

# Wake Up Rested: Sleeping With Sleep Disorders



## VALOR Voices Podcast Transcript

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**Steve:** Hello, everyone. My name is Steve Petrilli. I'm with the VALOR Officer Safety and Wellness Program. I'm currently the chief of police with the Normal, Illinois, Police Department and the host of this edition of the VALOR Voices podcast. I want to thank you all for joining us today for this podcast, which will focus on the need to recognize and get help for sleep disorders, namely sleep apnea. I am joined today by Sergeant Ron Cardis with the New York State Police. Ron, thank you for being with us today. How are you, sir?

**Ron:** I'm well. How are you today?

**Steve:** Doing great. Doing great. Ron, just for the audience, can you give us a little bit of your background? Talk to us about your work experience and how long you've been with the New York State Police.

**Ron:** Sure. I'm a sergeant with the New York State Police. I'm in my 30th year of service. Spent 22 years working the road as a road trooper. Of those, I was a dog handler for about 15 years, and I'm now at the academy. I'm assigned to instructing and overseeing our speed enforcement training and breath alcohol analysis training for the entire state police. And I dabble in EVOC whenever I get the opportunity and chance. I also help run our EVOC program, among a litany of other things.

**Steve:** Great. Today we're going to discuss some personal stories, some things that you've maybe experienced through your career that directly relate to sleep

disorders, specifically sleep apnea. I want to touch on the fact that officer wellness is such an important topic, and one of the health optimization topics that encompasses a holistic approach to officer wellness that's often overlooked is the impact of sleep on our health. Sleep is key to vitality, energy, hormone regulation, cognition, you name it. Basically, any type of metric that we're using to measure health and health optimization, sleep is a key component. To the contrary, poor sleep or lack of sleep have been correlated with poor health outcomes that range from chronic disease to depression. One condition known as sleep apnea affects millions of Americans and first responders alike.

Alright, Ron, so to get started, can you talk a little bit about your experience with maybe what were some of the symptoms? What were some of the things that were going on as it related to poor sleep quality and how you ultimately came to address that?

Ron: Yeah, it goes back a ways. I was initially made aware of it through some of my coworkers. Because when we were new on the job, we shared houses because we got moved around. And some of the gentlemen that I shared a house with said, "Man, you really snore loud." People snore. I'd never really think too much of it. And then time went on. I got married, and my wife, who's a paramedic, said I snore really, really loud. And then not only that, but she'd noticed that I would actually stop breathing while I was sleeping.

She noticed it right away and she would shake me a little bit. And I'd be like, "What are you doing?" And she said, "You stopped breathing." And I had no idea how long it was or what was going on, but she said she would actually shake me to make sure I was still breathing, and then that would start me breathing again. So this was going on for a while.

And some of the other things I noticed were we worked 12-hour shifts, and I worked 5:00 a.m. to 5:00 p.m. or 7:00 a.m. to 7:00 p.m. most of the time. And I noticed that in the early afternoons, shortly after lunch between 1:00 and 2:00, I would be exhausted. I'd be struggling to stay awake. Drinking coffee like nobody's business. It never helped. It didn't matter how much coffee I drank, it did not keep me awake. I was tired all the time, to the extent where I would wake up in the morning exhausted, thinking I was ready for a nap. And I never really felt awake. So I'd get home from work. At this time, we had a new daughter in the house. And in the evening, we'd sit down and watch TV, and I'd start falling asleep. And it was a problem.

My wife suggested I go get a sleep study done. And of course, being a little stubborn and obstinate, I didn't. So this continued on. I had high blood pressure. I was overweight. And again, this just carried through everything, and I just felt like I was dragging every single day. So I had a checkup with my physician, and she suggested a sleep study. And of course, I still didn't listen,

and this continued on and on and on. So as time progressed, finally I gave in and got a sleep study done.

Now, mind you, being tired in the afternoons is one thing if you're just doing whatever. But when you're a police officer and you're tired, you're driving all the time, which is incredibly dangerous; you're doing things where you have to be 100% all the time functioning. Even 90% isn't enough. We have to be at 100% all the time. So finally, I went and had a consultation with an otolaryngologist, which is just a fancy name for an ear, nose, and throat specialist, and they absolutely suggested a sleep study. And they looked at the structure of what they could see and said, "Yeah, you need to get a sleep study." So I set it up and arranged it and got it scheduled.

Steve: So Ron, right there, if I can just interject, I'm guessing that your story right now is resonating with all types of people that are listening to this podcast. So I have a question before we get into the sleep studies specifically. Some of the symptoms that you had mentioned that you were experiencing—the snoring, being lethargic and tired throughout the day—were you dismissive of that at first, just based on the fact that you were working shift work? It's become the norm, right, with a lot of first responders that, hey, we're tired. We work shift work. We miss out on sleep. Our schedules are a little bit dysregulated. Were you dismissive of that at first, or how was your reaction to that?

Ron: Oh, absolutely. Being tired at work is something that . . . We work a lot, especially when you're working 12-hour shifts, because a 12-hour shift is 12 hours on duty. It's not just 12 hours where you go in, punch the clock, and punch the clock again at 12 hours at the end. You have to drive to work. You have to get ready for work. You have to finish your job. You get held over for things. You get that late call, that crash, whatever it is, and you have to investigate it. And all of a sudden, your 12-hour shift on duty has turned into 14, 15, or more hours on duty.

You plug in your, for me it was a 45-minute commute on either end. And of course, you just don't wake up, jump in a car, and go to work. You wake up, start your day, you get home, you finish your day. We're tired all the time. We try to put more than 24 hours in a day because we're humans and we have a lot of things in our lives that we need to do. And of course, I was working on my days off. I have to go in for various things. So 12-hour shift isn't just 12 hours, and your days off aren't always your days off.

And who really rests on their day off? We take our days off and we try to pack as much as we possibly can into those days. So your day off turns out to be more longer and probably more involved with more things than your 12-hour work shift because I have to get this done today. So, "Hey, I'm just tired." This is just life.

Steve: And you start to accept that, right? I mean, that becomes the norm in these professions when we're working shift work. And really, our bodies are so intuitive and they can adapt and overcome a lot of different things, and our bodies give us these warning signs at times that things are off. But so often just being in the police, fire, EMS type of service, some of these symptoms pop up, and we try to work through them, and we just consider that part of the job.

We get dismissive of some of these things, where really the warning signs are there, and these are some of the things that you've mentioned that we need to take action on. So with that being said, you had some symptoms. It got to the point that it was even your wife was telling you, "Hey, I'm worried about you. This is a problem. I think you need to seek some medical intervention here."

So you did that and you went through that process of meeting with a physician, doing a sleep study, and you started to touch on both of those as well. Can you tell us a little bit about what happened from there, what that sleep study was like, and then ultimately where did that take you in this journey?

Ron: Absolutely, sure. So I go in for my sleep study, and I met with the technician, and it was absolutely fantastic. I did the sleep study at one of my local hospitals, and they have a room set up and they have a sleep lab. And the room is set up just like a hotel room. It's got a queen bed. It is a hotel room with a couple extra things. It's got TVs. It's got lights. It had a shower. It looked just like your typical hotel room. So the tech came in. You wear shorts and a T-shirt. And for my study, it was a full study, so they had an EKG to monitor everything with my heart. They hooked up an EEG, which is the electrodes they put on your head. So they set that up. I had some other sensors that went around my chest to measure my breathing. They attached a couple to my legs to see if I had what's called restless leg syndrome, if you have a lot of spasmodic leg movements while you're sleeping, and a thing on my hand to measure my pulse ox.

So I go in. They get me set up. I fall asleep relatively quickly after reading or watching TV. And it seemed very shortly thereafter where the tech came in and hooked up the CPAP mask, which is like a mask you would wear if you see a pilot or something, it's just not quite as extravagant. It's very soft. It's made of silicone. It covers your nose and mouth and has straps that go around the back of your head. They're not uncomfortable at all. It's not smashed into your face. It's just there lightly. And I went right back to sleep. I woke up in the morning. They disconnected all of the wires and things from me. And I asked the technician, I said, "Hey, how'd it go?" And they said, "Yeah, you definitely don't have to come back for the second night. Not by a long shot. We got plenty of information from the first half of the night and got you set up with your mask and where you need to be for treatment." I showered and went off

to work and waited and got my results back. And again, the exam or test or sleep study wasn't bad at all. I will admit it was a little odd going to sleep knowing that someone was monitoring you. And just as a side note, they actually can do some of these sleep studies at home now. You can actually have home monitoring you can do. I'm not terribly familiar with that. You can check with your doctors or professional, whomever is contemplating doing your sleep study.

So I get called back to my doctor and talked about the results, and I was absolutely shocked. I mean, I knew the news probably wasn't going to be good, but I had no idea how bad it was. My sleep was interrupted on average 56 times, which sounds like a lot, until you realize that was 56 times per hour. My sleep was getting interrupted by either me stop breathing or reduced breathing 56 times an hour. Your pulse oxygenation should usually be in the high 90s. Mine was getting down to around 80, which is really, really bad. They actually map out your sleep and REM sleep and all different portions of your sleep throughout the night. And mine was what's called very fragmented. I never stayed in one sleep—light sleep, deep sleep, REM sleep—I never stayed in one for more than a couple minutes at a time. So what that boils down to is I never really got into that good restorative sleep where you're actually getting good rest. So I never got good sleep. Even though I was in bed, my eyes are closed and "sleeping," I wasn't getting good rest at all. And it was very, very clear that I needed CPAP, and they set me up for it.

Steve: It was laid out beautifully that you presented some symptoms. You became aware of those. You had the loud snoring. You had the gasping for air during sleep. You had the lethargic irritability throughout the day. You took the action to go in and have the sleep study done. And then ultimately, you get that feedback that, "Hey, there is a problem here." But now the doctors, the physicians will work directly with you to put a mechanism in place that's going to ultimately, it sounds like, remedy the issues with a fairly, very minorly intrusive study. And then it sounds like the CPAP recommendation didn't seem like anything that was too intrusive or too burdensome. Is that correct?

Ron: Yeah, it wasn't bad at all. I got the full-face CPAP mask. There are some that can just go under your nose. So I get it set up. And your CPAP machine, it's small. It's about, I hate to use the analogy, but about the size of a loaf of bread, even smaller. And it just sits on a night table next to you and it comes pre-set up. All you have to do is plug it in, hook up the hose. Mine has a little humidification chamber with it, so you pour some distilled water in there and it keeps the air nice and moist so your throat doesn't dry out. I put the mask on and said, "I'm not going to get used to this."

I couldn't have been more wrong. Within a night or two, I was very, very comfortable with it. Got really used to sleeping on my back really, really quickly. There's no other way for me to put this, it changed my life. You see

these things on TV, buy this, buy that, it'll change your life. Maybe, maybe not. This will. I mean, it truly changed everything. It's not an exaggeration.

Steve: So what are some of those results then that you're seeing? You've implemented this medical intervention technique based on the data that was gathered during your sleep study. You're now using this thing. Was it overnight, all of a sudden you started sleeping better, or what did that look like from a results standpoint?

Ron: It was pretty much an overnight change. I remember waking up one of the first mornings and disconnected it, sat up in bed, and was surprised. I woke up. I was alert, because I would wake up and it would take me forever to get moving in the morning. I woke up in the morning, I was rested. I was alert. And I remember thinking to myself, wow, this must be what it's like to "be alive again," because it was absolutely amazing. The change was across the board. I had more energy throughout the day. I didn't "hit that wall" in the afternoon where all of a sudden I'm just exhausted and just can't keep my eyes open. It really changed everything. I don't fall asleep in the evenings. And it changed stuff beyond that. It allowed me to be more active. Since I was rested, I had energy, so I started working out, hitting the treadmill, hitting the elliptical, going to the gym. So I lost a lot of weight, and that helps with sleep apnea as well. So one led to the other, and it was a life-changing event. I mean, it really, really changed everything. And it was just absolutely amazing. It's hard to describe exactly how much it changed everything.

Steve: Well, it kind of hearkens to the old saying of "you don't know what you don't know," right? When you're not sleeping well, you don't realize the impact that that has on every other part of your life. And then all of a sudden, you start sleeping well, and wow. It sounds like those results are pretty profound. So Ron, I know that there's different types of sleep apnea. Can you talk a little bit about what those are? And ultimately, if you don't mind sharing with the audience, what you were diagnosed with and how that compares to some of the other sleep apnea forms that are out there?

Ron: Oh, absolutely. I'll be very open with you because I know how I felt before and then after getting treated. And if I can encourage or let somebody else get the information they need to go in that direction too, I'll tell you everything you ask or I can. The type of sleep apnea I have is called obstructive sleep apnea. That's where your throat muscles and the structures in your neck relax while you're sleeping and block the flow of air entering the lungs, either stopping or completely reducing that air going in, until they're re-stimulated and bounce back to where they are.

There's central sleep apnea, and that's where the brain doesn't send information down to your muscles to signal breathing. And then there's also complex sleep apnea, which is kind of a combination of the two. And this is information I got from the Mayo Clinic and the NIH. So again, I'm not a

medical professional by any stretch, but this is stuff that because it made such a big difference for me, I wanted to learn more about it. It did make a huge change.

Steve: And that's what this is about. This is about first responders, specifically in this conversation, cops talking to cops, right? And I guarantee there's folks in our audience that can definitely relate to the story that you're telling. So you had symptoms. You sought treatment. You ultimately implemented those strategies that were given to you by a physician. You say the results were good.

I know a lot of times when you start sleeping better, there's a profound effect on our hormones, which then can translate to maybe weight loss, maybe a different sense of vitality. Just outside of feeling better, were there any tangibles there that you can quantify, whether that be a weight loss or anything else that you'd like to add in that context?

Ron: Yeah, before I got treated for sleep apnea, I could sleep 6 hours or I could sleep 10 hours, and I still woke up tired, didn't really matter how long, because I wasn't getting effective sleep. But I found that when I started using the CPAP, I didn't have to sleep as long to be rested because I was getting good, effective sleep. And absolutely, I noticed. I think it for me may have been just because I had more energy, I was able to do more things.

So I was able to rather than just say, "Oh man, I'm just going to sit down. I feel I'm tired," I was able to say, "Hey, you know what? I'm going to go for a run. Hey, I'm going to go outside and do something. I got an hour. Let me jump into the gym for a couple minutes." And it also helped in my personal life. I didn't disrupt other people while I was sleeping.

I had to travel for work occasionally. And traveling with the CPAP machine is a piece of cake. It's small. It's compact. It's in a very small satchel. It's a medical device, so TSA and the airlines can't count it as one of your carry-on or personal items. It's a medical device. They have to let you take it. I travel a lot now. I instruct and present for the National Law Enforcement Roadway Safety Program, and I talk about this a lot with that group.

Steve: Absolutely. I pulled a couple studies preparing for this podcast, and I think that they're really impactful. So I want to just share this with the audience because I think most of our listeners are going to be able to relate. And then I'm going to ask you for some closing remarks.

But these studies, I think, I just couldn't believe them when I read them. So to set this up, sleep apnea among first responders is a significant concern due to the nature of their work and potential risk factors. According to the two studies I'm going to quote, the prevalence of sleep apnea among first

responders, particularly firefighters and law enforcement, appears to be higher than that of the general population.

A study published in the Journal of Occupational and Environmental Medicine in 2016 found that the prevalence of obstructive sleep apnea (OSA) among firefighters was 37%, significantly higher than the estimated prevalence of 4% in the general population. Another study published in the American Journal of Industrial Medicine in 2016 found that law enforcement officers also have a high prevalence of sleep disorders, including sleep apnea. The study reported that 40.4% of the participating officers had symptoms suggestive of a sleep disorder.

So those statistics right there indicate that sleep apnea is indeed a prevalent issue among first responders, highlighting the importance of awareness, screening, and the management of sleep disorders within this entire occupational group. And that's been the focus of today. So Ron, with all that being said, we know first responders, we're predisposed just based on our shift work, our sleep dysregulation, the stressors that we face every day, of having some of these disorders particularly pertaining to sleep.

If you're presenting some of those symptoms, you're somebody listening to this podcast going, "You know what? That's me. I've experienced this," what do you encourage them to do?

Ron: Go get checked. It's simple. A lot of it, and I can't speak for every insurance company, but it's such a big issue that insurance companies tend to cover it pretty well in my experience. So go get checked. It doesn't hurt. It's not invasive. Really, you just go into a sleep lab and you sleep. And that's pretty easy. Once you get diagnosed and start to do something about it, I can't describe how big a change it can make in your life.

Steve: Well, Ron, I can't thank you enough for joining us today and sharing your story, your knowledge. I think it's going to be very impactful for people to have an opportunity to listen to this that can relate, and then hopefully it's that push that they can really start to take some action, right? Because that's what it's all about if you're in a situation that you think you may have some health concerns going on, but the important part is that you take action. So I appreciate your time today, and I thank you for coming on.

Ron: Oh, thank you very much for having me. It's been a pleasure and an honor to let you know what I've learned and what I've gone through myself. And again, thank you. I appreciate it.

Steve: Absolutely. So for our listeners, thank you for listening to this podcast. For more information on this topic and other officer safety and wellness resources, please visit the VALOR website, [valorforblue.org](http://valorforblue.org). So until next time, stay safe, stay healthy, stay well, and stay resilient. Thank you.

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