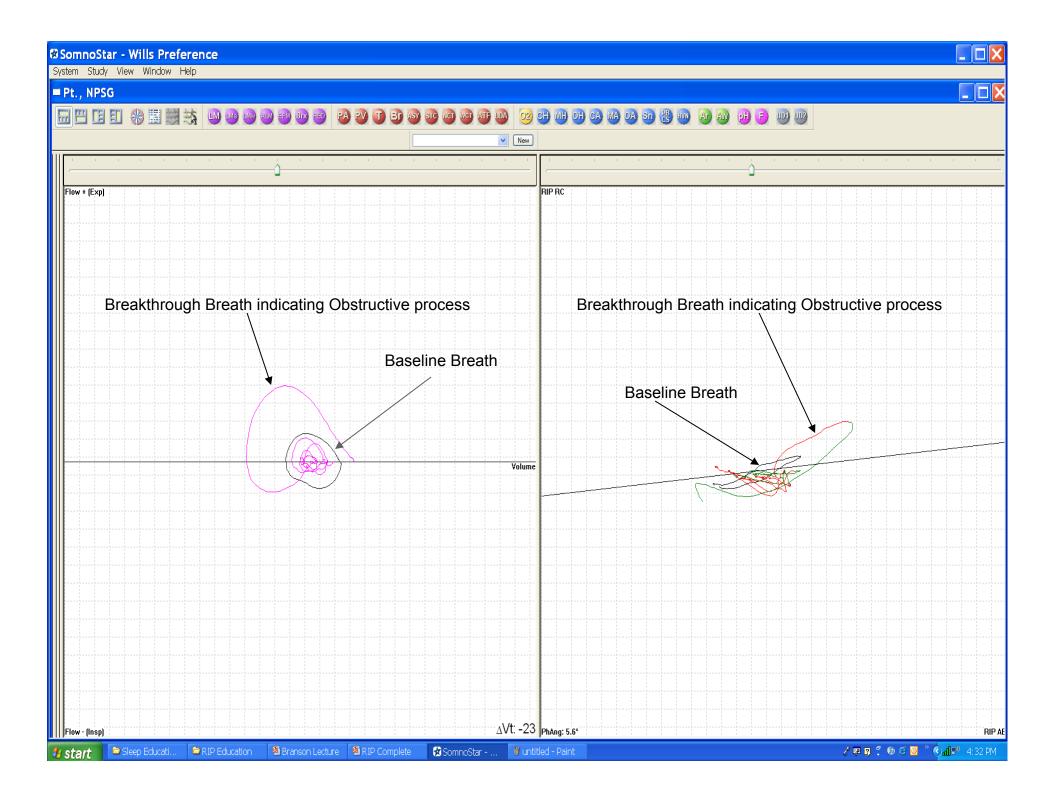


OSH'

Obstructive Sleep Hypopneas

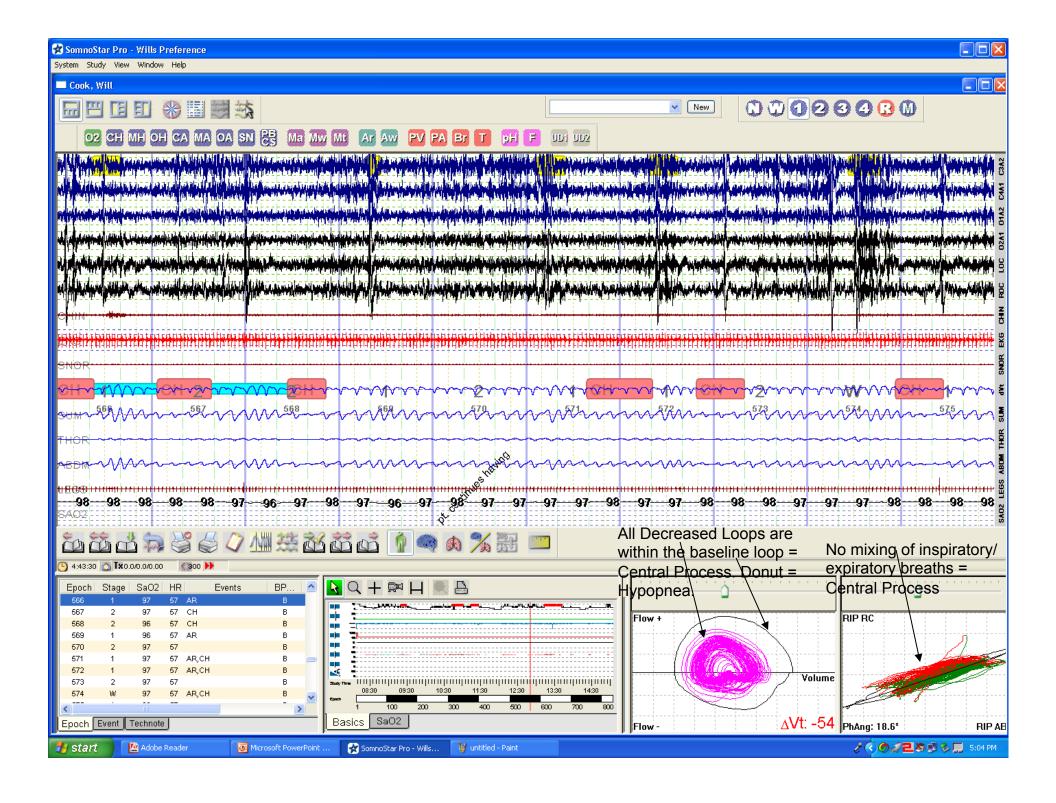


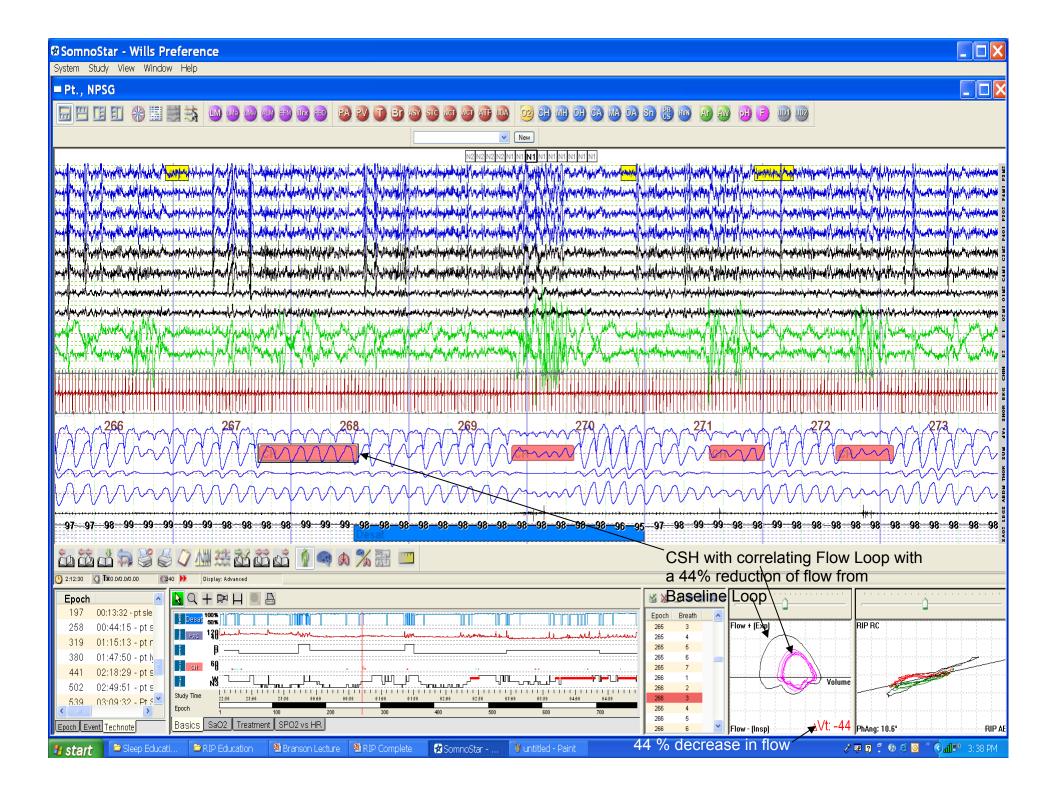


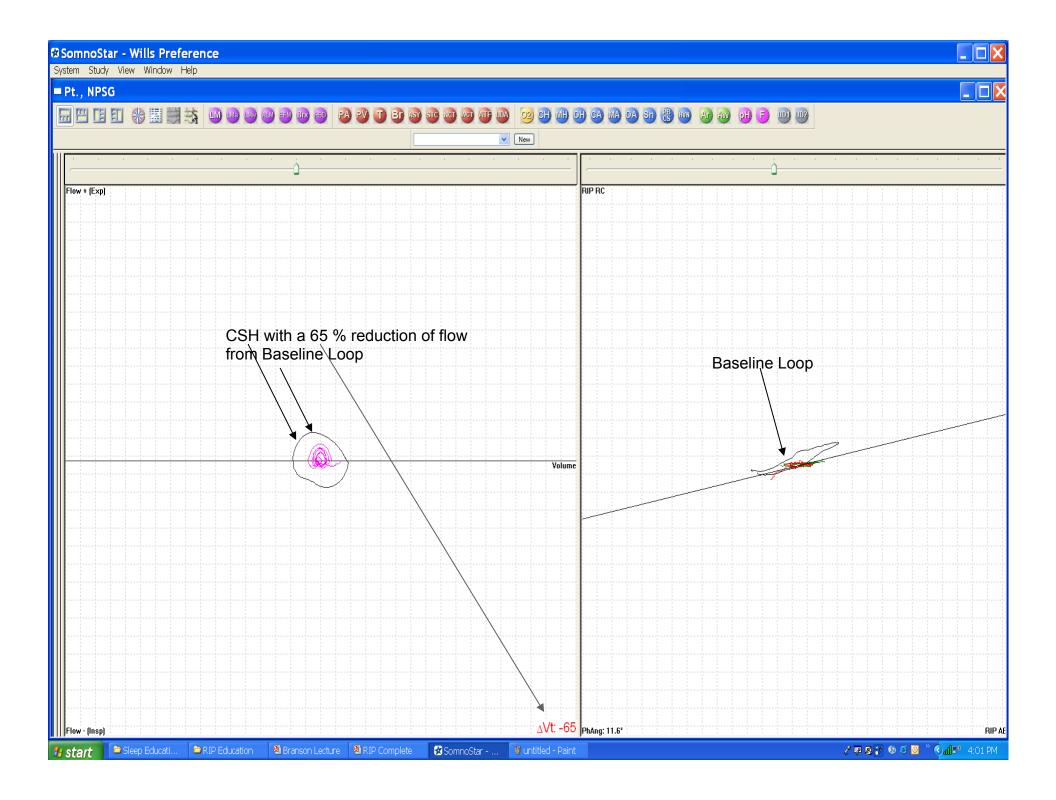


CSH's

Central Sleep Hypopneas

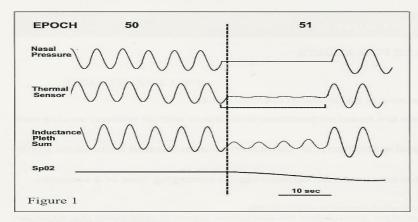


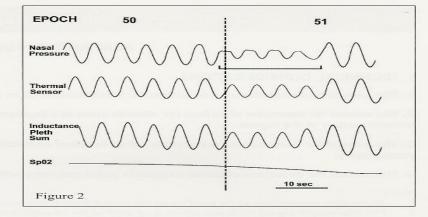




2007 AASM guidelines for classification of Hypopneas

 If Classification of Hypopneas are to be made, according to 2007 AASM scoring manual page 46, Calibrated RIP has to be utilized.





4. HYPOPNEA RULES

A. Score a hypopnea if all of the following criteria are met (See Figure 2):

[RECOMMENDED]

- 1) The nasal pressure signal excursions (or those of the alternative hypopnea sensor) drop by ≥30% of baseline
- 2) The duration of this drop occurs for a period lasting at least 10 seconds
- There is a ≥4% desaturation from pre-event baseline
- 4) At least 90% of the event's duration must meet the amplitude reduction of criteria for hypopnea

B. Score a hypopnea if all of the following criteria are met:

[ALTERNATIVE]

- The nasal pressure signal excursions (or those of the alternative hypopnea sensor) drop by ≥50% of baseline
- 2) The duration of this drop occurs for a period lasting at least 10 seconds
- 3) There is a \geq 3% desaturation from pre-event baseline or the event is associated with arousal
- 4) At least 90% of the event's duration must meet the amplitude reduction of criteria for hypopnea

Note:

- . The definition of hypopnea used (VII.4.A or VII.4.B) should be specified in the PSG report.
- Classification of a hypopnea as obstructive, central, or mixed should not be performed without a quantitative assessment of ventilatory
 effort (esophageal manometry, calibrated respiratory inductance plethysmography, or diaphragmatic/intercostal EMG).

5. RESPIRATORY EFFORT-RELATED AROUSAL RULE

A. Score a respiratory effort-related arousal (RERA) (Figure 3):

[OPTION]

1) If there is a sequence of breaths lasting at least 10 seconds characterized by increasing respiratory effort or flattening of the nasal pressure waveform leading to an arousal from sleep when the sequence of breaths does not meet criteria for an apnea or hypopnea.

Notes:

 With respect to scoring a RERA, use of esophageal pressure is the preferred method of assessing change in respiratory effort, although nasal pressure and inductance plethysmography can be used.

6. HYPOVENTILATION RULE

[OPTION]

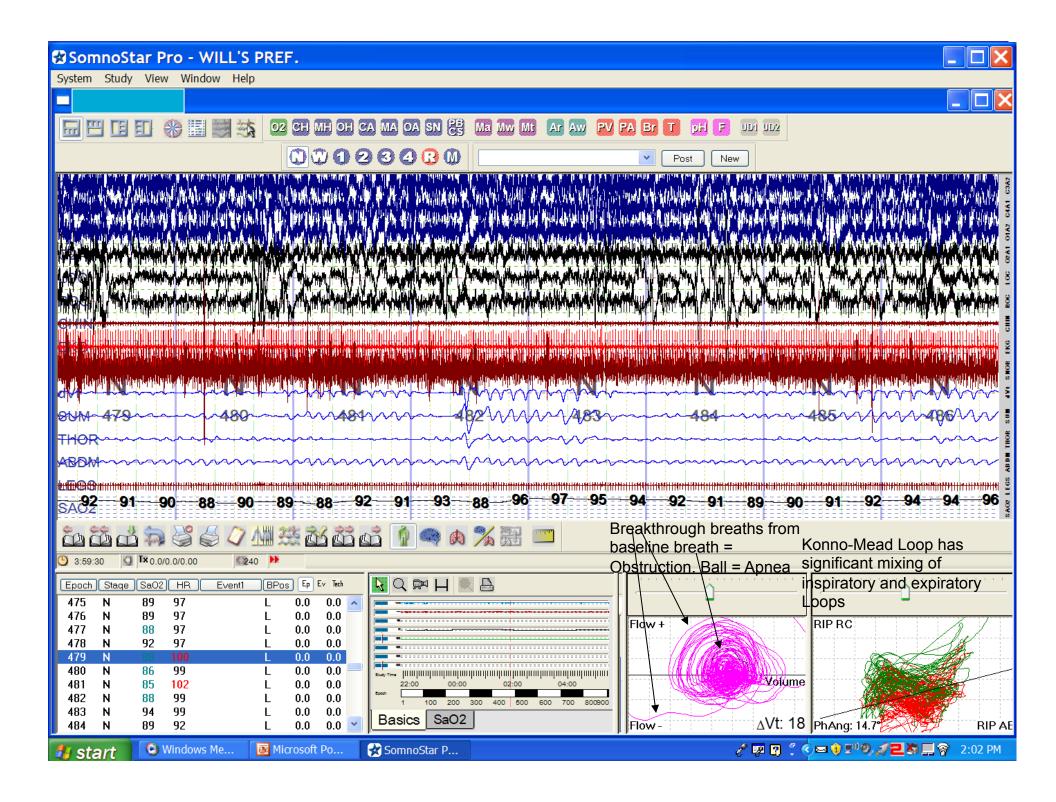
A. Score hypoventilation during sleep as present if there is a ≥10 mm Hg increase in PaCO₂ during sleep in comparison to an awake supine value.

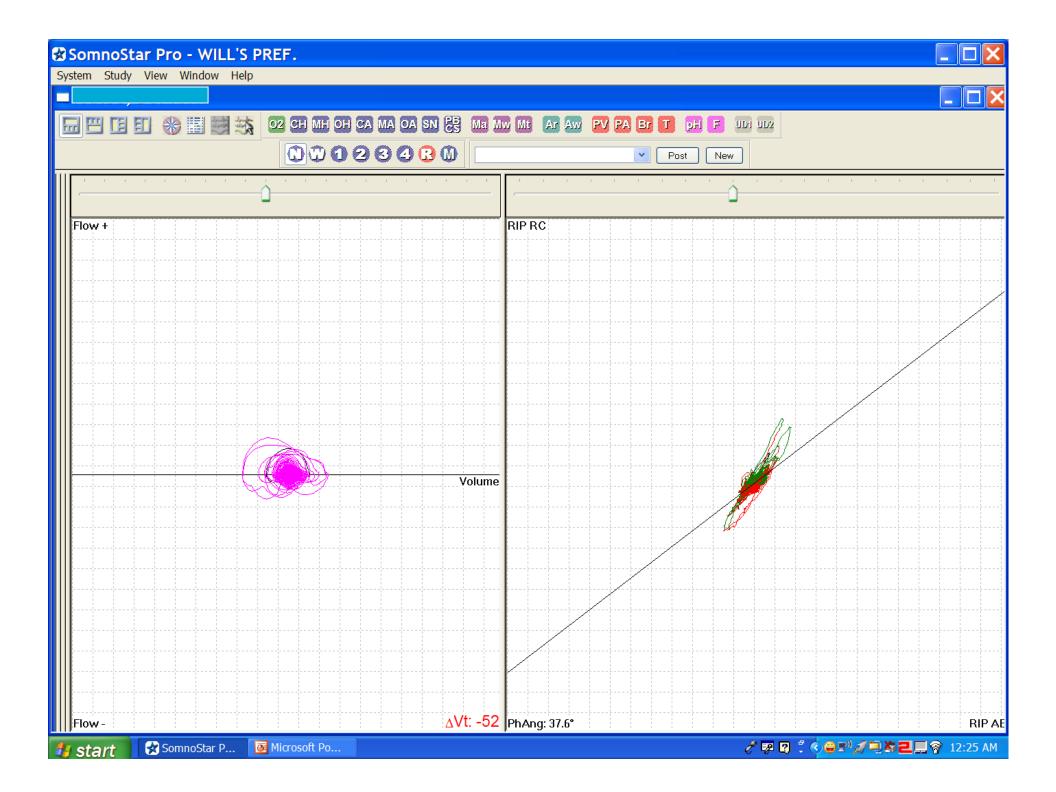
Votes.

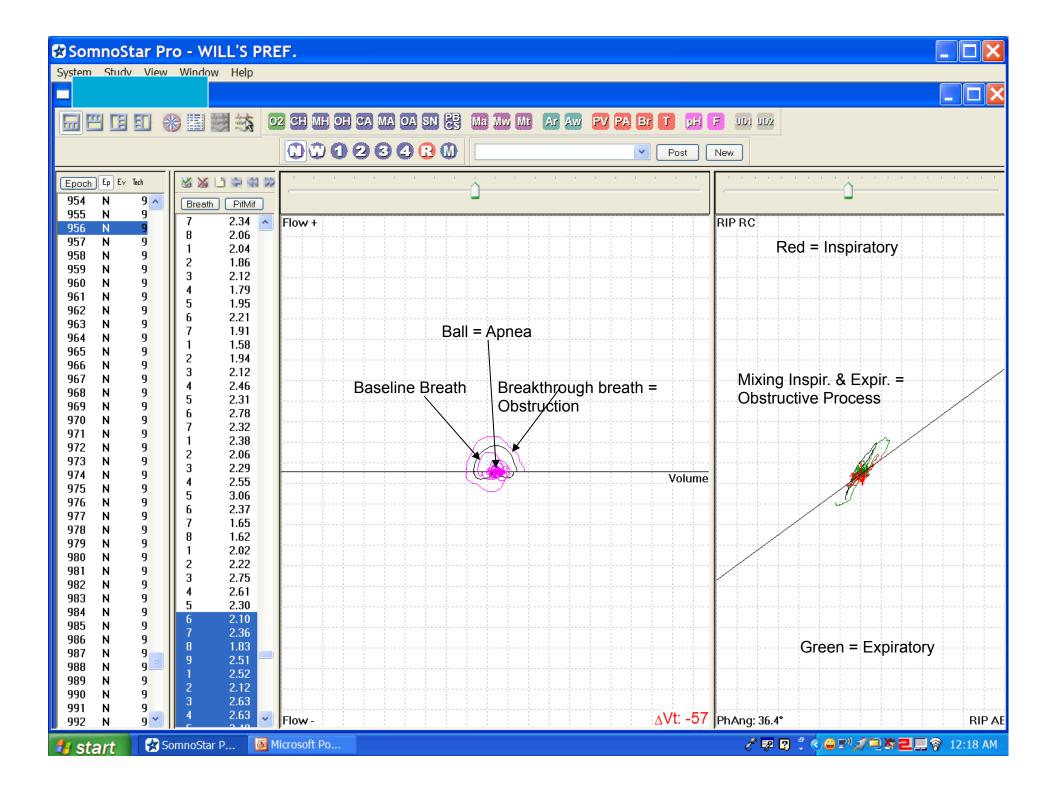
- Persistent oxygen desaturation is not sufficient to document hypoventilation.
- 2. An increased PaCO, value obtained immediately upon awakening from sleep is suggestive of sleep hypoventilation.
- . At this time, there is insufficient evidence to allow specification of sensors for direct or surrogate measures of PaCO, Both end-tidal

OSA's

Obstructive Sleep Apnea

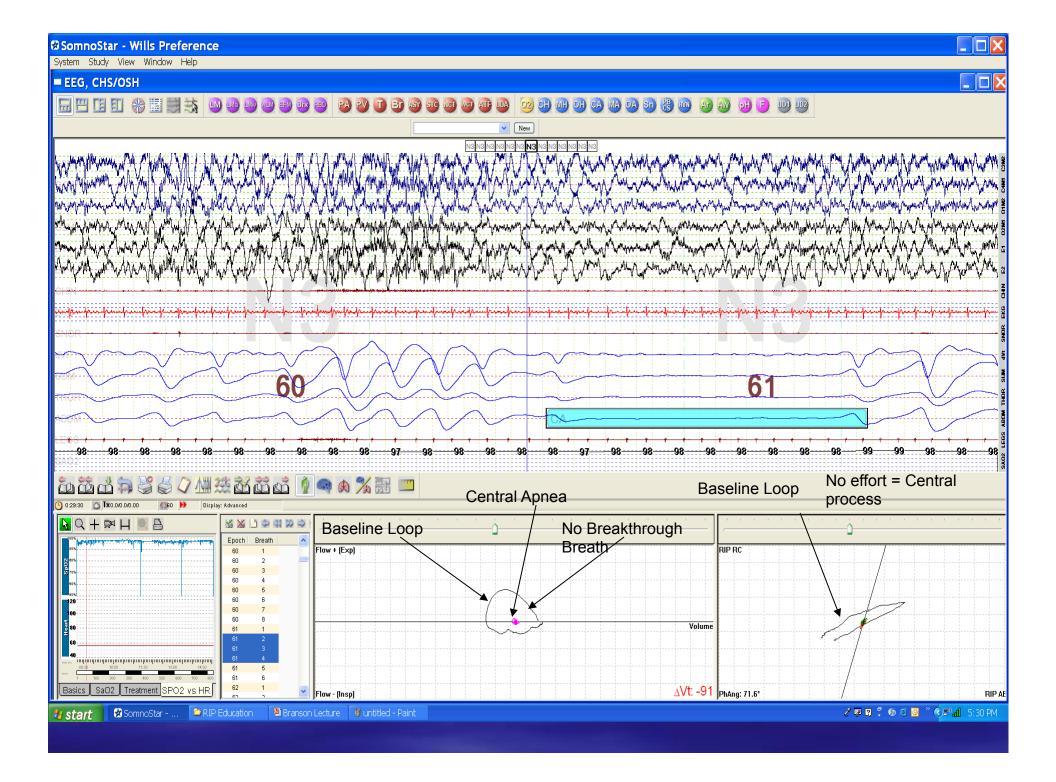


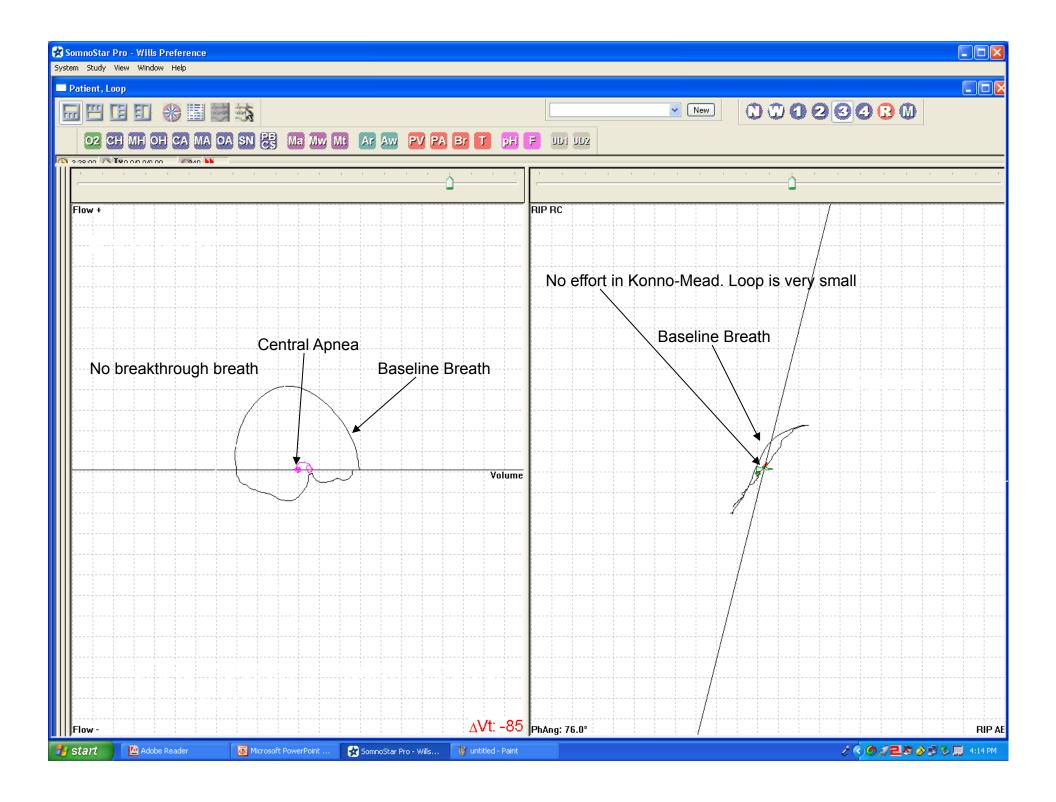


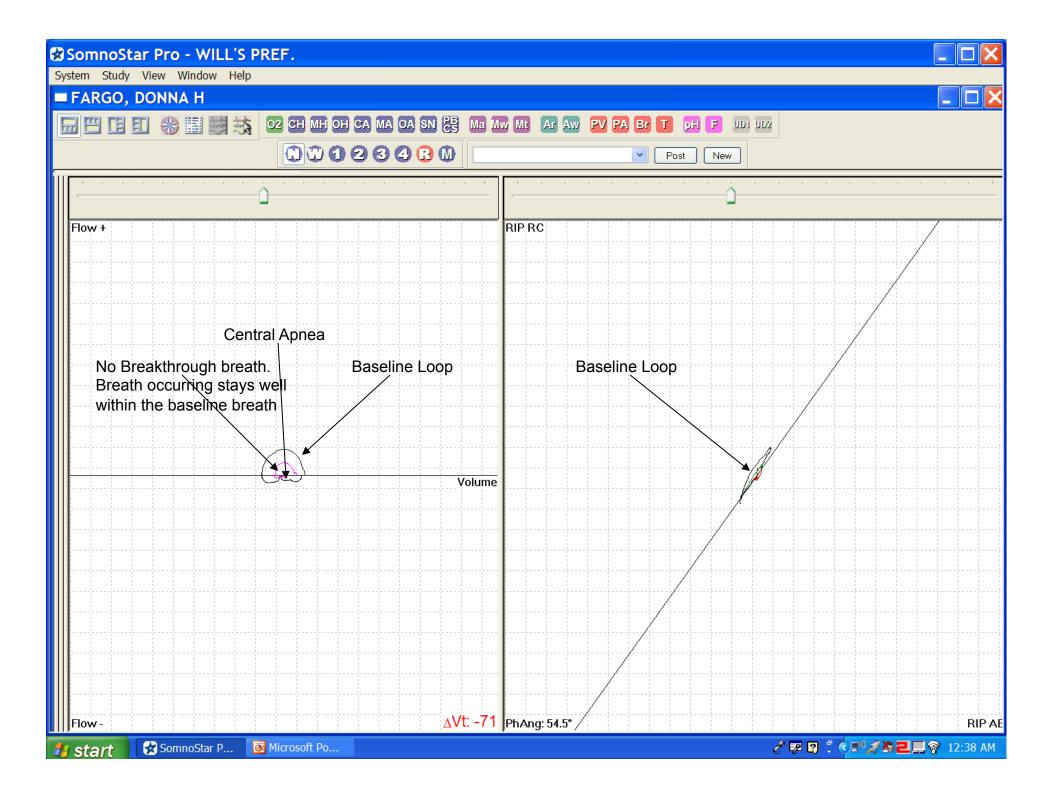


CSA's

Central Sleep Apnea's







Conclusion

- In a nutshell
- Ball with breakthrough breath = OSA
- Ball without breakthrough breath = CSA
- Donut with breakthrough breath = OSH
- Donut without breakthrough breath = CSH
- Flattened inspiratory loop = UARS