Patient Information

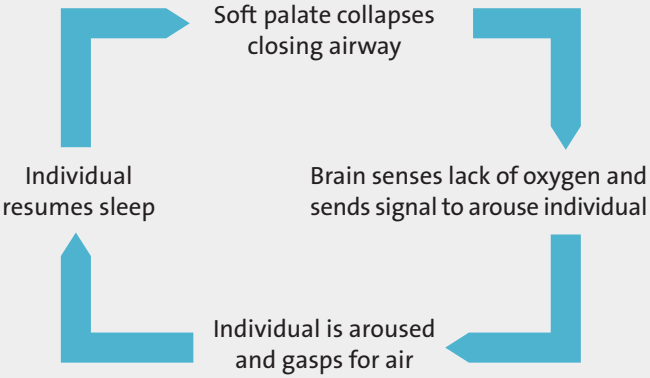
Obstructive Sleep Apnoea

DeVilbiss HEALTHCARE

What is Obstructive Sleep Apnoea ?

Obstructive Sleep Apnoea (OSA) is a common and debilitating condition affecting up to 10 % of the population. It often remains undiagnosed in patients, but has found to be as widespread as conditions like diabetes, and can affect people at any age, although is most prevalent from middle age onwards.

In OSA the upper part of the air passage behind the tongue, narrows and often blocks during sleep causing an interruption to breathing. This is called an obstructive apnoea. Obstructive Sleep Apnoea is characterised by loud snoring with episodes of silence. Sleep partners may report not just snoring but snorting and choking, as well as frightening struggles to breathe while asleep.



Consequences of Sleep Apnoea

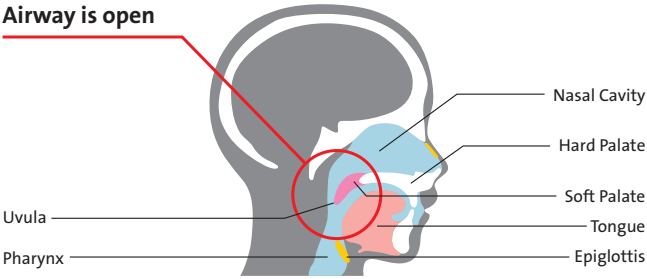
Occasional brief obstructive events are harmless and are quite common in a normal adult. Each brief awakening required to re-open the airway passage destroys the normal sleep pattern and sleep is severely disrupted. This prevents the sleeper from enjoying sufficient deep sleep to feel refreshed and energetic the next day.

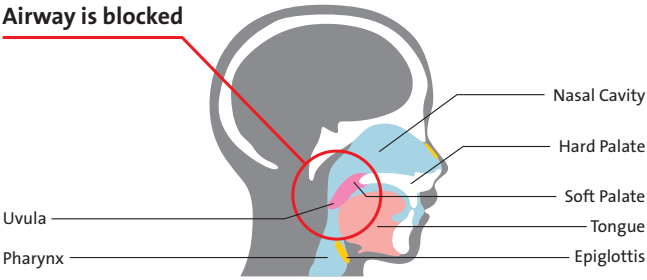
Sleep Apnoea has been linked to many other serious conditions and if left untreated, can be a contributing factor in heart disease, high blood pressure, stroke and diabetes. There are many clinical papers supporting the significant correlation between OSA and Type II diabetes[1) 2)]. It has been found that effective CPAP treatment for OSA in patients that also have type II diabetes has significantly improved the patient's glycemic control[3)]. Untreated OSA may also contribute to driving and work-related accidents. It is very important to seek medical advice and treatment if you think you are experiencing some of the symptoms.

1) Punjabi NM, et al.. Sleep-disordered breathing, glucose intolerance, and insulin resistance: the Sleep Heart Study. Am J Epidemiol 2004;160:521-530

2) Reichmuth K et al.. Association of sleep apnea and type II diabetes: a population based study. Am J Respir Crit Care Med 2005;172(12):1590-5

3) Baby AR, Herdegen J, Fogelfeld L, Shott S et al.. Type 2 diabetes, glycemic control and continuous positive airway pressure in obstructive sleep apnea. Archives of Internal Medicine 2005;165:447-452.





What happens during Sleep Apnoea ?

As the sufferer falls asleep, the muscles holding open the throat relax causing the throat to partially or completely collapse. After a short period of time (between 10 seconds and 2 min.) the brain realizes there is a lack of oxygen and alerts the body to wake up. Upon waking, the throat opens often with a loud snort, gasp or choking noise. A few breaths are taken and the sufferer falls asleep again when the process is repeated. The wakenings are often too short to remember.

The typical sufferer will have several hundred wakenings every night but not be aware of any of them. This makes them very sleepy during the day. People with Sleep Apnoea are generally very restless sleepers and combined with loud snoring can make them very unpopular with a sleep partner when untreated.

When to try CPAP

- Daytime sleepiness
- Loud and irregular snoring
- Breathing pauses during sleep
- Severe morning headaches
- Excessive night sweats
- Nocturnal choking
- Intellectual and personality changes
- Frequent passing urine overnight
- Impotence

What to do if you think you have Sleep Apnoea

Visit your GP and discuss your symptoms. Your GP should then refer you to a sleep specialist or respiratory consultant. Diagnosis may be based upon symptoms alone but usually overnight sleep studies are performed to confirm diagnosis and assess the severity of the condition.

You may be advised to reduce your weight (if over-weight) and limit alcohol intake before sleeping as these can worsen the symptoms of sleep apnoea. It is not possible to cure sleep apnoea however CPAP therapy is an effective treatment for as long as it is used.

Continuous Positive Airway Pressure (CPAP) is the most effective treatment offered to OSA sufferers. This therapy is designed to stop the air passage from narrowing or collapsing during sleep by acting as a splint. Air is continuously blown through a mask (worn over the nose and or mouth) at a positive pressure which holds the airway open thus preventing its collapse during sleep.

In March 2008, the Government announced that CPAP therapy for OSA sufferers will be freely available on the NHS. Due to the increase in staff, facilities and equipment required for such a service, NICE has estimated that it will take the NHS until March 2009 to fully implement the recommendations. Therefore from April 2009 the referral, diagnosis and treatment process should be greatly improved. For further advice see your GP.

Patient information series leaflets:

- Obstructive Sleep Apnoea
- All about C.P.A.P.
- Getting to grips with your C.P.A.P. system
- Common problems and solutions for C.P.A.P. users

SleepCube CPAP System

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