

Progress Notes

Procedures

MD Anderson Sleep Center
PO Box 301439, Unit 1284
Houston, TX 77030
Phone: 713-792-2352

Multiple Sleep Latency Test Report

I. PATIENT PROFILE

Patient Name: Bodin, Jeffrey
Medical Record Number: 744652
Age: 19 (years)
Sex: Male
Height: 168 cm Weight: 50.0 Kg

BMI: 17.7 kg/m²
Study Date: 8/5/2016
Referring Physician: Dave Balachandran M.D., M.D.
Epworth Sleepiness Score (ESS): 14.0

II. DIAGNOSIS

Hypersomnia
347.00 Narcolepsy, Unspecified

III. PROCEDURE

The patient underwent a MSLT (multiple sleep latency test) according to the guidelines established by the American Academy of Sleep Medicine*. The patient was allowed to nap starting at two hours post awakening from the baseline study and subsequently at 2 hour intervals. During the baseline polysomnogram the sleep efficiency was 77/5%. There was no evidence of clinically significant sleep disordered breathing, nocturnal hypoxemia or movement disorders. The MSLT immediately followed the baseline study.

A total of four naps were performed. The patient slept during four of the four naps. The mean sleep latency (MSLT score) was 5.9 minutes. There were four sleep onset REM periods (SOREM) noted.

The diagnosis of narcolepsy requires 2 SOREMs, and an MSLT score of less than 8 minutes (mean sleep latency). An MSLT score of less than 10 minutes with less than 2 SOREMs can be seen in idiopathic (CNS) hypersomnia, upper airway resistance syndrome, periodic limb movement disorder and sleep apnea.

IV. CONCLUSION

The clinical history is suggestive of hypersomnia, and the MSLT is consistent with narcolepsy.

V. RECOMMENDATIONS

Stimulant therapy is recommended for daytime sleepiness.

Possible pharmacologic therapies include fluoxetine, venlafaxine, sodium oxybate, clomipramine, viloxazine, imipramine.

Additionally, HLA testing for DQ antigens (DQB1*0602 and DQA1*0102), which are associated with narcolepsy, and HLA-Cw2, which is associated with familial idiopathic hypersomnia, may provide further information.

Strategically timed naps should be incorporated in the patient's daily schedule.

The patient will be seen for a post-evaluation consultation with sleep clinic to discuss our findings and to explain the available treatment options.

If there are any questions regarding our examination, please feel free to contact our office for further elaboration or interpretation of our findings. Details concerning specific test scores and the results of sleep studies are available upon request.


Sincerely,
Diwakar Balachandran, MD
UT M. D. Anderson Sleep Center

* The International Classification of Sleep Disorders: Diagnostic and Coding Manual. Diagnostic Classification Steering Committee, Thorpy MJ, Chairman. Rochester, Minnesota: American Sleep Disorders Association, 2005

Berry RB, Brooks R, Gamaldo CE, Harding SM, Marcus CL and Vaughn BV for the American Academy of Sleep Medicine. The AASM Manual for the Scoring of Sleep and Associated Events: Rules, Terminology and Technical Specifications, Version 2.0. www.aasmnet.org, Darien, Illinois: American Academy of Sleep Medicine, 2012

Littner MR et al. Practice Parameters for Clinical Use of the Multiple Sleep Latency Test and the Maintenance of Wakefulness Test- AASM Practice Parameters. Sleep 2005; 28(1) 113-121

Electronically signed by Dave Balachandran, MD at 8/15/2016 1:17 PM

 Procedure visit on 8/5/2016