

Obstructive Sleep Apnoea



Important Things to Know About Obstructive Sleep Apnoea

- With sleep apnoea your breathing during sleep is reduced or may stop
- You are likely to only have breathing difficulties when asleep
- You may have no idea that this happens
- People with moderate to severe sleep apnoea die prematurely
- It can be successfully treated
- Treatment will improve the quality of your life and make you a safer driver

What is it?

Obstructive sleep apnoea is present when the airway at the back of the mouth repeatedly partly or completely obstructs during sleep. Your breathing is reduced or may stop altogether. The oxygen level then falls and you wake up briefly to start breathing again. These episodes may happen many times across a night. Some people know that their breathing is not normal all night, but may be unaware that they have a problem. Fortunately, good treatments are available and help patients to lead a normal, active life.

What are the symptoms of sleep apnoea?

If you have sleep apnoea you may snore, toss and turn and/or stop breathing during the night. Your bed partner is usually the one who notices this. You may complain of waking up during the night gasping and choking. In the morning, you may still feel tired. As the day goes on, you may struggle to stay awake, especially in the afternoon.

Sleep apnoea affects families

Snoring can keep your bed partner awake. Some partners try to stay awake to make sure that their partner with sleep apnoea starts breathing again every time that they stop. Lack of sleep puts a strain on a relationship.

Why you should worry if you have sleep apnoea symptoms

There is strong evidence that people with moderate to severe sleep apnoea die prematurely. If you have sleep apnoea you are more likely to have cardiovascular disease than someone without sleep apnoea. With each apnoea your blood pressure may rise and heart beat become irregular. This may lead to daytime high blood pressure (hypertension). If you are overweight you may also be at risk of diabetes and have high cholesterol. Taken together these risks will increase the chance of a heart attack or a stroke. Treating sleep apnoea eliminates one of these risks.

Sleep apnoea causes motor vehicle accidents

People with sleep apnoea are at least four times more likely to have a motor vehicle accident than others. Your broken night-time sleep leads to less concentration and more chance of falling asleep at the wheel. If your job involves operating machinery or transport the risk of accidents becomes high.

What causes sleep apnoea?

There are two types of apnoea: obstructive apnoea and central apnoea. Obstructive apnoea is when the airway

between the nose or mouth and the lungs becomes partly or fully blocked. Part of the problem is that your airway muscles relax when you sleep. Central apnoea is uncommon and is due to problems with the signals from your brain telling you to breathe.

Who gets sleep apnoea?

Sleep apnoea can occur at any age. In children apnoea is often the result of enlarged tonsils or adenoids or of some problem with airway structures (see [Childhood Snoring and Sleep Apnoea](#)). In adults, apnoea is more common in middle age. It is more common in men than in women, although after menopause women may be more at risk. Sleep apnoea is often associated with being overweight and thus having more fatty tissue around the neck. Others are born with a narrow airway or have a facial structure which leads to narrow airways. Almost everyone who has obstructive sleep apnoea snores. This is because snoring is the result of narrow or floppy upper airways.

How is sleep apnoea diagnosed?

Signs and symptoms such as snoring, obesity, observed apnoeas and sleepiness in the day may suggest that a person has sleep apnoea. The best way to be really sure is with an overnight [Sleep Study](#). This measures your sleep, breathing and oxygen levels. Sleep apnoea may involve many episodes of disrupted breathing overnight with more than 30 partial or complete obstructions an hour in more severe cases.

How is sleep apnoea treated?

The treatment of choice for obstructive sleep apnoea is called nasal continuous positive airway pressure or [CPAP](#). This involves a pump that provides air under gentle pressure to a mask that covers your nose. This provides pneumatic splint to your throat which holds it open

through an air cushion effect. You only use CPAP at night in bed. It is almost always very good in controlling the symptoms and the long term effects of sleep apnoea. It stops the snoring and the machine noise is much quieter than the snoring was. Surgical treatments may not be effective in everyone and may have side effects. Devices that fit between the teeth and hold the jaw forward may help but these may not work for everyone (see [Oral Appliances](#)). As yet there is no effective drug for treating sleep apnoea. A number of other remedies have been marketed but none have been shown to be effective.

Sleep apnoea and obesity

In many people sleep apnoea results from being overweight. Losing weight may help or even cure the apnoea. However, if you have started CPAP treatment you should talk to your sleep physician before stopping treatment, even if you have lost weight. Losing weight is to be encouraged as it will improve your heart health and blood pressure. It will also help manage diabetes.

Things to avoid if you have sleep apnoea

Some things make apnoea worse and, even if you are on CPAP treatment, should be avoided. Alcohol relaxes muscles and may worsen apnoea. Sleeping tablets tend to reduce the drive to breathe. Other things that affect your sleep such as caffeine and eating large meals late at night should also be avoided. A regular sleeping pattern will help.

Where can I find out more?

http://www.nhlbi.nih.gov/health/dci/Diseases/SleepApnea/SleepApnea_WhatIs.html

<http://www.med.monash.edu.au/medicine/alfred/research/sleep/ob-apnoea.html>

http://www.healthinsite.gov.au/topics/Sleep_Apnoea

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The peak national association of clinicians and scientists devoted to investigation of sleep and its disorders

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