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Apnea's Biggest Cost

A glimpse into the life of a sleep-deprived trucker

BY MARY CONVEY

Recently I had the pleasure of meeting and assisting a driver whose medical examiner had required an evaluation for sleep apnea that would include a sleep study before issuing his medical card.

I met Nickolas Telesco (Nick) and his safety manager Kelly McDowell of Oakley Transport after dinner at Hampton Inn in Lake Wales one breezy November evening. Nick gave me permission to tell his remarkable story because it is very similar to the experiences of many other drivers I've met.

Sitting in a private corner of the hotel dining room, we talked about Nick's recent medical experiences since he was looking to become professional driver for Oakley. Nick began sharing his story with me.

He is 40 years old, 5'9" and weighs 325 lbs. with a rather large neck. He had been through uvulopalatopharyngoplasty (UP3) surgery last February to clear the airway of excessive tissue and hopefully open it up and (hopefully) alleviate his snoring that, in his words, "rocked the house."

When the ENT physician talked to Nick before surgery, he explained that he had never seen such large tonsils blocking a patient's airway. Nick feared he would "die on the operating table" because his neck was so large and had so much tissue obstructing his breathing.

Six months, later Nick was still "rocking the house" and found himself tired every day,

even after he had completely healed from the surgery.

He was so tired, in fact, that during his new-driver orientation he fell asleep on several occasions and could not sit for more than 10 minutes without nodding off.

Much to the chagrin of his training class, he turned down the thermostat to a very cold temperature just to try and stay awake. At one point during a driver-training run, Nick fought to stay awake at a red light. On an average night, he said he slept about 8 hours but was up 4-5 times a night to use the bathroom and would always wake up exhausted.

Other drivers and trainers noticed Nick's dozing and encouraged him to get tested for sleep apnea.

Nick had been driving trucks for over 18 years and is experienced in working for companies and owning his own trucks. He recalled the days when he could pull over for a one- or two-hour "power nap" and then get back on the road feeling rested.

Little by little, bad eating habits and life on the road began to take a toll on his weight and health. During a recent DOT exam, the physician asked Nick to show him how he put on his socks because his belly was so large he did not believe he could bend over.

Nick's health began spiraling downward with increases in blood pressure and cholesterol—at one-point his blood pressure >>



SLEEP APNEA

There's more treatment options than you might think!

CPAP: You sleep with a mask with a hose that is attached to a machine kept at the bedside. Masks and machines may vary depending on your treatment and comfort needs.

ORAL APPLIANCE THERAPY: An oral appliance is a device that fits in your mouth over your teeth while you sleep. It may resemble a sports mouth guard or an orthodontic retainer.

SURGERY: The most common options reduce or eliminate the extra tissue in your throat that collapses and blocks your airway during sleep.

WEIGHT MANAGEMENT: In some cases weight loss can help improve or eliminate your sleep apnea symptoms if you are overweight or obese.

POSITIONAL THERAPY: Some people have sleep apnea primarily when sleeping on their back. Positional therapy may involve wearing a special device around your waist or back. It keeps you sleeping in the side position.

LIFESTYLE CHANGES: There are a variety of lifestyle changes that you can make to help you reduce your snoring and improve your sleep apnea symptoms, such as quitting smoking or not drinking alcohol.

Information from the American Academy of Sleep Medicine, www.sleepeducation.org

was 150/99 (normal BP is 120/80) and his blood sugar level was 124—indicating pre-diabetes.

Kelly McDowell from Oakley Transport felt strongly that Nick was a good hire. He knew trucking, had a great background that included safety experience and leadership qualities that were hard to pass up. Kelly recommended a thorough physical by a physician to take a closer look at Nick's health issues.

During the examination, the examiner suspected Nick was in congestive heart failure (CHF), based upon listening to his heart and seeing the fluid pooling around his ankles. She sent him directly to the emergency room. After a complete exam, the physicians concluded Nick was not experiencing CHF, but needed to adjust his hypertensive meds to include a diuretic to help flush out excess fluids. They also referred him for a sleep study.

Nick was both relieved but scared all over again. Often within the transportation industry, this pre-hire medical exam would lead to disqualification or a provisional medical card—sometimes resulting in companies simply passing over these drivers. Not Oakley Transport: they had a greater vision. They wanted to intervene and help Nick get the treatment he needed so they could retain his talent, rather than pushing the problem down the road. McDowell called me to help Nick get a sleep evaluation.

As I sat with Nick, listening to his life story and all the hard work he has done to take care of his teenage daughter, I was inspired and became more and more committed to help this nice guy take control of his health and get his life back on track.

I educated him on sleep apnea with a focus on obstructive sleep apnea, which is very common in folks who have extra weight, particularly in the tissue surrounding their necks as well as in the muscles that hold the airway open that “obstructs” or closes off the airway when lying down.

I explained that waking up more than six times a night to urinate (nocturia) is a recognized symptom of sleep apnea. When your airway closes off, you stop breathing, oxygen decreases, carbon dioxide increases, the blood becomes more acidic, the heart rate drops and the body is alerted that something is wrong. The sleeper must then wake up just enough to reopen the airway, but this awakening is so brief that the sleeper will not be aware of waking up. Suddenly the heart is racing and the sometimes the sleeper may also experience the need to visit the bathroom. This is because sleep apnea causes a hormone to be secreted that makes the body want to eliminate sodium and water. This often happens repeatedly throughout the night causing multiple trips to the bathroom.

We talked at length about his increased

risk for heart attack and stroke by leaving sleep apnea untreated. Then I took him through how our sleep apnea program works.

I showed Nick our home sleep testing unit that he could wear home or in the back of his truck. It would record his snoring, breathing, oxygen levels, chest and abdomen movement, heart rate and body position. Basically, it's wearing a cell-phone-sized device on the chest with a couple of straps and sensors. Nick would have a consult with a board-certified sleep specialist and then, if appropriate, wear the device one night for testing.

Nick was all set and ready for testing, so I told him I would follow up with him the next morning after the test and meet him for breakfast.

He said “Great, but I want to go to the local diner—not this hotel food again.”

I smiled, “Sure thing, see you at 7 a.m.”

The next morning, I met Nick at the diner for breakfast: T-bone steak, potatoes, large orange juice and a Coke. I ordered an egg-white and spinach omelet with fruit.

Now, I am not saying I am always a healthy eater, but I do try. As Nick was eating his T-bone, we discussed the test. He said it sounded easy enough and could not wait to hear the results.

Admittedly, I have a reputation in my family for being a bit assertive or as my sisters and nephews might say—bossy.

As you can imagine, I could not resist giving Nick a tad of “Bossy Aunt Mary” advice about eating, health, exercise, sleep and being around to walk his daughter down the aisle someday. I mean, he is only 40s and the path he is on does not look good! He finished his T-bone and proceeded to eat my leftover omelet—not exactly what I was referring to when I said “healthy eating.”

Back at the office, we received the results from the sleep specialist.

Nick had stopped breathing numerous times during the night. He had an AHI (apnea hypopnea index) of 88; which means that he stopped breathing or had very shallow breathing 88 times per hour during the night.

“No wonder you are tired, my friend,” I said. “You are never reaching the healthy, restorative sleep you need and deserve. If I came in and woke you up 88 times an hour, do you think you would feel rested the next day?”

Nick was trained and placed on an Auto CPAP and nasal mask that automatically delivers the right amount of air to keep his airway open throughout the night, helping him get the best sleep possible.

He talked to a respiratory therapist in my



company who coached him on getting used to his new machine and mask. Our team wirelessly receives feedback data from his machine each night, indicating how effective Nick's therapy is for him.

The first night on APAP, Nick slept a full eight hours. He was shocked at how well he slept without interruption and he felt rested. Once he experienced the great rest from that first night, Nick has consistently used his APAP every night since.

So, how is he doing?

Nick wakes up every day feeling alert, has

much more energy and no longer struggles to stay awake during his workday. He reports he has lost 51 lbs., is eating healthier, his blood pressure is under control at 128/85 and he is no longer pre-diabetic.

He decided to cut out bread and takes his own healthy food, nuts, veggies and protein shakes on the road with him. When he does eat out, he makes better choices. For example, at Subway, instead of the sandwich bread, he asks for a wrap with the 10-calorie flaxseed flatbread.

He reports he is much more rested, alert

and drives with hands firmly on the wheel verses hanging over the top of the wheel—which he attributed to being tired and barely hanging on.

Nick was sure he was going to die before he made the decision to get treatment and adopt his new healthy living habits.

He says the Lord knew of his condition and provided a solution where there was none. He clings to the verse, "My King heard my plea and answered my prayers in his perfect timing." His personal mantra has become Philippians 4:13, "I can do all things through Him who gives me strength."

There is currently no FMCSA regulation in place laying out specific guidelines for addressing sleep apnea. Medical recommendations suggest a driver is to wear his or her PAP device four hours or more for 70 percent of the nights.

Companies like mine provide daily compliance oversight (through wireless feedback from the device) and coach patients on how to get the best results from their therapy. Compliance is also reported to the Certified Medical Examiner and the company, so treatment can be verified for purposes of maintaining physical qualification to drive.

This wireless reporting capability removes the hassle for drivers who go in to be re-certified. Instead of having to keep up with a card, or take in a paper printout of their compliance report to the doctor, they simply call us, and the team sends over the report to the doctor.

As leaders within the transportation and logistics industries consider how to attract and retain great qualified drivers, addressing the real need of health and wellness must be at the foundation of those plans.

Much like our friend Nick, there are countless numbers of drivers who need compassion and support to help them live a long, productive life for themselves, their families and for the well-being of our nation.

Without great drivers, our supply chain would not function. We owe it to our own families and our companies to take care of those who take care of us. Choose, like Kelly McDowell did, to make a difference, and you'll make the world a better place and ensure our future for years to come. 🐦

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The Economics of Sleep Apnea Testing and Treatment

PAYBACK PERIOD: The medical and accident-avoidance savings resulting from a sleep apnea testing and treatment program will likely cover the cost of the program within a four- to ten-month payback period. On-going compliance programs mean trucking companies will continue to reap greatly reduced costs year in and year out. The relatively high proportion of fleet drivers with sleep apnea provides significant opportunity to return money to the bottom line.

Through a well-executed, proactive testing and treatment program, fleets:

- > Can reduce risk
- > Improve the health of their drivers
- > Reap significant savings in reduced Worker's Comp payments
- > Reduce sick-day expenses
- > Reduce liability and insurance costs over time
- > Improve driver retention

Studies have shown that every \$1 invested in testing and treating drivers with sleep apnea nets \$3 of savings.

A multi-year sleep study with J.B. Hunt, published at the 2014 SLEEP Conference, documented:

- 53% reduction in accidents
- 55% reduction in hard braking
- 56% reduction in medical costs

WHERE'S THE MONEY? While your experience may vary, ROI targets for SleepSafe are generally:

- > Medical cost reductions of 50% or \$ 8,400/year
- > Accident reductions of 50% or \$ 2,706/year
- > Reduced turnover of 270% or \$ 2,816/year
- > **Totaling \$13,922/year**

This information was compiled using SleepSafe™ Drivers Testing to Treatment Program for Sleep Apnea data and costs.

