



My Doctor says I have OBSTRUCTIVE SLEEP APNOEA (OSA)

What is it?

Patients with obstructive sleep apnea (OSA) have repeated episodes of partial or complete obstruction of the throat (upper airway) during sleep. A narrow floppy throat is also more likely to vibrate during sleep, which causes snoring. If partial or complete obstructions occur breathing is reduced or stops for a short time – from 10 seconds up to a minute or more – and blood oxygen levels fall as a result. A brief interruption to sleep (an arousal) that lasts for as little as 3 seconds then occurs, allowing breathing to start again but sleep is disrupted as a result. These episodes of obstruction may happen many times – even hundreds of times – overnight. Some people know that their breathing is not normal at night, but may be unaware that this is a medical problem that is causing them harm.

What are the symptoms of OSA?

If you have OSA you may snore, toss and turn and others may notice that you stop breathing during the night. You may find yourself waking up often during the night, sometimes gasping or choking. However, even if there are few awakenings overnight, sleep is disturbed and you may be unrefreshed by it because of this. During the day you may struggle to stay awake, especially in the afternoon. Grumpiness and other mood changes are common in untreated OSA.

OSA affects families

Snoring can keep a bed partner awake and sometimes people in other parts of the house. Some partners try to stay awake to make sure that the person with OSA starts breathing again after a breathing pause. Lack of sleep may make people who are living with a person with OSA more grumpy and irritable. OSA is a problem for both the person with it and their family.

Should I be worried about my OSA?

OSA disturbs your sleep and is a stress on your body. There is strong evidence that people with untreated moderate to severe OSA have other health problems. These include increased risk of high blood pressure, heart attack, stroke, diabetes, depression and accidents. Thinking is less clear, mood is down and productivity at work and at home suffer.

Untreated, OSA can causes motor vehicle accidents

People with OSA are approximately two and half times more likely to have a motor vehicle accident than those without it. Broken night-time sleep leads to decreased alertness, slower reaction times, poorer concentration and more chance of falling asleep at the wheel. The risk of work accidents is increased in jobs involving operating machinery or transport.

How is OSA diagnosed?

Signs and symptoms such as snoring, obesity, observed breathing pauses and sleepiness during the day suggest that a person has OSA. The best way to be really sure is with an overnight sleep study. This measures your sleep, breathing and oxygen levels. Your GP can refer you for a sleep study.

How is obstructive sleep apnoea treated?

For people with a mild level of OSA and few symptoms, losing weight, decreasing the amount of alcohol consumed in the evening or adjusting the sleeping position may be all that is needed. Many people have more OSA episodes sleeping on their backs.

However, for those with moderate or severe OSA more active treatment is often required. This is particularly so if daytime tiredness is present or there is a background of heart disease, stroke or high blood pressure that has been difficult to control. The two most commonly used treatments for moderate to severe OSA are continuous positive airway pressure (CPAP) or an oral appliance.

Continuous Positive Airway Pressure (CPAP)

CPAP uses a small, quiet air pump that takes air from the room and delivers it under gentle pressure to a mask that covers the nostrils or nose and sometimes the mouth. This acts to hold your throat open during sleep. You only use CPAP at night in bed. It is very good in controlling the symptoms and the long term effects of sleep apnoea. It stops the snoring and the machine is very much quieter than the snoring was.

Mandibular Advancement Splint (MAS)

For some people an oral appliance (or mandibular advancement device), fitted by a specialist dentist, is suitable. It is like a double mouthguard that goes over both the upper and lower teeth. The upper and lower mouthguards clip together in a position that holds the jaw forward during the night which helps keep the airway open. These devices are particularly useful for snoring and milder forms of sleep apnoea.