

February 2012

www.sleepapnoeanz.org.nz



# Sleep Times

NEWSLETTER

This is the first of our newsletters for 2012 and the first since our AGM in December when there were some changes to the executive committee. Your new committee consists of:

**President:** Elaine Bryant

**Vice President:** Mike Matson

**Secretary:** John Titchener

**Treasurer:** Rod Bryant

**Minute Secretary and Newsletter Editor:** Jill Hammonds

**Membership Secretary:** Sherry Taylor

**Other Committee:** Warren Finn

Alex Bartle continues as our Medical Advisor

F & P Healthcare continue to support our meetings through Jonathan Ellis and Matt Hitchings.

## Message from your new president



To those of you no longer on the committee, particularly past president, Mike Riley and treasurer, Maurice Howley, I would like to extend a vote of thanks for your long service to this organisation.

We made changes to our constitution at the last A.G.M. that better reflect the purpose of the organisation in representing people that suffer from sleep apnoea. We are now in a position where we can assist regions, with help of a local organizer, in getting group support meetings underway. If you are able to assist in this way then we would love to hear from you either via email to [saanz.secretary@gmail.com](mailto:saanz.secretary@gmail.com) or by mail to P.O.Box 88 Hamilton 3240.

## Alternative Power Source for CPAP

One of the most frequently asked questions from our members is the options and availability of an alternative energy source in the event of a natural disaster or what options are available when you are away from home either camping or in a motorhome.

First, let us deal with a natural disaster such as an earthquake like we have recently had in Christchurch or storms and floods where power could be conceivably off for several days. Generators are the only source of immediate energy, however, with a little forward planning other forms of energy can be had.

Power packs are very useful source of energy that are reasonably light and portable but can only be used for long periods of time on units with a low wattage. These power packs are best suited to camping and motorhome type applications, as you don't have the problem of a generator running for long periods of time. They will give you 6-8 hours of continuous use on a CPAP machine providing you are not using the hydrator. Manufacturers are moving towards developing smaller lower wattage units that will be a big help in the future.

However, once these packs have been discharged overnight they need to be replenished during the day.

The alternatives here are a generator as has been mentioned or a solar panel that is fine on a sunny summer day but not so good in the winter where the sun is lower in the sky. You can gain another 20% more energy from a solar panel if it has a tracking device to keep it at the right angle to the sun. This is fine on a permanent structure as a house but not quite so practical in a mobile situation.

Your CPAP machine may be able to be used with an inverter from house batteries in your motorhome, however, you need to determine whether or not you have the capacity within these batteries to serve the purpose. Remember also that it is not desirable to draw your battery down to below 50% of its charge otherwise you will reduce the life of the battery considerably.

It is also important to have a power source that will replenish your batteries or your power pack fully the next day otherwise you will be on a gradual daily decline until you run out of energy altogether. House batteries and power packs are deep cycle batteries that are designed to have a slow draw off over a long period of time not like starting batteries that require a huge draw off over a 3 to 4 second period. Deep cycle batteries require a good solid charge from a mains power source once every 30-40 cycles of charge and discharge to equalise the charge within the plates and to prevent it from sulphating. Sulphating restricts the battery from accepting and holding its charge.

There are several makes and types of power packs on the market and one needs to determine what application you need it for and make a selection on that basis.

There are two different power packs that have been used by one of our members that seem to be satisfactory in a CPAP application

Powertech a 400w 5in1 power station with air compressor and a cooling fan that gives about 4 hrs of use. This unit is slightly cheaper through Heathcote appliances than it is through the internet.



The second unit is available through Repco and I understand they have limited stock.

Mech Pro a 300w 6in 1 power station without a fan which gives 6-8hrs of use. This unit is more expensive will give you more capacity and does not have the noise of a fan running.

You do also need to check with your CPAP manufacturer as to the suitability of a portable energy source as not all devices are compatible. One would hope that the development of newer, smaller and lower wattage units in the future will be able to simplify the use of an alternative power source.

Your executive committee will be discussing with manufacturers the feasibility of developing a 12-volt CPAP unit for use in mobile applications. Demand no doubt will determine the outcome. Your feedback would be welcomed.

## Health & Safety Corner

### Road Safety Reminder

Remember, from 5am on 25 March 2012: **When turning, Left Before Right !!!!**  
i.e. Left turning traffic will no longer give way to right turning traffic.

## Stay Awake, Stay Alive!

Two recent news items from the U.S. may be of interest to SAANZ members. They could well have major implications here in NZ.

First, the **Lindsay case**. On May 7, 2010 John and Wanda Lindsay were on the I-30 highway, approaching Texarkana, Texas. Behind them was an 18-wheeler semi-trailer, set on cruise-control, at 65 mph, with its driver sound asleep at the wheel. The driver had been diagnosed as having severe, (but untreated) sleep apnoea. His employer was aware of the diagnosis, but still employed him to drive their vehicle. The truck crashed into the Lindsay's car, and John Lindsay was killed.



In an industry first, Celadon, a major North American trucking firm, has acknowledged that [sleep apnoea in one of their drivers](#) most likely led to the death of John Lindsay, and have agreed to pay compensation to the Lindsay family, of **US\$3.25 million**.

The second item is a recommendation from the US Federal Motor Carrier Safety Administration (FMCSA - approximately equivalent to the NZ Transport Agency, NZTA), for the agency to use a **body mass index (BMI) of 35 as the threshold for mandatory sleep apnoea screening for commercial drivers licence holders**. If the recommendation is approved, several million registered commercial vehicle drivers in the U.S. will become liable for sleep apnoea screening.

This raises a number of questions:

- ⤴ BMI of 35-plus does not necessarily mean you **have** OSA; just that you are required to be **tested** for OSA. But are there sufficient facilities to run sleep studies for all these people?
- ⤴ Or will they just be given an oximetry test, even though a recent study concluded that "Screening oximetry is not cost-effective because of poor diagnostic accuracy"?
- ⤴ And what is regarded as being "adequate treatment" for those diagnosed as having OSA?
- ⤴ And who decides whether or not the treatment is being complied with?
- ⤴ And who pays for it all?
- ⤴ On the other hand, a BMI of **35** is in fact quite high. Like, you're more than just overweight. The standard definition of "obesity" is a BMI of over **30**. So what about all those drivers whose BMI is under 35, even if only just under? Are they all deemed to be "safe to drive"?

According to the FMCSA, in 2010 there were 6.8 million registered commercial motor vehicle drivers in the U.S. Estimates range that between 1.9 and 4 million of those drivers have some form of sleep apnoea. In 2009, 3,380 persons were killed in crashes involving large trucks, and 74,000 were injured. **Studies indicate that over 1000 of those deaths, and over 20,000 of those injuries, each year, are likely to have been caused by drivers with untreated sleep apnoea.**

To calculate your BMI, see: <http://www.nhlbisupport.com/bmi/bmi-m.htm>

For more information on the Lindsay case, see: <http://johnlindsayfoundation.org>

For info on FMCSA, see: <http://www.fmcsa.dot.gov/safety-security/sleep-apnea/sleep-apnea.aspx>

For more information on any of these issues, please contact John at:  
[saanz.secretary@gmail.com](mailto:saanz.secretary@gmail.com).

## **WANTED!!! Dead or Alive!**

(well, preferably alive...)

SAANZ members in each region, prepared to be The Local Contact Person, for getting Local Support Groups up and running throughout New Zealand.

We have the funding.  
We have excellent Speakers.  
We have the interest from our members.  
We have the format all sorted.

All we need is one or two people, in each region throughout NZ, to locate venues and work with us to make these support meetings available to members.

### **Is that YOU????**

Let us know, on (07) 858-4378,  
or email: [saanz.secretary@gmail.com](mailto:saanz.secretary@gmail.com)

**SAANZ – P O Box 88, Hamilton 3240**

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Disclaimer: The material in this Newsletter is intended for the interest of members of the Sleep Apnoea Association of New Zealand. It is not, and must not be taken as being, Medical Advice. Anyone with a health concern should seek their own qualified Health Professional.

SAANZ are grateful for Fisher & Paykel Healthcare's continued support, friendship to OSA sufferers and families, and help in producing this Newsletter.

A very big  
Thank You!

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**Fisher & Paykel**  
HEALTHCARE

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