



## NANCY GRACE, SLEEP APNEA AND DEATH CERTIFICATES: A RECIPE FOR MISINFORMATION

by Steven Grenard RRT, RPSGT

In an exceedingly rare case the Benton County coroner in Kennewick, Washington, Rick Corson, declared a recent 25 year old's death the result of sleep apnea. Corson was quoted in newspaper accounts and deserves some sort of recognition from the sleep community as a result of his decision in this case. Corson stated, "Many people may not realize that they have it [sleep apnea] because the person to diagnose it or recognize it is a sleeping partner. Someone who hears the person snoring or quits breathing and becomes alarmed." Thank you Rick Corson!

It is too bad that talking heads like CNN's Nancy Grace

**Sleep apnea rarely if ever gets put down on a death certificate as the cause of death**

haven't gotten the message yet and it may be because sleep apnea rarely if ever gets put down on a death certificate listed as the cause of death. One medical examiner I spoke to avers you can't see sleep apnea on an autopsy and if it occurs it results in fatal

arrhythmia or heart attack which are the real causes of death. He said putting sleep apnea down as a cause of death may be like putting down smoking cigarettes as a cause of death in a lung cancer patient even though we all know smoking may've been the principal cause of the lung cancer which is a cause of death. But not necessarily as people who don't smoke also die of lung cancer and medical examiner's are not psychics.

In the Nancy Grace fiasco, which occurred on her show on July 9th of last year, a discussion concerning the death of wrestler Mike Durham and his alleged downing of 120 SOMA pills, empty jar found next to his body, engendered a discussion of sleep apnea. Certainly if anyone on the show knew that such a copious dose of a sleeping med could prevent a life saving arousal from sleep apnea they would concede that at least a part of Durham's death may've been caused by this condition. Grace quickly jumped into the discussion making the following statement:

"...it's (sleep apnea) basically snoring, and you know, not breathing for a few seconds periodically throughout the night. You don't die of sleep apnea. That is complete BS."

Clearly Grace has no knowledge whatsoever of what constitutes sleep apnea, how long and how many times you might stop breathing and what the cardiac consequences are of untreated

sleep apnea over time. Or the more immediate and fatal consequences of sleep apnea are should you be taking medications which prevent you from waking up and tasking a breath during an apneic "spell."

As a lawyer and former prosecutor Grace has probably seen her fair share of death certificates and probably has never seen a single one that listed sleep apnea as a primary, secondary or even approximate cause of death. So legally she may've felt compelled to make this ridiculous statement. But the medical facts, of course, dictate that she was and remains completely wrong. She refused to retract her remarks and CNN refused to do a news segment on sleep apnea to help correct the misstatement.

In a 2005 (NEJM 2005, Mar 24; 352(12): 1206-14) review of death certificates of 112 Minnesota decedents who were previously diagnosed with obstructive sleep apnea and died suddenly from cardiac causes between July 1987 and July 2003, the time of death was checked. For the purposes of the study Mayo Clinic researchers V.K. Somers ET. Al. divided the 24 hour day into 4 intervals. They then compared the rates of sudden cardiac death among people with OSA and then compared that rate with people who had sudden cardiac death without OSA, the rate among the general population of sudden cardiac death and the expectation of chance would have on this cause of death. They also analyzed sudden death from cardiac causation during other intervals. The AHI correlated directly with the relative risk of sudden death from cardiac causes from midnight until 6 AM. The researchers concluded that people with OSA have a peak in sudden death from cardiac causes during sleeping hours where as people without OSA had far fewer deaths during

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this same time frame. It is likely that not one of the death certificates examined by these researchers contained any suggestion that OSA was the culprit; and nor would any heart attack victim have listed on their death certificate that eating too much steak or ice cream was the cause of their deaths either. If these Mayo Clinic researchers did not have access to the PSGs made while the decedents were alive they could not really tell from the death certificates alone whether any of these victims had OSA. Medical examiners, at best, could only make an educated guess at this post mortem diagnosis if they were familiar with any one or more of the anatomical co-morbidities that occur in OSA which would persist after death: obesity, neck circumference >17.5, large tongue, enlarged and/or low hanging uvula and crowded posterior oro-pharynx. Dying in one's sleep of course could also be a requirement of the diagnosis if it was established the victim was asleep and died during this period.

Now death certificates may not seem very important to those of us involved with keeping people alive but they do represent an extremely important part of medicine and medical research. Death certificate statistics, for example, are what drives the interest of drug companies, and have direct and indirect consequences for the expenditure of research dollars. Accuracy as to the actual cause of death can also influence life insurance payments. A person who dies as a result of an overdose, for example, might be ruled a suicide when in fact at best it was accidental, the result of the drug's effect on a victim who has obstructive sleep apnea. By obtunding the victim's response (a slight arousal or even an awakening) to an apnea, the victim is liable to die as a result but may've not have done so if they didn't have sleep apnea. As we all know many life insurance policies will not pay if the death is ruled a suicide.

And if television talk show hosts who happen to be lawyers such as Nancy Grace do not have a diagnosis which is a legal rather than just a plain ole medical cause of death, they might feel justified in misleading their millions of viewers that OSA can't cause death. That such a "belief," in Nancy Grace's words, is "BS." Of course all Nancy had to do, after the show where she made this error, was check out any of the numerous sleep labs in her and CNN's hometown of Atlanta to find out how wrong she really was. A quick search of PubMed or the web itself could've returned all the information she needed to issue a correction. This two-second utterance could have serious and even fatal consequences for many of her viewers who have confidence in or place faith in what she has to say.

Corson, who is a coroner, explained that even though he decided to list OSA as the cause of this young patient's sudden cardiac death, he told FOCUS that as a mechanism, medical examiners may reverse his decision after they review all the details of the case.

It may be time to address this issue and campaign for recognition and listing on death certificates of OSA as a cause of otherwise unexplained cardiac death, including MI and cardiogenic shock in the absence of coronary disease. These could include the establishment of guidelines for the recognition of the elements of OSA may be apparent on post mortem exam even in the absence of a full autopsy. And for decedents who have been previously diagnosed in life with a PSG but who've refused treatment or were non-compliant, well then it is often obvious what caused or contributed to their death if it is otherwise ruled sudden cardiac, while asleep and with any other factors ruled out.

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