

Achieving Better Golf Scores Through CPAP?

BY BRUCE JANCIN

SAN DIEGO — Golfers with obstructive sleep apnea can anticipate knocking strokes off their game by adhering to treatment with continuous positive airway pressure.

What's more, the better the player at baseline, the bigger the improvement in golf handicap resulting from CPAP, as demonstrated in a small prospective con-

trolled study presented at the annual meeting of the American College of Chest Physicians.

Compliance with CPAP is notoriously challenging. Many patients with OSA, put off by CPAP's noise, inconvenience, and expense, remained unswayed by physician warnings of the medical risks they face in not being treated. For the avid golfer, however, the prospect of playing a better game appears to be a

powerful and previously untapped motivator to seek and adhere to treatment for OSA.

"The adherence in this study was absolutely off the charts," said Dr. Marc L. Benton, who has a sleep disorders and pulmonary medicine practice in Madison, N.J.

He came up with the idea of studying the impact of OSA therapy on golf performance after two physician friends,

both golfers, that he treated for OSA told him their handicaps had improved and they felt better able to manage their game.

"More so than almost any other sport, golf has a strong intellectual component, with on-course strategizing, focus, and endurance being integral components to achieving good play," he noted. "Through treatment with nasal positive airway pressure [NPAP], we can improve many cognitive metrics, including attention span, memory, decision-making abilities, and frustration management, which may in turn positively affect a person's golf game."

Dr. Benton's study involved 12 golfers with moderate to severe OSA and 12 control subjects matched by age and golf handicap. None of the golfers with OSA

It's never too early to have the "insulin talk"

Some conversations may be hard to initiate. Take the "insulin talk," for example. According to the American Diabetes Association, insulin is the most effective agent for lowering blood glucose.¹ It works as part of an overall diabetes treatment plan, which may include diet, exercise, and other diabetes medication. Having the "insulin talk" early may help patients accept insulin as a potential treatment option to help them achieve their A1C goals.²

The results of having a positive "insulin talk" can be impactful: in a survey, about 80% of patients with type 2 diabetes on OADs said they'd consider taking insulin if their doctor recommended it.³ So by starting the dialogue now, you can help your patients have a better understanding of insulin as an effective treatment option for lowering blood glucose.

Insulin—a chance for successful glycemic control, not a punishment for failure

Patients may focus on blaming themselves for their uncontrolled blood glucose, but you can help them focus on turning this negative mindset into positive action for managing their disease.² The United Kingdom Prospective Diabetes Study showed that by the time patients with type 2 diabetes are diagnosed, they may already have lost up to 50% of their beta-cell function, and this function may continue to decline.⁴

Because the disease is progressive, many patients with type 2 diabetes may eventually need insulin to achieve or maintain glycemic control.^{2,5} But by the time patients with type 2 diabetes are prescribed insulin, they may have had diabetes for 10 to 15 years and may already have complications due to a prolonged period of uncontrolled blood glucose.⁶ Starting insulin earlier in the disease continuum for appropriate patients can help improve glycemic control. Controlling blood glucose can reduce the risk of diabetes-related complications.^{5,6}

Treatment plans and glycemic targets should be individualized for each patient.

Insulin is indicated to help improve glycemic control in patients with diabetes mellitus.

Important Safety Information About Insulin

Possible side effects may include blood glucose levels that are too low, injection site reactions, and allergic reactions, including itching and rash. Other medications and supplements could change the way insulin works. Glucose monitoring is recommended for patients with diabetes.

THE "INSULIN TALK"

Have the talk early and as needed, to help destigmatize insulin²

- Reassure patients that using insulin doesn't mean failure and that insulin may help replace what the body is no longer adequately making
- Turn the negative mindset of failure into a positive opportunity to take personal control of A1C

Put insulin therapy in context

- Explain the benefits of maintaining blood glucose goals and the risks associated with insulin therapy
- Talk about how insulin may be worth the effort—insulin is an effective treatment option that works as part of an overall treatment plan to lower blood glucose

Identify patients' personal obstacles and help defuse the "scary" factor²

- Today's insulin injections generally cause little discomfort and are administered using small, thin needles^{2,6}
- Insulin pens make insulin more convenient to administer and are discreet²
- Insulin dose may need to be adjusted up or down over the course of treatment depending on how a patient's body responds⁵

INSULIN

IMPROVING BLOOD GLUCOSE
CONTROL SHOULDN'T WAIT

Learn more at www.RethinkInsulin.com

References: 1. Nathan DM, Buse JB, Davidson MB, et al. *Diabetes Care*. 2009;32(1):193-203. 2. Polonsky WH, Jackson RA. *Clin Diabetes*. 2004;22(3):147-150. 3. Data on file, sanofi-aventis 2009. 4. Holman RR. *Diabetes Res Clin Pract*. 1998;40(suppl):S21-S25. 5. Hirsch IB, Bergenstal RM, Parkin CG, Wright E, Buse JB. *Clin Diabetes*. 2005;23(2):78-86. 6. Nathan DM. *N Engl J Med*. 2002;347(17):1342-1349.



The outcomes were particularly striking in the five golfers with OSA who were already quite skilled at the game.

DR. BENTON

had previously been interested in treatment for their disorder—but the prospect of potentially lowering their handicap lured them into study participation.

After 3-5 months of NPAP, during which the patients played 20 rounds of golf, their handicap dropped from an average of 12.4 to 11.0. All of them felt that they were able to perform better on the course.

Their mean score on the Epworth Sleepiness Scale decreased from 11.8 to 5.5, and their score on a sleep questionnaire improved from 14.3 to 3.1, placing them in the normal range.

Meanwhile, the control subjects showed no change from baseline in golf handicap, the Epworth Scale, or sleep questionnaire score.

The study participants didn't take golf lessons or get new clubs during the study period.

The outcomes were particularly striking in the five golfers with OSA who were already quite skilled at the game, as defined by a baseline handicap below 12. Their average handicap dropped from 9.2 to 6.3, nearly a 3-stroke improvement, about which they were exultant.

Sleep specialists typically consider the use of CPAP for 4 hours or more per night on 75% of nights to be acceptable compliance. The golfers took their treatment far more seriously, using their CPAP machines for 5.5 to 7 hours per night on 92% of nights, as measured by the equipment's data cards.

Dr. Benton estimated 1-3 million American golfers have OSA, in most cases undiagnosed or untreated. ■

Disclosures: Dr. Benton reported having no financial conflicts of interest in connection with his study.