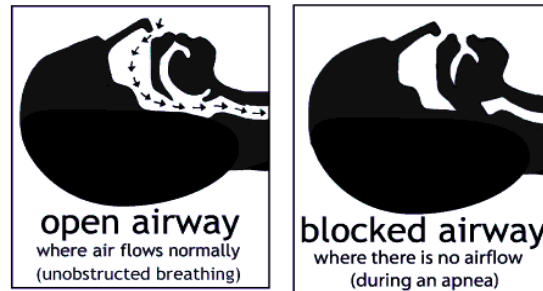


media fact sheet

OBSTRUCTIVE SLEEP APNEA

What is obstructive sleep apnea (OSA)?

Obstructive sleep apnea (OSA) is the most common sleep-related breathing disorder. It is a disorder in which a person repeatedly stops breathing for short periods of time during sleep, and can result in lower oxygen levels in the bloodstream.



What causes obstructive sleep apnea?

In obstructive sleep apnea, an interruption in breathing occurs when the tongue and the tissues at the back of the throat relax and completely block the airway to the lungs. It can also happen when nasal passages become blocked. This interruption in breathing can take place five to 30 times or more an hour.

Who does obstructive sleep apnea affect?

As many as 18 million Americans suffer from sleep apnea, but up to 90 percent of these people go undiagnosed. Although obstructive sleep apnea occurs in all age groups, it is most common in middle-aged adults, increases with age and affects men more than women.

Weight gain and the use of alcohol and medications that can cause relaxation of the airway prior to sleep can put patients at risk. A family history of obstructive sleep apnea is associated with a heightened risk for the disorder.

Who should be screened for OSA?

Individuals should be evaluated for obstructive sleep apnea if they have experienced or currently experience the following:

- Obesity (BMI > 35)
- Congestive heart failure
- Atrial fibrillation
- Treatment-refractory hypertension
- Type 2 diabetes
- Nocturnal dysrhythmias
- Stroke
- Pulmonary hypertension
- High-risk driving populations
- Preoperative for bariatric surgery

What are the symptoms of obstructive sleep apnea?

A primary symptom of obstructive sleep apnea is excessive sleepiness, which is defined as having trouble staying awake long enough to do the things you usually do.

Obstructive sleep apnea is also associated with loud snoring that is interrupted by periods of silence followed by gasps for air. The snoring is often so loud that it disturbs others sleeping nearby. Additional symptoms can include restless sleep and morning headaches.



What are the potential consequences of obstructive sleep apnea?

Cardiovascular disease and other comorbidities, including hypertension, heart failure, stroke and arrhythmias, are common consequences in patients with obstructive sleep apnea. If left untreated, a person with obstructive sleep apnea can have an increased risk for other comorbidities, such as depression and diabetes/metabolic syndrome, as well as be at increased risk for mortality.

How is obstructive sleep apnea diagnosed?

A thorough physical examination may cause a physician to suspect obstructive sleep apnea. A diagnosis of obstructive sleep apnea can only be made by the polysomnography (PSG). Home sleep tests are also available. The PSG is most commonly an overnight test performed in a sleep clinic. During this test, disruptions in sleep/wake patterns (electrical activity of the brain and heart rate) and breathing (air flow, blood oxygen levels) are measured. The test records the number of times breathing is interrupted during the night to determine the severity of sleep apnea.

How is obstructive sleep apnea treated?

Prompt and proper diagnosis of sleep apnea is an important first step in treating the disorder. Once diagnosed, treatments to help manage the symptoms of obstructive sleep apnea include:

- Mild obstructive sleep apnea can sometimes be overcome through weight loss or by preventing the patient from sleeping on his or her back
- Continuous positive airway pressure (CPAP), a machine that is designed to keep the airway open during sleep by blowing air through a mask placed over the nose and mouth, is the most common treatment for moderate to severe sleep apnea in adults
- Oral appliances which work by manipulating the jaw and/or tongue positioning to open the airway
- There are currently no pharmacologic treatments for the underlying obstruction associated with obstructive sleep apnea, but surgery may be performed to remove excess tissue in the throat in order to widen the airway
- Wake-promoting agents may improve wakefulness in patients experiencing excessive sleepiness associated with treated obstructive sleep apnea

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