

# Obstructive Sleep Apnea

## What is it?

Obstructive sleep apnea, or OSA, is a sleep related breathing disorder that causes your body to stop breathing during sleep. OSA occurs when the tissue in the back of the throat collapses and blocks the airway. This keeps air from getting in to the lungs. This is a very common sleep disorder.

It happens because the muscles inside the throat relax as you sleep. Gravity then causes the tongue to fall back and block the airway. Blockage of the airway can happen a few times a night or several hundred times per night.

## Who gets it?

OSA can occur in men and women of any age, but it is most common in obese, middle-aged men.

There is a strong relationship between weight and OSA. Your neck gets thicker as you gain weight. This increases the level of fat in the back of the throat, narrowing the airway. With more fat in the throat, your airway is more likely to be blocked.

People with OSA are often obese and have a neck size of more than 17 inches. Many people with OSA also have high blood pressure.

Children with large tonsils may also have OSA.

## How do I know if I have it?

1. Do you experience any of these problems?
  - Unintentionally falling asleep during the day
  - General daytime sleepiness
  - Unrefreshing sleep
  - Fatigue
  - Insomnia
2. Do you ever wake from sleep with a choking sound or gasping for breath?
3. Has your bed partner noticed that you snore loudly or stop breathing while you sleep?

## **If your answer to each of these questions is yes, then you might have obstructive sleep apnea.**

Almost all people with OSA snore loudly, and about half of the people who snore loudly have OSA. Snoring is a sign that your airway is being partially blocked. While you may not think you snore, ask the person who sleeps next to you. He or she can tell how often you snore and whether or not you stop breathing.

Many people with OSA are sleepy during the day. They find that they are still tired even after a nap. When you stop breathing, your body wakes up. It happens so quickly, you aren't even aware of it. This disrupts your sleep process. You can stop breathing hundreds of times in one night. This will make you feel very tired the next day.

### **Do I need to see a sleep specialist?**

Yes. This is a serious disorder that needs to be treated. Sleep specialists have training and expertise in this area. They will review your history and symptoms. If needed, they will schedule you for an overnight sleep study. This kind of study is called a polysomnogram. The sleep study will help them evaluate your problem. Then they can put together an individual treatment plan just for you.

It is also important to know if there is something else that is causing your sleep problems. A sleep specialist can look for other conditions that may mimic or make the symptoms of OSA worse, such as:

- Another sleep disorder
- A medical condition
- Medication use
- A mental health disorder
- Substance abuse

### **What will the doctor need to know?**

The doctor will need to know your symptoms and how long you have had them. He or she will also want to know if your symptoms began when you gained weight or stopped exercising. Get information from those who sleep with you or have seen you sleep. This includes spouses, relatives, friends, teammates, and roommates. You will also need to provide a complete medical history.

Keep a sleep diary for two weeks. Information you should write down includes the following:

- What time you went to bed each night
- What time you got up in the morning
- How many times you woke up during the night
- Whether you felt rested when you woke up
- If you took naps during the day
- Whether you felt sleepy or rested throughout the day
- The sleep diary will help the doctor see your sleeping patterns. The sleep diary information gives the doctor clues about what is causing your problem and how to correct it.

## **Will I need to take any tests?**

If your doctor thinks that you have a problem with breathing during sleep, then he or she will have you do an overnight sleep study. This study is called a polysomnogram. It will chart your brain waves, heart beat, and breathing as you sleep. It will also record how your arms and legs move. This will reveal if you have OSA. It will also show how bad the problem is.

If you have OSA, you may be asked to return to the sleep center for a second polysomnogram. This time, you will be given continuous positive airway pressure (CPAP) treatment as you sleep. This is called a CPAP study.

## **How is it treated?**

1. Continuous positive airway pressure (CPAP) is the treatment most often used to treat OSA. It is delivered through a mask worn over the nose or face. The air gently blows into the back of the throat. This keeps the airway open so you are able to keep breathing as you sleep. The amount of air pressure needed is different for each person. A CPAP study will show what level is right for you.
2. Weight loss is very important as this decreases the amount of obstruction in the throat. Often a significant amount of weight loss is enough to stop the symptoms.
3. Position therapy may work for patients with mild OSA. Staying off of the back while sleeping and raising the head of the bed may reduce symptoms.
4. You can also sleep with an oral appliance in your mouth. This device is much like a sports mouth guard and is used to move the jaw forward. This causes the airway to stay open.
5. Surgery is another option that may help an OSA patient. The size of the upper airway is increased to prevent collapse of the airway and make breathing easier.
6. Several other treatments may be successful. You will need to see a physician to discuss these other options.