

What is Obstructive Sleep Apnoea?

Obstructive Sleep Apnoea (OSA) is the most commonly diagnosed form of sleep apnoea and is characterized by:

- loud snoring
- prolonged pauses in breathing during sleep which have been witnessed by an onlooker
- unrefreshing and fragmented nighttime sleep *and*
- daytime sleepiness

The majority of patients with OSA snore loudly and have done for some years. The snoring is caused by the vibration of the soft tissue at the back of the throat and upper airway.

There are a number of factors associated with increased snoring, these include:

- male gender - *males having a higher risk factor than females*
- increased neck circumference - *greater than 17 inches*
- enlarged tonsils and adenoids
- excess alcohol
- smoking
- diabetes

With OSA, the airway collapses so that airflow is completely stopped, this results in a prolonged pause in breathing which is known as “apnoea”.

This lack of airflow leads to oxygen desaturation and results in the person waking from sleep. This can occur many times an hour and lead to fragmented sleep, where people only get small fragments of sleep broken up throughout the night. This can be very unrefreshing as there is very little deep sleep which can result in subsequent daytime sleepiness.

Sleep apnoea occurs in approximately 4% of men and 2% of women aged 30 to 60.

Treatment of Sleep Apnoea

Weight loss and lifestyle measures such as alcohol reduction, cessation of smoking and exercise may help, but the most effective evidence-based treatment is seen with the use of a continuous positive airway pressure (CPAP) machine.

The CPAP machine blows a stream of air into the back of the throat and holds open the airway, thus preventing the apnoeas. Many patients will notice a marked improvement in daytime alertness with decreased fatigue. The diagnosis of sleep apnoea requires a home or inpatient sleep study.

If you suspect you might have sleep apnoea then please consult your doctor.

