

Information on Obstruction Sleep Apnea

1. What is obstructive sleep apnea?

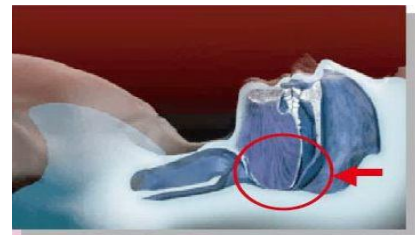
Obstructive sleep apnea (OSA) is a disorder that occurs when a person experiences recurrent bouts of halted breathing during sleep. This temporary absence of breathing is caused by a collapsed upper airway, which blocks the entry of air to the lungs and causes blood oxygen levels to drop and awaken the brain, thus disrupting sleep.



Normal



Collapse



Obstruction

2. What causes a collapsed upper airway during sleep?

Reasons include obesity-related extra muscle tissues behind the throat, an enlarged uvula and tonsils, and jaw or facial structure abnormalities such as retracted cheeks, all which decrease the strength of muscles which keep the upper airway open.

3. What is the prevalence of OSA?

Four out of every 100 adult males and two out of every 100 adult females have OSA. Most cases are undiagnosed and left untreated.

4. What are the symptoms?

Symptoms include habitual snoring, loud snoring, observable halted breathing, dry throat when waking up, fatigue, headache, daytime drowsiness, and constantly waking up during sleep.

5. What are the consequences (sequelae) if OSA is left untreated?

In general, the following symptoms will occur: hypertension, heart disease, stroke, diabetes, lack of attention leading to traffic accidents and occupational accidents, depression, and sudden unexpected nocturnal death.

6. Who is at risk of developing OSA?

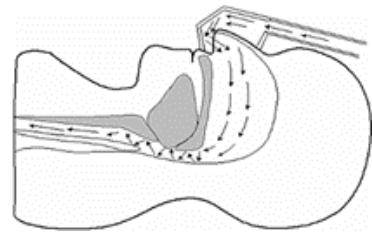
High-risk groups include males, overweight people, and people with jaw structure abnormalities, nasal obstruction, hypertension, and a family history of OSA.

7. What should be done if OSA is suspected?

One should consult their physician, who would assess their sleep disorder and perform an all-night sleep study in order to observe the person's breathing patterns throughout the night. Such information assists physicians in making a diagnosis and determining the suitable treatment options.

8. What is the most common method for treating OSA?

Moderate and severe OSA cases are treated using a continuous positive airway pressure (CPAP) machine; mild OSA cases are treated via surgery or using mouthpieces. These treatments should involve weight loss, exercise, adequate sleep, and avoidance of alcohol, sedatives, hypnotics, and nicotine.



9. How does CPAP treat sleep apnea?

CPAP provides a sleeping patient with positive air pressure that enters the upper airway through a nasal mask such that the upper airway becomes unobstructed, breathing becomes normal, snoring is eliminated, and blood oxygen levels return to normal. The patient thus regains normal sleep, improves their quality of life, and reduces their risk of hypertension, heart disease, stroke, traffic accidents, and occupational accidents.

NTUH Center of Sleep Disorder cares about you

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