Sleep apnea

What is sleep apnea?
If you have sleep apnea, your breathing pauses for at least 10 seconds when you’re sleeping, then starts again, usually with a loud snort or choking sound. These pauses may happen 5 to 30 times an hour. This stopping and starting keeps you from sleeping well, so you may feel tired during the day. It can also lead to more serious problems, such as high blood pressure, heart attack, stroke, and a car crash if you fall asleep while driving.

The most common type of sleep apnea is called obstructive sleep apnea, meaning that your airway becomes blocked when you’re asleep, causing you to briefly stop breathing. Your brain senses a drop in oxygen in your blood and wakes you up to restore breathing. Your airway may become blocked when:
• your throat muscles and tongue relax more than normal while you sleep
• your tongue and tonsils are large compared to your airway.

Sleep apnea most commonly affects overweight people, but not everyone who has it is overweight. Sleep apnea is also more common in men and in older adults.

How do I know if I have sleep apnea?
You may not realize that you have sleep apnea because you don’t fully awaken when you stop and start breathing. But your bed partner may complain of loud snoring, gasping, and choking sounds while you sleep. Your partner may report that this has worsened over time and gets worse when you sleep on your back.

You may feel sleepy during the day and have morning headaches, a dry throat when you wake up, memory or learning problems, and trouble concentrating. You may also feel depressed and have mood swings.

To find out if you have sleep apnea, your healthcare provider will perform a physical exam and a sleep study. First, he’ll check your nose, mouth, and throat for anything that may be blocking your airway when you sleep. You’ll then undergo a sleep study, also called a polysomnogram, in a sleep center or sleep lab. You’ll stay overnight for the sleep study, which is totally painless. Sensors placed on your scalp, face, chest, arms, legs, and finger will give the healthcare provider information about your brain activity, breathing, oxygen levels, and heart rate while you sleep. This information will help him decide what treatment is best for you.

How will my sleep apnea be treated?
No medicines are available for sleep apnea, but your healthcare provider may recommend one or more of these four treatments.

If you have mild sleep apnea, you may need to make some changes to your lifestyle. These include avoiding alcohol and medicines that make you sleepy, losing weight if you’re overweight, sleeping on your side instead of your back, and stopping smoking if you smoke.

Mild sleep apnea can also be treated with a special mouth guard, also called an oral appliance, that’s custom made for you by a dentist. When you wear the mouthpiece over your teeth when you sleep, it moves your lower jaw and your tongue in a way that helps keep your airway open.

The most common treatment for moderate to severe sleep apnea is a continuous positive airway pressure (CPAP) machine. You wear a mask that fits over your nose and mouth, or just your nose, while you sleep. The mask is attached to a machine that gently blows air into your throat, preventing an airway blockage. Your healthcare provider will help you pick the right CPAP machine for you and teach you how to use it properly. You’ll use this treatment every night to treat sleep apnea.

If the above treatments don’t work, you may need surgery to remove extra tissue from your mouth and throat.

While you’re treating your sleep apnea, keep regular appointments with your healthcare provider to make sure the treatment is working properly. Use your mouthpiece or CPAP machine every night as directed, and let your healthcare provider know if they’re no longer working so he can find another treatment that’s right for you.