

**Transcription Report**  
**AmbProgressSumm**

**Observation Date :** February 15, 2019  
**Status :** P  
**Reported Date :** February 15, 2019

**Summary Data :**

RES  
Sleep Ambulatory Progress Summary

Goesseringer, Sonja Gabriele  
MRN: 117-3167  
D.O.B. May-20-1954

Feb 15, 2019

**PATIENT INFORMATION**

Patient Identifier (MRN) 1173167  
Patient Name GOESSERINGER, SONJA  
Gender F  
Date of Birth (DOB) May 20, 1954  
Encounter Date Feb 15, 2019  
Attending Physician Li, Christopher  
Referring Physician Doukas, Kathleen  
Primary Care Provider Doukas, Kathleen  
Staff Physician Li, Christopher  
CC Physician 1 ROD, KEVIN

I saw this patient in follow up today.

**RESPIRATORY AND SLEEP PROBLEMS**

1. Mild obstructive sleep apnea: AHI 10 events per hour based on diagnostic PSG in 2014; she had a trial of APAP but found it very uncomfortable and could not use it at all.
2. Sleep initiation and maintenance insomnia: She was previously prescribed

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Zopiclone, but was unable to obtain this medication as it was not covered by ODB; she was thereafter prescribed Temazepam 15 mg at bedtime p.r.n. but developed hives secondary to the medication. We have been managing the insomnia nonpharmacologically. When I last saw her, I suggested she revisit cognitive behavioral therapy.

OTHER MEDICAL PROBLEMS:

1. Fibromyalgia.
2. Previous EBV infection with residual daytime fatigue.
3. Osteoporosis.
4. Hypertension
5. Seasonal affective disorder.
6. Glaucoma.
7. Postmenopausal symptoms.
8. Chronic pain secondary to spinal injuries from a car accident 20 years ago.
9. LSIL.
10. Possible multiple sclerosis diagnosed in California in the 1980s for which she is currently in remission with no neurological stigmata of the disease.
11. Chronic rhinitis.
12. Generalized hyperhidrosis.
13. Shingles to her lower back (2011).
14. Bilateral mammoplasty (1980).
15. Rhinoplasty (1980).
16. Previous hospital admissions for depression in 2009 and 2010.
17. History of anorexia and bulimia.
18. She has more recently developed some chest pain. She is taking nitroglycerin for this and is followed by a cardiologist, though she has been reluctant to have a cardiac catheterization.

MEDICATIONS:

Vitamin B12  
Baclofen 10 mg at bedtime p.r.n.  
Fentanyl patch 50 mcg every 2 days  
Vagifem vaginal tablets  
Vitamin D  
Aspirin  
Claritin  
Hydrochlorothiazide  
Magnesium  
Tegamet  
Nitroglycerine spray PRN  
Melatonin 10 mg QHS PRN

UPDATES

She continues to have difficulties with her insomnia. She has not been able to revisit CBT-I since the last time I saw her in August 2018. She is planning to

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try some cannabis oil through her chronic pain physician, Dr. Kevin Rod. She thinks she will be starting this within the next month or so.

She is currently going to bed around 11:30 PM. She may fall asleep for a little bit but wakes up frequently and it does not feel like she gets into a consolidate sleep until closer to 5 AM. She then sleeps until about 8:30 AM when her alarm goes off.

She feels unrefreshed at this point. She may try to rest some more in the morning, and some days she can sleep for another hour or two. She is active in the afternoons.

She has stopped taking melatonin as she found it was making her groggy in the mornings. She was previously taking the melatonin at bedtimes.

She has not had choking or gasping spells during sleep and she does not think she has had any worsening snoring.

#### PHYSICAL EXAMINATION

Alert, no distress

#### ASSESSMENT

1. Mild obstructive sleep apnea. This is being managed conservatively.
2. Insomnia. She continues to have problems with insomnia, though she is now spending less time in bed and her sleep efficiency is bit better. There might be some benefit to trying melatonin, but taken at an earlier time. She could try taking it at 7 or 8 PM for maximum for shifting effect. We will be interesting to see whether the cannabis oil is helpful with respect to her sleep, in addition to her chronic pain. At this point, the evidence regarding cannabis and sleep is mostly anecdotal.

#### PLAN

1. She will try taking melatonin again, but in the early evening.
2. We will see how she does with the cannabis oil.
3. We will continue to manage the mild obstructive sleep apnea conservatively.
4. I will see her in follow-up in 6 months.

Electronically signed by Christopher Li Feb 15, 2019 02:34 pm

Christopher K Li, MD  
Respirology

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