

# *Sleep Apnea Facts*

*Sleep apnea is a common disorder that is more serious than most people think it is. Sleep apnea occurs when breathing stops for 10 seconds or longer at a time during sleep. Estimates by the National Sleep Foundation indicate that 30 million Americans have sleep apnea. That is 1 in every 5 people. Untreated sleep apnea puts you at higher risk for high blood pressure, heart attack and stroke. One common symptom of sleep apnea is snoring. Despite what you may have heard, snoring is not normal. There are certain problems that can cause interruptions in breathing during sleep. When the airway narrows, sometimes snoring and periods of no breathing can occur. This narrowing can be caused when throat muscles and the tongue relax during sleep or by excess tissue in the back of the throat. Many times, people with sleep apnea wake gasping for air and bed partners notice pauses in your breathing. Along with these problems, frequent arousals from sleep can occur causing chronic daytime sleepiness. Some other symptoms of sleep apnea are: morning headache, moodiness, inability to concentrate, memory loss, irritability, and loss of sex drive.*

## **DIAGNOSIS**

*The diagnosis of sleep apnea is not easy. Many people are not aware that they have it. A person may have symptoms, but commonly attributes them to other things like working long hours, staying up late or just not sleeping well at night. Many times, it is the bed partner that notices symptoms before the patient. They may notice snoring, restless sleep, and periods of no breathing at all. It is important that you seek medical attention if you or someone else suspects you have sleep apnea. The most common test ordered for the diagnosis of sleep apnea is the polysomnogram (PSG). This procedure involves an overnight stay in a sleep laboratory. During this test, many body functions are monitored while you sleep. Heart rate, respiratory rate, respiratory effort, brain waves, oxygen saturation, and limb movements are just a few. This test also helps the doctor determine how severe your sleep apnea may be and can aid in determining the proper treatment for you.*

**TREATMENT OPTIONS**—*treatment for sleep apnea is unique for every patient and you should work with your physician to find the appropriate one for you.*

**CPAP Therapy**—*Continuous Positive Airway Pressure (CPAP) is the most common treatment for sleep apnea. When using CPAP, you will wear a mask over your nose or your nose and mouth during sleep. This mask is connected to a hose that runs to the CPAP device and forces compressed room air through your airway to keep it from collapsing while you sleep. CPAP can be a very effective treatment tool as long as it is used every night. Sleep apnea and associated symptoms will return if CPAP is discontinued for a length of time or used incorrectly.*

**Oral Appliances**—*for patients with milder sleep apnea, oral appliances can be used.*

*These appliances reposition the jaw and tongue to open up the airway. A dentist or orthodontist specializing in these appliances should be consulted for the proper type of appliance and proper fitting.*

**Surgery**—*If other options do not work or are not tolerated, then surgery can be considered.*

*Surgeries are used to increase the size of the airway, but none of them is completely successful and without risk. It is sometimes possible that more than one surgery will need to be done before results are seen. More common procedures include: tonsillectomy, removal of nasal polyps, removal of tissue in the airways, and structural correction of deformities. One type of surgery is called a uvulopalatopharyngoplasty*

*(UPPP/ U triple P). This surgery removes excess tissue form the back of the throat and some of the soft palate in your mouth. It's success rate is 30-50% and long-term side effects and benefits are not known at this time. Tracheostomy is another option. This is usually reserved for those with life threatening sleep apnea. A tube is inserted into the windpipe and remains closed during waking hours. Patients can speak and breathe normally with it in place. During sleep, the tube is opened so air can flow directly to the lungs. This allows air to bypass any obstructions above the trach tube. This is rarely used due to the fact that many patients have a difficult time tolerating it.*

*If you have questions, be sure to talk with your physician.*