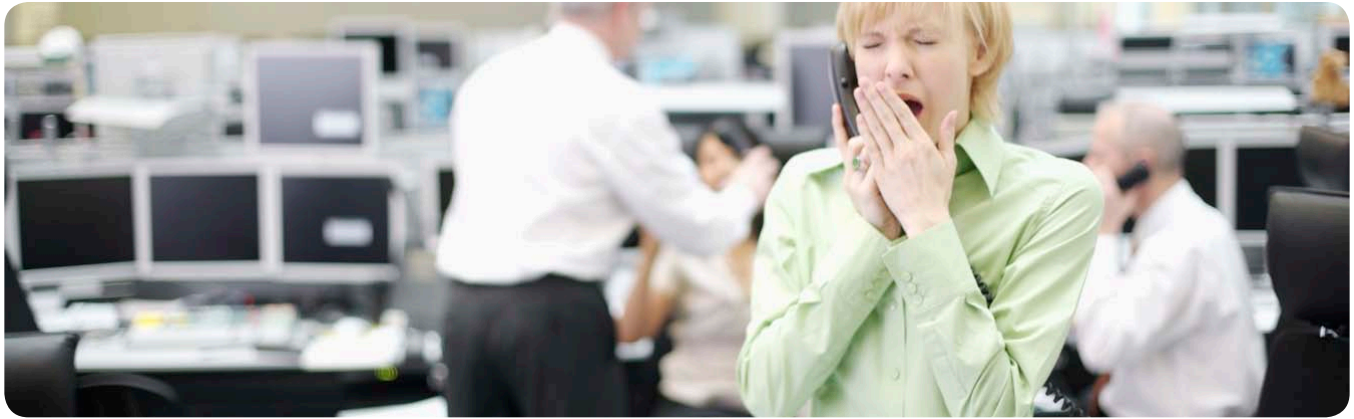


# Is Obstructive Sleep Apnea Affecting Your Daily Life?





## Is Obstructive Sleep Apnea Affecting Your Daily Life?

- Do you feel sleepy during the day no matter how much sleep you get?
- Can you fall asleep easily when you are in a dark, comfortable place like a movie theater?
- Do you snore? Is it loud enough to disturb your bed partner?
- Have you been told that you awaken during the night choking, snoring, or gasping for air?

These are major symptoms of obstructive sleep apnea (OSA), a common sleep-related breathing disorder. When people with OSA fall asleep, the upper airway muscles relax and tend to collapse and block the airways (Figure 1). Breathing stops. Some people with OSA wake up suddenly gasping for breath. More often, they will experience partial awakenings from sleep and resume breathing without realizing that they have been awake. The repeated waking during the night keeps them from getting a refreshing sleep, causing them to feel sleepy all day. Often, they snore loudly enough to disturb other people.

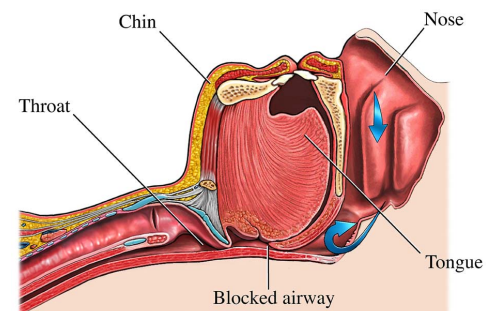
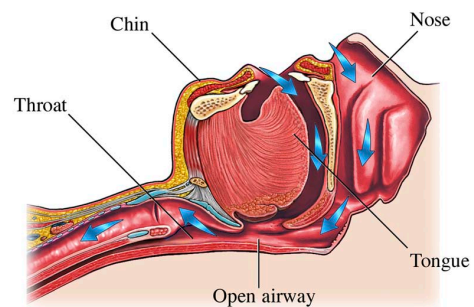
### How You Feel When You Have OSA

People with untreated OSA may:

- Feel sleepy during the day;
- Be forgetful and have trouble concentrating;
- Wake up with dry mouth or sore throat;
- Have morning headaches;
- Go to the bathroom frequently at night; and
- Have insomnia or nighttime awakenings.

OSA starts so gradually that many people do not notice it. They get used to feeling drowsy all day, and they may not realize that this is a problem that can be treated. However, untreated OSA is a serious problem. If you feel sleepy during the day, you may be at risk of having accidents at home, at work, and while driving on the road.

Figure 1



## OSA and Your Health

Untreated OSA can affect your health. People with untreated OSA are more likely to:

- Be obese or gain weight;
- Develop diabetes;
- Have high blood pressure, heart disease, and stroke; and
- Get depressed, anxious, and irritable.

## Talk to Your Doctor About OSA

If you think that you might have OSA, ask your doctor about it. Effective treatment is usually available, and it may help you in 1 or more of the following ways:

- You will wake up in the morning feeling refreshed.
- You will not feel sleepy during the day.
- You will be more productive at home and on the job.
- You will think more clearly when you are well rested.
- You will not bother people with your snoring.
- With proper sleep, you are less likely to have car accidents.
- You will be less likely to develop the medical conditions related to OSA.
- If you are already overweight or if you have high blood pressure, heart disease, or depression, treating your OSA may help with these conditions.
- You will save money on healthcare.
- Best of all, treating your OSA could help you live longer and better.



## What You Can Expect From Your Doctor

Your doctor will probably ask you questions about your sleep habits. Your doctor may ask you to complete an Epworth Sleepiness Scale (Figure 2) to determine how sleepy you are, or have you complete the STOP-BANG Questionnaire (Figure 3) to see if you are at high or low risk for OSA.

Your doctor will also consider other possible causes of your sleepiness. For example, you might be taking a medication that makes you sleepy. If your doctor thinks that you may have OSA, you may be referred to a sleep specialist or for an overnight study at a sleep laboratory.

At the sleep laboratory, technicians will paste electrodes (small metal discs) to your body so that they can monitor what happens while you sleep. They will be able to monitor your brain wave activity, heart rate, oxygen levels, and leg movements and see if you stop breathing during the night. All that you must do is sleep.

Figure 2

# Clinical Practice Tool

## EPWORTH SLEEPINESS SCALE

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Age: \_\_\_\_\_

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual behavior in recent times. Even if you have not done some of these things recently, consider how they would have affected you. Use the following scale to choose the *most appropriate number* for each situation:

- 0 = would **never** doze
- 1 = **slight** chance of dozing
- 2 = **moderate** chance of dozing
- 3 = **high** chance of dozing

Situation	Chance of Dozing
Sitting and reading	_____
Watching television	_____
Sitting inactive in a public place (eg, at a theater or meeting)	_____
As a passenger in a car for an hour without a break	_____
Lying down to rest in the afternoon when circumstances permit	_____
Sitting and talking to someone	_____
Sitting quietly after a lunch without alcohol consumption	_____
In a car while stopped for a few minutes in traffic	_____
<b>TOTAL:</b>	_____

### Interpreting Results

- 0-10 Average score; normal population
- 11 and up Insufficient sleep; consider improving sleep hygiene; consultation with a sleep specialist recommended

Johns MW. A new method for measuring daytime sleepiness: the Epworth sleepiness scale. *Sleep*. 1991;14:540-545.  
Johns MW, Hocking B. Daytime sleepiness and sleep habits of Australian workers. *Sleep*. 1997;844-949.

Figure 3

## Screening for OSA: STOP-BANG Questionnaire

1. Snoring: Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?  
 Yes    No
2. Tired: Do you often feel tired, fatigued, or sleepy during the daytime?  
 Yes    No
3. Observed: Has anyone observed you stop breathing during your sleep?  
 Yes    No
4. Blood pressure: Do you have or are you being treated for high blood pressure?  
 Yes    No
5. BMI: BMI more than 35 kg/m<sup>2</sup>?  
 Yes    No
6. Age: Age over 50 years old?  
 Yes    No
7. Neck circumference: Neck circumference greater than 40 cm?  
 Yes    No
8. Gender: Gender male?  
 Yes    No

**High risk for OSA:** answering yes to 3 or more items

**Low risk for OSA:** answering yes to fewer than 3 items

From Chung F, et al. *Anesthesiology*. 2008;108:812-821.

## If You Do Have OSA

People with OSA can be treated in a variety of ways, but usually the first approach is to try a type of therapy called “continuous positive airway pressure” or CPAP. You will get a small appliance — a specialized air compressor — that you put beside your bed. It blows air through a hose that is attached to a mask that goes over your nose or full face and is tightly fitted to avoid leaks. The pressure will be carefully adjusted to meet your need.

It will probably feel strange to sleep with a mask over your nose, and it may take a while to get used to it. Try flipping the hose so that it goes over your head toward the top of your bed so that you do not get tangled up in it while you sleep. You may need to adjust the straps slightly if they are too tight. Try for a week or two to get used to sleeping with the mask.

## Stick With It

Most people get used to using the CPAP appliance, but some people run into problems. The airflow may make your nose feel too dry, or the mask might make you feel claustrophobic. It may be tempting to quit, but please do not do that. If you have a problem with the appliance or you just cannot get used to it, go back to your doctor. Take the appliance with you so that you can point out the problem or show how you use it. There are several kinds of appliances and masks, and a different one might work better for you. A smaller or softer mask might not feel so confining, or perhaps you can use an appliance with an attached humidifier so that your nose does not feel so dry. There are many alternatives. No one size fits all. There are many variations in the available equipment. You will need to be patient to find the ideal combination for you.

Just keep trying, and talk to your doctor or a sleep specialist if you need more help. Remember, if you can get used to sleeping with the CPAP appliance, you will feel much better and more alert, every single day.



## Resources

American Academy of Sleep Medicine. Available at: [www.aasm.org](http://www.aasm.org) Accessed July 20, 2011.

American Sleep Apnea Association. Available at: [www.sleepapnea.org](http://www.sleepapnea.org) Accessed July 20, 2011.

National Sleep Foundation. Available at: [www.sleepfoundation.org](http://www.sleepfoundation.org) Accessed July 20, 2011.

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Mold JW, Quattlebaum C, Schinnerer E, Boeckman L, Orr W, Hollabaugh K. Identification by primary care clinicians of patients with obstructive sleep apnea: a practice-based research network (PBRN) study. *J Am Board Fam Med.* 2011;24:138-145.

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