

WHAT YOU SHOULD KNOW ABOUT OBSTRUCTIVE SLEEP APNEA

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What Is Obstructive Sleep Apnea?

Obstructive sleep apnea (OSA) is a common problem that disrupts breathing during sleep. People with OSA temporarily stop breathing or have shallow breathing while sleeping. Pauses in breathing during sleep lower blood oxygen levels and trigger a person to wake up during the night. Lack of sleep can lead to an increase in accidents and reduce quality of life due to constant sleepiness. Untreated OSA can have serious health consequences, such as high blood pressure, heart disease, and stroke. It occurs more often in men than in women and in people who are overweight or obese.

What Are the Signs and Symptoms?

People with OSA may have symptoms during sleep and while awake. Common signs and symptoms include:

- Loud snoring that bothers others
- Daytime sleepiness
- Feeling drowsy while driving
- Waking often at night
- Frequent need to urinate at night
- Choking or gasping during sleep (usually observed by a sleep partner)
- Morning headaches
- Feeling depressed and irritable due to sleepiness and fatigue
- Elevated blood pressure that is difficult to control

Can I Prevent It?

If you are overweight or obese, even mild weight loss (10%) through diet and exercise may prevent you from developing OSA.

How Is It Diagnosed?

- Your doctor will ask about your medical history, the quality of your sleep, and how rested you feel. Any symptoms observed by a sleep partner, such as snoring and gasping during sleep, are important to discuss.
- You will have a physical examination. Your doctor will listen to your heart and lungs, measure your neck size, and look down your throat to check your airway for anything that may disrupt your breathing.
- If your provider suspects OSA, you will need a sleep study. The study measures your breathing, heart rate, and oxygen levels during sleep. Most sleep studies can be done at home, but some need to take place in a special laboratory.



How Is It Treated?

Your doctor can talk to you about available treatment. If you have a sleeping partner, he or she should be included in the discussion. There are different options based on how severe your OSA is. Your doctor may suggest lifestyle changes, such as losing weight, cutting back on the use of alcohol or sedatives, or using strategies to change the position you sleep in (such as wearing a tennis ball on your back to encourage sleeping on your side).

Most patients with OSA have significant improvement in their symptoms from continuous positive airway pressure (CPAP) therapy. This involves wearing a mask over the nose while you sleep. The mask connects to a machine that pushes air through your airway to prevent blockages. It is important that you understand how the machine works and how to maintain it. Potential problems with the device may include a poorly fitting or uncomfortable mask, nasal congestion, and dry airways. It is easy to fix most of these, so talk to your doctor about any concerns. You should use the machine whenever you sleep. All machines have guides that provide additional education and feedback on use.

Other options for treating OSA are available, such as oral devices or surgery, based on your particular situation. Talk with your doctor about the best treatment plan.

Questions for My Doctor

- What should I expect from a sleep study?
- May I have my sleep study at home?
- What alternatives do I have to CPAP for treatment of OSA?
- How much weight should I lose to improve my OSA symptoms?
- How can I make my CPAP treatment more comfortable?
- How can I tell if CPAP treatment is working?
- Do I need to see a sleep specialist?

For More Information



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Medline Plus

www.nlm.nih.gov/medlineplus/ency/article/000811.htm

American Sleep Apnea Association

www.sleepapnea.org