SleepFit

Obstructive Sleep Apnoea Program

Why address sleep?

It is estimated that:

7.4 million		Australian adults suffer from inadequate sleep
1.1 million		with sleep disorders
2.5 million		with health problems that affect sleep and
3.8 million		who often fail to get enough sleep thus suffering sleep deprivation[1].

Sleep problems are the single biggest contributor to lost working hours. One in ten Australians suffer from undiagnosed obstructive sleep apnoea (OSA)[2]; in males aged 40–69 years this could be as high as 49%[3].

Obstructive Sleep Apnoea (OSA) is a common cause of excessive daytime tiredness, fatigue and poor concentration.

Employees are unaware they have a problem as the symptoms are observable while they are asleep.

This makes addressing sleep problems difficult because they don't realise they have a problem

Doctors often misdiagnose

After diagnosis, fixing it can be time-consuming and frustrating under traditional delivery models.

Obstructive sleep apnoea has detrimental effects on sleep-quality and health, and increases the risk of obesity, high blood pressure, stroke, heart attack, type-2 diabetes, depression, impotence, mood disorders, and motor vehicle and industrial accidents.

Obstructive sleep apnoea and shift work

For shift workers the disruption of the body's natural circadian sleep-wake cycle impacts the quantity and quality of sleep and can have numerous health, safety and performance implications. Shift workers experience reduced mental alertness, attention, reaction time, information processing and decision making. They have over 60 percent higher risk of work accidents and have higher rates of mood disturbances, diabetes, stoke and heat disease[4]. Fatigue is also an issue with four times greater risk of driving accidents to and from work[5].

Addressing sleep apnoea in the workplace to improve shift worker outcomes

- ✓ Proper shift scheduling
- ✓ Screening for sleep disorders
- ✓ Promoting sleep hygiene and how to cope with shifts
- ✓ Strategies to maintain alertness during work and travel time are key, especially for shift workers [4, 5]

SleepFit can deliver a program to increase employee success metrics, thanks to its technology-enabled process, which makes education, assessment, diagnosis and treatment faster and easier. Behind this technology process is a well-established, highly regarded sleep clinic led by one of Australia's most well-respected sleep specialists, Dr Anup Desai.

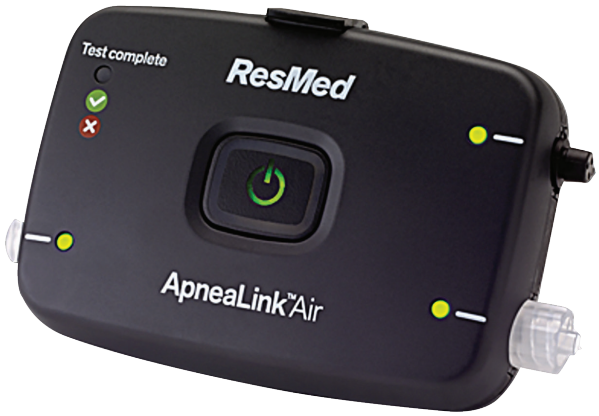
How does the home screening work?

Starting with the sleep questionnaire, employees are triaged into education, screening or treatment pathways. If an employee is high risk for sleep apnoea they are offered an in-home sleep screening test.

SleepFit use a compact, lightweight and easy-to-use home sleep testing device. The device records up to 5 channels of information: respiratory effort, pulse, oxygen saturation, nasal flow and snoring. Following the overnight test, a report is produced that may aid in the diagnosis of sleep disordered breathing or highlight the need for further clinical investigation.

The Sleep Apnoea screening program includes;

	Screening kit delivered to home or work
	Return courier arranged
	Report produced
	Tele GP consult arranged, or results sent to preferred GP
	Referral to specialist as appropriate



Benefits to employee

Improved health and wellbeing by improving sleep and reducing the risk of chronic illness

Increased energy for family friends and living

Calmer and better mood

Greater alertness and productivity in the day

Benefits to organisation

Less unplanned leave and illness

Greater alertness and productivity at work

Improved decision making

Less chance of workplace injury

1. Deloitte Access Economics. Asleep on the job - Costs of inadequate sleep in Australia. Australia: Sleep Health Foundation; 2017.
2. High prevalence of undiagnosed obstructive sleep apnoea in the general population and methods for screening for representative controls. Simpson L, Hillman DR, Cooper MN, Ward KL, Hunter M, Cullen S, James A, Palmer LJ, Mukherjee S, Eastwood P. Sleep Breath. 2013 Sep; 17(3):967-73.
3. Undiagnosed obstructive sleep apnea is independently associated with reductions in quality of life in middle-aged, but not elderly men of a population cohort. Appleton SL, Vakulin A, McEvoy RD, Vincent A, Martin SA, Grant JF, Taylor AW, Antic NA, Catcheside PG, Wittert GA, Adams RJ Sleep Breath. 2015 Dec; 19(4):1309-16.
4. Rajaratnam SH, Howard ME, Grunstein RR. Sleep loss and circadian disruption in shift work: health burden and management. The Medical Journal of Australia. 2013;199(8):S11-5.
5. Barger LK, Lockley SW, Rajaratnam SMW, Landrigan CP. Neurobehavioral, health and safety consequences associated with shift work in safety-sensitive professions. Current Neurology and Neuroscience Reports. 2009;9(2):155-64.