

OBSTRUCTIVE SLEEP APNOEA

What is it?

Obstructive Sleep Apnoea (OSA) involves repeated episodes of airway obstruction during sleep, due to relaxation of the tongue and airway-muscles. OSA is commonly associated with snoring.

Who gets it?

Anyone can have OSA. Up to 25% of men and 15% of women have it to some degree.

People are more likely to have OSA if they are **overweight** or have a narrow airway or large tongue. Furthermore, alcohol before bed and some medications can make it much worse.

How do I know if I've got it?

Common symptoms of OSA are snoring, waking unrefreshed, daytime tiredness, and waking during the night choking or gasping for air. It can also cause a distributed night sleep and can be a cause for insomnia.

However, many patients are unaware of these symptoms as they are asleep and it is often the bed partner who is the one who picks up on it.

Because of the repeated episodes of stopping breathing, the body does not get into a deep sleep and therefore people with OSA may report problems during the day including:

- Excessive daytime sleepiness, fatigue or lethargy
- Lack of energy and endurance
- Falling asleep or needing to have a nap during the day
- Poor memory and concentration
- Morning headaches
- Dry mouth or sore throat upon waking
- Irritability, depression, anxiety, mood and behaviour changes
- Increased frequency of urination during the night
- Rapid weight gain or difficulty in losing weight

What problems does it cause for me?

Apart from the problems at night and during the day listed above, if untreated OSA can increase the risk of **obesity, high blood pressure, stroke, heart attack, type-2 diabetes, depression, impotence, mood disorders, and motor vehicle and industrial accidents.**

All of these problems can be improved by treating OSA.

How is OSA diagnosed?

Talk to your GP about being referred to a Sleep Specialist for a full, overnight diagnostic sleep study. This allows a Specialist in Sleep Medicine to recommend the most appropriate treatment.

How is OSA treated?

OSA treatment depends on the individual and the severity of the condition.

In all people with OSA, reducing alcohol intake, losing weight if they are overweight, stopping smoking and ensuring a good night's sleep will help.

For moderate and severe OSA, the best treatment is usually **CPAP – Continuous Positive Airway Pressure**. This is a mask worn at night that is attached to a pump that blows continuous air into the back of your throat to ensure that it stays open and does not collapse during sleep.

For milder forms of the condition, more conservative treatment interventions may be appropriate, including dental devices such as mandibular advancement splints.

Surgery has less of a role now than it did 20 years ago due to the success of CPAP therapy but may have a role if there is an obvious blockage of the airway that could be fixed.

Where can I get more information?

Sleep Health Foundation - <http://sleephealthfoundation.org.au/>
Australasian Sleep Association – <http://www.sleep.org.au>