

Obstructive Sleep Apnea

Frequently Asked Questions



What is Obstructive Sleep Apnea (OSA)?

- Narrowing of the throat that partially or completely blocks the flow of air during sleep, resulting in problems with breathing
- Each episode of problem breathing lasts about 10 seconds. After 10 seconds, a person wakes up for a very short time to restore normal breathing, but the person often does not remember waking up
- These episodes are categorized as either apneas or hypopneas
 - Apnea: flow of air is completely blocked
 - Hypopnea: flow of air is partially blocked
- A person with OSA has dozens to hundreds of these episodes a night

How common is OSA?

- OSA is the most common reason people see a sleep doctor
- About 4% of men and 1% to 2% of women have obstructive sleep apnea
- In women, the rates of OSA increase after menopause to up to 3%

symptoms

Some symptoms of OSA include:

- Snoring
- Feeling tired or sleepy during the day
- Nighttime gasping, choking or coughing
- Non-refreshing sleep
- Waking up frequently during the night to use the bathroom
- Morning headaches
- Trouble concentrating, forgetfulness
- Irritability, low mood
- Dry mouth or dry throat in the morning

What puts someone at risk for OSA?

- Overweight
- Large neck size (greater than 17" for men and 16" for women)
- Small jaw
- Large tongue
- Tissues partially blocking the back of the throat (such as big tonsils)
- Family members with OSA
- High blood pressure
- Thyroid problems

How is OSA diagnosed?

- Seeing a doctor is the first step
- An overnight sleep study is the best test for OSA
 - Can be done at home or in the sleep laboratory, depending on a person's risk for OSA and on the presence of other health problems
 - During a sleep study, monitoring may include: sleep patterns, breathing patterns, heart rate and muscle activity

How is OSA treated?

- Treatment options should be discussed with a doctor, as certain treatments may be more likely to be effective than others for an individual person.
- PAP (Positive Airway Pressure)
 - A mask worn at night that uses air to open the airway and restore normal breathing during sleep
 - Most effective treatment for OSA
- Dental Appliance
 - Repositions lower jaw
 - May be effective in mild-to-moderate OSA
 - Not generally effective in severe OSA

possible risks of having OSA

How is OSA treated? (continued)

- Surgery
 - May involve removal of tissue in the back of the throat or repositioning of the bones of the face or jaw
- Weight loss
 - Losing weight can dramatically improve OSA in patients who are overweight
 - 1% decrease in weight can decrease number of sleep apnea events by up to 3%
- Nasal resistance valves
 - New treatment
 - Currently being studied to determine efficacy

How does treatment help?

- Improves symptoms such as daytime sleepiness
- Decreases blood pressure
- Decreases risk of heart attack and stroke
- Decreases risk of irregular heart beat
- Decreases risk of driving accidents

- High Blood Pressure
 - OSA increases the risk for high blood pressure
 - Chance of developing high blood pressure over four years is 2 to 3 times greater in people with OSA compared to people without OSA
- Heart Disease
 - OSA increases the risk of coronary artery disease (or blockage of arteries in the heart), heart attack and heart failure
 - The risk of heart disease is 2 to 3 times higher in people with OSA
 - The risk of heart failure is 2 times greater in people with OSA
 - OSA increases the risk of heart rhythm problems, such as irregular heart beat
- Diabetes
 - OSA affects how a person's body responds to sugar
 - OSA is associated with a higher likelihood of developing type 2 diabetes
 - The risk of diabetes is over 2 times higher in people with OSA
- Stroke
 - The risk of stroke is 2 to 3 times higher in people with OSA
- Driving Accidents
 - The risk of driving accidents is up to 6 times higher in people with OSA
- Depression
 - The risk of depression is 2 times higher in people with OSA
- Risk of Early Death
 - The risk of dying early is 3 times higher in people with OSA

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