

SLEEP APNEA



BASIC INFORMATION

DESCRIPTION

Episodes during sleep in which breathing stops for 10 seconds, or longer. In most cases, the person is unaware of the condition. It can affect all ages, but is more common in adults over 60.

FREQUENT SIGNS AND SYMPTOMS

- Periods of not breathing while asleep. This can happen hundreds of times each night. This causes less oxygen to get to the lungs and eventually triggers the lungs to suck in air. The person may make a gasping or snorting sound, but is usually not fully awake.
- Snoring and restless sleep.
- Daytime sleepiness and fatigue.
- Sexual dysfunction.
- Morning headaches.
- Mental or emotional problems such as memory loss, feeling irritable, poor judgment, or depression.

CAUSES

- Obstructive apnea. Breathing stops because the airway collapses and prevents air from getting into the lungs. Airway collapse may be due to several factors. There may be excess tissue at the back of the throat (large tonsils). The tongue may fall back and close off the airway. The muscles controlling the airway have become weakened.
- Central sleep apnea. Is less common and caused by a problem in the central nervous system.
- Mixed apnea. The two types occur together.

RISK INCREASES WITH

- Overweight.
- Family history of sleep apnea.
- Persons having a large neck, recessed chin, or abnormal structure of the upper airway.
- Smoking.
- Use of alcohol or sedative drugs.
- African Americans, Pacific Islanders, and Mexicans.
- Acid reflux may contribute to sleep apnea.

PREVENTIVE MEASURES

No specific preventive measures. Avoid risk factors such as smoking and alcohol.

EXPECTED OUTCOMES

Outcome depends on the individual and how severe the symptoms are. Treatment can help improve apnea.

POSSIBLE COMPLICATIONS

- Heart failure, high blood pressure, and stroke. Other health effects may occur. It is unclear if apnea is the cause.
- Emotional problems and reduced quality of life.
- Sleep quality of bed partner is affected. This can cause sleepiness and fatigue for that person.



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- A bed partner may be the first to notice the symptoms. Your health care provider may do a physical exam and ask questions about your symptoms and lifestyle. Tests to check your airways may be done. An overnight study at a sleep center may be prescribed. Diagnostic devices to be used at home may be used.
- Treatment will depend on severity of apnea, other health problems, and daytime sleepiness.
- Steps should be taken to treat any underlying medical problems, such as heart or lung disorders.
- Sleep on your side, not your back. Pillows may help. Or sew a pocket on the back of your pajama top. Place a ping-pong ball or tennis ball in it.
- Weight loss program for an overweight patient.
- Quit smoking. Find a way to stop that works for you.
- A special dental device may be prescribed.
- Devices to keep the airway open may help. Continuous positive airway pressure (CPAP) is often prescribed. A mask is worn over the nose and mouth during sleep. A small air-compressor forces air into the nasal passages to keep airway open.
- For severe apnea, surgery may be an option. Your health care provider will discuss the risks and benefits.
- To learn more: American Sleep Apnea Association, 1424 K St. NW. Ste. 302, Washington, DC 20005; (202) 293-3650 (not toll free); website: www.sleepapnea.org.

MEDICATIONS

- Specific drugs are not available for this disorder. Drugs may be prescribed for depression, acid reflux, or other medical problems.
- Avoid drugs like sedatives, hypnotics, barbiturates, narcotics, and alcohol. Nasal strips do not treat apnea.

ACTIVITY

Get regular exercise, but not right before bedtime.

DIET

Lose weight, if you are overweight.



NOTIFY OUR OFFICE IF

You suspect you have sleep apnea or observe signs of sleep apnea in another family member.

Special notes:

More notes on the back of this page