

What You Should Know About Sleep Apnea

What is Obstructive Sleep Apnea?

Obstructive Sleep Apnea (OSA) is a debilitating, often life-threatening condition that afflicts an estimated 20 million Americans. OSA is a sleep disorder in which a person's breathing stops during sleep in intervals that may last from 10 seconds to a minute or longer as a result of a collapsed airway that prevents air from getting to the lungs. During these "apneic events" lack of breathing results in low levels of oxygen that disrupt healthy sleep and cause a number of short-term and long-lasting effects that threaten sufferers' health.

Long Term Health Risks

Research has shown a strong link between OSA and three of the top four leading causes of death: heart disease (where 60 percent of patients have OSA), stroke (where 70 percent of patients have OSA) and chronic obstructive pulmonary disease, or COPD (where 50 percent of patients have OSA). Due to the stress OSA places on the body, clinical evidence shows sufferers are at an increased risk for cardiovascular disease and stroke. OSA accelerates the progression of blood-pressure levels and can even change blood pressures acutely. For instance, research has shown that 50 percent of OSA sufferers have high blood pressure or hypertension.

Diagnosis

Evaluation by a qualified physician is recommended as the first step in the diagnosis and treatment of OSA. Polysomnography is the most common test used to determine if obstructive sleep apnea is present. While the patient sleeps, the polysomnography records body functions such as eye movement, muscle activity, heart rate, respiration, blood oxygen levels, airflow and the electrical activity of the brain. This information is then gathered and evaluated. The sleep study typically involves one overnight stay in the sleep center, with a possible second night for treatment testing and evaluation.

Treatment

The most common treatment is CPAP (Continuous Positive Airway Pressure) which provides a gentle flow of positive pressure air through a nasal mask to keep the airway open during sleep. Less common treatments include surgery and oral appliances. Weight loss, changing sleep habits, and behavior modification can also reduce sleep apnea.

Questions & Answers

Q: Why do I need a sleep study?

A: Your doctor has seen or has been told that you suffer from one or more of the common symptoms of obstructive sleep apnea such as loud snoring, excessive daytime fatigue, or observed apnea. The study will determine if you do or do not suffer from OSA or another particular sleep disorder.

Q: How long does the test last?

A: You will arrive at the sleep lab facility about 9 or 9:30 in the evening, and you will be awakened about 5:30 or 6 in the morning to prepare to leave.

Q: What can I expect when I come in for the Sleep Study?

A: When you arrive, you will fill out a small amount of paperwork for our records, and then the sleep technician will show you to your private room. There the sleep tech will attach several different wires to you for monitoring purposes. While it may be a bit awkward at first, if you stick to your nightly routine as close as possible, you should be able to quickly relax and get to sleep.

Q: When can I see the results of my Sleep Study?

A: Your doctor will have a summary report within 48 hours, with full test results within 2 weeks. You will need to schedule a visit with your doctor to go over the results and get their recommendations.