Show Intro and Guest Preview

All right, it's another show. It's time for some pre-cals. What's going on today? Insomnia, insomnia. Insomnia. Yeah, we're going to talk about insomniac today.

We have Andrew Kolsky with us. He's part of the, really the founder and CEO of The National Sleep Center. It's a service for patients who are struggling with sleep issues and in particular insomnia.

So we'll hear about CBTI and sort of his version of how they're able to deal with patients who have different types of sleep issues. And he also has his own show, his radio show called Sleep Science Today.

That's pretty cool. He's known as the sleep science guy. So I'm interested to see what Andrew has to share with us today. I think that as As sleep apnea therapy continues to diversify, I think we'll see some industry shifts start to refocus around insomnia because, you know, ultimately CPAP manufacturers, CPAT distributors are, our world is going to change a little bit.

So my guess is that we will see a lot of dialogue around and insomniac treatment. I agree. You know, with the growth of like we've talked about on here, the GLP ones and the apnea drugs, you're still going to suffer from commisa.

And these patients are still gonna need the therapy to manage insomnia. I mean, from time to time, I struggle. Boy, when it comes along and you can't shut your brain down and, and know you've got a big day ahead, there can't be anything more frustrating than not being able to sleep.

So I'm looking forward to what Andrew's got to share today. He's such a lively personality. I think it'll be fun to hear from him. You know, hearing what you said, now I'm not very familiar with him like you both are, but it sounds like it's gonna be a fun show.

Sponsors and Episode Introduction

Somebody that has their own show coming on ours, it brings a completely different dynamic. And on top of that insomnia, I think it is gonna fun. Let's get into it.

All right, on to the show! Sleep Tech Talk is brought to you by Fisher and Pikeley. Fisher & Paykel Healthcare is a leader in CPAP masks design and innovation for over 20 years.

Their unique technologies have benefited millions of OSA patients through their top CPAC masks. These advancements continue to further enhance patient experience and outcomes.

Now a word from our sponsor, MedBridge Healthcare. Medbridge Healthcare is a leading provider of sleep lab management services and home sleep apnea testing.

MedBridge partners with hospitals, healthcare systems, and medical academic institutions to offer comprehensive, fully integrated services for sleep disorders.

Sleep Tech Talk is sponsored by React Health. Within our Luna PAP device line, each offering is FDA approved, encompassing CPAP, APAP by-level and by level ST models.

Our thoughtfully selected array of PEP interfaces and accessories complement our LUNA PAPP device-line while accommodating diverse patient requirements.

Lights out. Welcome, everyone, once again, to another episode of Sleep Tech Talk, the sleep podcast with your

hosts and friends, Emerson Kerr, Robert Miller, and me, Dr.

Gerald George Montecarote. Folks, we have another exciting episode for you, but before we start, All the love that you've been showing us. Continued likes, shares, subscriptions.

Andrew Kolsky Background and National Sleep Center

Thank you so much for that. Don't forget there is a comment section. Be sure to comment and put your thoughts in there. We want to give a huge shout out to our sponsors without whom we can't do what we're doing.

And so be sure and check them out and there's more information in the show notes. With that being said, let's get started. Robert, what's going on today?

Hey Jerry, we're going to jump right in today. I'm excited to introduce Andrew Kolsky. He's joining us today, he's fondly known as the Sleep Science Guy.

he is the founder of the National Sleep Center. Andrew is a leading expert in behavioral sleep medicine, trained at the prestigious University of Pennsylvania, Pearlman School of Medicine.

His international radio show, Sleep Science Today, has a passion for evidence-based sleep care and making it accessible. Andrew is at the forefront of addressing insomnia, sleep apnea, and more through innovative solutions.

We want our audience to join us as his expertise on how technology is transforming the way we achieve better sleep. Andrew, welcome to the program today.

Thank you so much for joining us, taking some time out of your own podcast recording to be with us today, we're excited to have you and tell us a little bit about yourself and you have some credentials that I actually am not even sure what some of them are, so you'll have to explain to us some your background and your training.

Great, well, thank you so much for having me on. I really appreciate the opportunity. Like all three of you, my goal here is to talk about sleep and educate people about sleeping ways they can improve their own sleep, and sleep better.

Real quick about my background, I'm one of those people that is a lifelong learner. And I love to collect degrees and they all kind of fit together. If you let me explain how they fit it together, but it takes some time.

Anyways, the short version is I am an attorney. which allows me to work from the end of Americans with Disabilities Act. So people who need workplace accommodations because they have sleep issues, that's how that fits in.

I'm a clinician, so I do the actual sleep work with the behavioral sleep medicine side of it. And I am an entrepreneur, I look for new ways to bring new opportunities to help people improve the types of treatments and things that are out there.

That's the short version. Awesome. Well, tell us a little bit about the National Sleep Center because that's how I think you and I originally met. We were talking about different treatments for insomnia.

I can convey to you how difficult that space can be to have a service that a patient has access to and also that might be able to use their health insurance in some cases to be beable to pay for some of those types of services.

So give us some insight as to what the national sleep center is, what it does, and how you're able Sure, sure. So National Sleep Center is kind of how I started when I got into the business of sleep work.

And that's all about treating people with behavioral sleep issues. Your primary patient you're going to see is someone with insomnia. You may see someone who has issues with CPAP compliance or maybe They want to learn what other options exist if they're unable to tolerate a CPAP.

CBTI and Precision Insomnia Treatment

So anything related to the behavioral side of the sleep medicine, we don't prescribe medications. We don' do the MD side. But with that, you know, were able to see patients.

The hard part, you mentioned that dirty word that starts with an I called insurance. I'm going to be straight up and honest with you, I tried very hard to work with the insurance industry.

We accepted insurance for quite a while and we got to the point where it was untenable. That's a sad statement about our healthcare system, but that's the whole other podcast.

So what we did and what I recognized is, okay, so this isn't going to work, but the actual cost of treatment is still pretty high for people. So how do we get treatment to them?

And what i realized was there's different opportunities using technology to do that. While I still treat patients on that personal basis, for those who are looking for a lower cost option, I've been working hard to develop what And it will be a website where people can go and they can sign up for CBTI work for insomnia.

And they will able to work with a live coach, in this case, me, for example. The communication happens through text back and forth between them using my sleep diary app that I have, which is called counting sleep.

And then we have the website side, sleep coach live and through the combination using that type of technology, they can get the basics of CBTI with the live coach at a lower cost.

So that's how I address that particular issue. Andrew, when you think about your journey to this, what really motivated you to focus in on insomnia? I mean, there's 84 disorders out there.

What drives you into insomniac in particular? So great question and putting on my entrepreneur hat, my answer is the marketplace. Because most people when they call looking for help, they're looking help with insomnia.

So even though I'm trained and able to help them with some other issues additionally, that's just not who comes to the door. Say you gotta treat the ones who come to door and insomnias, you know, number one insomnia is so common.

But number two, the treatment for insomnia can be really effective. How do I say it? It's not a lot of talk therapy. It is much more numbers and data driven, and it's much precise.

I like working with issues where someone comes in, they have a particular problem, We can kind of figure out what exactly is going on and apply a certain methodology and get them to where they want to be in a relatively short time.

And that's what insomnia treatment and CBTI is all about, for example. So that is why I like that. We also treat people who have nightmares. But again, the treatment is similar to what you might do for insomnia from the standpoint that you're able to have a pretty precise set of things that are going to do and resolve the issue in a relatively short period of time.

As you can see, I really enjoy that type of sleep work. Andrew, you said something that's really fascinating. One is about nightmares, and we'll get to that.

But before that, about insomnia. For the lay person and even trained individuals, insomnias is like a very nebulous thing. You said it's very precise.

Can you talk a little bit more about that? The precise piece of it?

Typical Insomnia Patients and Treatment Journey

Sure, sure. I was actually talking to a new potential patient last night who she had these types of questions. And I said to her, the treatment for insomnia is called CBTI.

She said, oh, I've worked with a therapist in the past for my depression and other things. They do CBT. Well, let me stop you right there and explain to you the difference.

CBT stands for cognitive behavioral therapy. It means a therapy that focuses both on your cognitions and your behaviors. So that is a very common type of therapy used in mental health disorders.

When it comes to insomnia, it's called CBTI because it does use cognitive and behavioral elements, more behavioral than cognitive, but it doesn't use Cognitive and Behavior.

but it does it in a very precise way. What I mean by that is anyone who is doing CBTI is going to be keeping a sleep diary. A sleep diarrhea means every day when they wake up, they're going mark down what time did you go to bed, what did did wake you up?

How long did it take you to fall asleep? Did you wake in the middle of the night? They're gonna have all these data points that they are going be recording every single day.

When they meet with the therapist, I meet my clients weekly, They're going to show me that chart. And I'm going have this whole chart spreadsheet of data in front of me.

It looks like a bunch of gobbledygook that means nothing unless you're trained to look at it. When you are trained you can look and right away you pretty much figure out what's going on.

And so by using that data, we can then make adjustments to try and address the needs that are there. And then by tracking it the next week, the two weeks, We can see if that has changed in the right direction or the wrong direction.

So it's really kind of cool when you're able to lay those things out and look week to week and see the numbers change. You know, I would imagine by the time they get to you, they're very frustrated, you know these patients.

What does that typical patient look like? I'm imagining they've tried so many different gadgets and self-help routines when they got to your office. So if you could describe what a typical insomnia patient looks like by they finally land at your door.

Yeah, great question. You now, the very typical thing that you will hear from someone who is calling up to seek treatment is… some point in time they started to have trouble sleeping.

Now that could mean they had trouble falling asleep, they have troubled waking in the middle of the night, or they are trouble waking too early or a combination of three.

And so they didn't know what to do. They tried a bunch of, well, first what they do is they lay in bed and they try to sleep better, which means they just wrap themselves up in anxiety and make themselves sleep worse.

So when they figured out that that's not working, then they tried some over the counter things, They find out that doesn't work for me either. Then they'll go typically to their primary care physician, most of which it's not their fault, but they're just not trained in sleep medicine in medical school.

Or if they are, they get a very little bit of it. So their response is to prescribe a medication. Sleep medications basically in general do not bring you into the stage three sleep that you need.

They're more sedatives, they more kind of knock you out and give you the perception that your sleeping and you're not really sleeping. So they'll get on these sleep meds and they provide some relief to a certain degree, but they're really not solving the problem.

And eventually the person says, well, I want to get off these med's because I don't think they are good for me to stay on long term and the med even tell you they for short term use.

or they also are still having problems with insomnia, even though they've got these meds. So, the typical patient will come in having gone through that trajectory, and they're saying, well, I heard about the CBTI.

Typically, they finally got to a sleep doctor, And so, you know, some of them will come to us and we will talk with them, do a full analysis. We'll get that story probably 90 out of every 100 times.

And then we work with him to eventually get them off all the meds and get their sleep back on track. I do want us to get to your sleep science show, Sleep Science Today at some point, but I wanted to go back and can you give us a quick sort of story on a patient success that you've had where you helped a patients because this is a chronic problem, it's a significant problem.

Technically, if you're doing the math, that's the bigger problem in the US today from a financial standpoint, the total impact of insomnia is a little larger market than sleep apnea.

So give us a great story about a patient success that you've encountered.

Nightmare Therapy and CBT-N

Sure. It's funny because as I'm trying to think of a specific story, so many of them follow exactly the same pattern. Let me describe the pattern that we get.

The patients will typically come in, Just like I said, they have that back story that I've said and they'll want to start working to address their situation.

So we start them doing a sleep diary and we take a look at what's currently happening with them. And you'll see that they get into bed and then they're having trouble sleeping and play on their phone and eventually an hour later they might fall asleep a little bit and You know, middle of the night comes and they're getting hot and things are happening and then they kind of wake up.

And then there are like, oh, I'm up, so I have a terrible day today. I better like I'd better try harder to sleep. So they lay there and the ramp up their anxiety to the top and lo and behold, they are not sleeping any better.

You might wonder why. and then they toss and turn, eventually they fall back asleep for a little bit, and they drag themselves out of bed for the day because they have to be at work or their kids are up or whatever.

And so that's a very typical story. What we will do is we'll help them to address the issues that are causing them, to have fragmented sleep, and that are exacerbating all their anxiety.

And the short version of it is we get them to a point where they learn how to use their bed for sleep and nothing else and do all these other things that they wanna do outside of their bad.

and we teach them the important thing that trying to sleep means all you're doing is ramping up your anxiety, so let's work through that and find more effective ways to deal with this.

So they start off and I tell them first two weeks that we start, it's gonna get worse before it gets better. You're gonna start off following the treatment first week and the first thing you're going to say to yourself is, this guy doesn't know what he's talking about.

It's going backwards. My sleep is getting worse. I need to just go find some other med to take or something. So I prepped them for that and lo and behold, they typically all come back and say, yep, I'm wondering whether you know, what you are doing and things are getting worst.

And I said, good, because that means the program's working. Talk to me again in two weeks and let's see where you were. And about two weeks later, things start to kind of fall into the right pattern, and they start saying, wow, I slept all the way through the night last night.

That's the first time that's happened in like two years. And then from there, it gets better and better. So that is a very typical story that I will hear from patients.

Are you a sleep tech looking for new opportunities? Well, MedBridge Healthcare is one of the largest employers of sleep technologists, If you are a sleep technologist interested in a new position, potential paid relocation, or looking for a career advancement, consider a Career with MidBridge Healthcare.

Now back to the show. Fisherman-Pickel Solo is the world's first auto-fit CPAP mask. It simplifies setup with its revolutionary auto lock technology. Simply stretch to fit, touch to adjust.

Go to fphcare.com forward slash solo. Andrew, can you talk, first off, thank you for walking us through that patient journey. So if that's the case, how would you work with somebody that has the nightmares?

Sleep Science Today and Outreach Projects

Great question. So some people have insomnia and nightmares. Some people just have nightmares that wake them, which is part of the definition of a nightmare, is that it has to wake you up in the middle of night.

And there's another therapy, again, sounds very similar, but this one is called CBT-N. It's CB-T for nightmares, and CBt for Nightmares is designed and developed to specifically address what happens to our body that leads to these nightmares And again, it's about a figure like a six to eight week time period where the patient is going to be working with a therapist weekly.

And what we do is first we identify what's going on. We have to know if there's co-occurring disorders or other things and we have be able to address those.

But it is a typical nightmare type of case. the person will have started to experience these nightmares that are really frightening, and they wake them up because they're so horrifying and horrible, the thoughts that they get.

And so we work with them to start to identify what those thoughts are, where they might be coming from, or what they may be tied to. Oftentimes you're going to find that the scenario in the nightmare kind of mimics something that was actually really happening in their life at some point.

Not 100% of the time, but in general you'll find it. And then we work on teaching them to sort of re-script their nightmare, meaning that, you know, if your nightmare says that you're going to wake up in the middle of the night because there's a monster that's come out from under your bed and he's getting ready to attack you with a knife, and then you wake because you are like, freaking out, from that.

Then we're gonna re script it where maybe this monster comes out of your head is a puppy. And instead of holding a knife, it's holding the bone and it getting ready to lick your face because it wants your attention.

And as crazy and weird as this sounds, this is part of what we do. It's called rescripting. So that you're priming your thoughts and you primed your mind that when you go to bed that next night and now you've prim'd it with this new script, your mine takes over and starts to fill in the picture with the rescription as opposed to the nightmare.

Again, that's a very brief description of how it works. Well, we appreciate you taking on those complicated patients. As a former sleep tech, I would say, just give me the uncomplicated sleep apnea patient any day.

Would you tell us a little bit about your program, your show, Sleep Science Today? We want our audience to certainly be exposed to it as well. And we know that we're their favorite podcast, but we don't mind if you're number two.

But tell us a little bit about your program, what type of guests, and what the content looks like and how our audience would be able to find your show.

Sure. Well, first off, I want to say I've had some patients who've called us number two as well. So I think in a different context, but sometimes things don't work out.

But anyways, the whole point here is educating people. To me, The more educated the people are about their sleep, So Sleep Science Today is started off and remain and still is a radio show first and we're on the UK Health Radio Network.

So we reach 54 English speaking countries around the world. And then once the radio show goes up, we then put it out on YouTube and all the different podcast networks so that we speak with sleep experts about all different types of sleep issues that you may have.

These are the researchers and the people developing the treatments and highly credentialed folks. And so we share that information. As a result, since the goal is to educate people, we then try to take that and break it down and have some shorter things.

So we've got the long-form radio show, which is about a 40-minute show of actual content. It's a 60-minutes show total with commercials. We take important content on YouTube and we will do shorter videos.

So maybe a five or 10 minute video about insomnia or some other sleep disorder, whatever it may be. And then we try to take that and even bring it down to some shorts where it can go out on social media so that we're hitting all age ranges.

But again, bringing people back to legitimate sleep information. So one of the new things we just just launched is the Sleepy Teeny series, which is a lot of Non-alcoholic, non-caffeine drink mixes that you could have before bed during your wind down time that might help you to kind of doze off a little bit.

That's one thing. We're just about to launch next month the cash bed. The cashbed is going to be something where we go out into public areas that are busy with lots of people.

and we've got a bed laid out so they get to spin a wheel and decide what type of game they're going to play. It could be trivia, it could 20 questions, or it be anything off the wheel.

They lay down in bed to do this thing, again, to bring awareness to sleep. We bring a message here. Its all about sleep, even though it's fun, its still sleep-related.

So we got the cache bed going on. Then another thing. I'm hitting you with all this stuff. Another thing we have is As far as I know, we are one of the only free sleep support groups that is led by a qualified technician.

Meaning, if someone has a sleep issue, whatever it is, and they're looking to join a support group, it's an online group. We have people from all over the world.

And all they have to do is go to sleepsupportgroup.com. It'll take them right to where they sign up. They'll get a notification of the meeting and then they can come.

Closing Thoughts and Post-Show Banter

We do it right now once a month and they talk with others with sleep problems and all this stuff is free. There's no charge for any of things I'm talking about, but it's all about getting the word out and educating people.

So we go from the long form technical all the way to the short form fun, Well, Andrew, thank you so much. That's awesome to hear all the activities you guys are doing to spread the science of sleep.

But we are out of time. Where can people get information about the show and you for that matter? Yeah, yeah. So the easiest thing to do is just remember Sleep Science Today.

If you go to sleepsciencetoday.com, you'll be able to find all the different things that I've talked about, the support group, any of the other things, a radio show, YouTube channel, it's all out there.

Everything falls under that name, SleepScienceToday. Well, thank you so much, Andrew. Appreciate you joining us and folks out there. Be sure to check out Andrew's channel, Sleep Science, today.

And thank so you much for joining as well. We can't thank enough for all the likes, the subscriptions, and the shares. A huge shout out once again to our sponsors and we say until next time, lights on.

All right, that's another show. That means it's time for some post calibrations. Emerson, what are your initial thoughts? You know, I really appreciate guys like Andrew that are thinking outside the box on ways to educate patients and drive the message of insomnia.

It's frustrating. And we shared in the pre-show, the PreCal notes that, you know I've suffered from it from time to time and it is so frustrating and I can't imagine for the patients that don't know what to do and how frustrated they are.

And, you know, we asked him, what happens? What does that typical patient look like? They're at their wits end. It's so refreshing to hear his story and he's managing this innovative ideas to get their attention and train them.

loved hearing that. He's really got a neat program and I'm glad he's also got podcasts that people can dial into and listen and find out more, not to mention nightmares.

It was such an interesting take on that to hear his perspective. I am so glad you asked that question because it just opened up our dialogue to a new place and very fascinating.

Good job, Jerry. Hey, you know, I have to say that, uh, he takes on the patients that really, to be honest with you, there's probably not a lot of providers who really want to have, have engaged and spend the time because I And shame on the insurance industry for not covering the services that are needed by some of those patients that he mentioned, because it sounds like he tried to go down the traditional payer provided service route.

And for whatever reason, it just didn't work. So kudos to him and for staying committed to it. There certainly is a level of I think just dedication to making sure that that patient gets a good night's sleep, because I'm with you, Emerson, and there's nothing more frustrating than not being able to sleep.

I mean, when you've got comesa and you have multiple issues, so you need something to help you breathe so that you can sleep and then when have an opportunity to asleep, you could breathe, but you cannot go to First use of the word conundrum in Sleep Tech Talk history.

Brilliant, man. You just elevated our game. Thanks. Hey, I really like that conondrum. That's not usually my contribution to this. Brings a tear to my eye.

I just became bamboozled by the con-conundram. My relationship. Yep. Oh, you just said another word, one-upmanship. We are the Capillary Kings today. I don't know what's going on.

we better stop. Or we will get nightmares and we're going to have to call in. That's right. Good stuff, guys. All right, well, gents, I think that was a great show and I look forward to our next one.

Absolutely. Alright, folks out there, thank you so much and until next time. Cheers. Be sure to check out our clinical sponsor, Sleep Review Magazine.

More details in show notes.