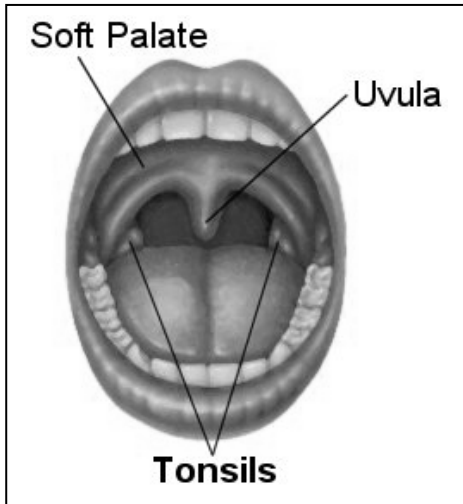


Sleep Apnea- Adult



Sleep apnea is a common disorder. It is when breathing stops during sleep for 10 seconds or more. The result is insufficient oxygen getting to the brain at night and poor quality of sleep (even though quantity may be sufficient). The hallmark of the disorder is snoring. In adults it is usually associated with excessive weight and results in excessive daytime sleepiness and compromised quality of life. Sleep apnea is serious and causes significant social, health related and emotional problems.

Symptoms (problems) of sleep apnea are the result of insufficient oxygen getting to the

brain at night. The most common sign of sleep apnea is loud snoring (audible outside the door of the room). Adults will often complain of restless sleep, loud heavy snoring (often interrupted by silence and then gasps), falling asleep while driving and/or during the day (at work, watching TV, etc.), morning headaches, loss of energy, trouble concentrating, irritability, forgetfulness, mood or behavior changes, anxiety or depression, and decreased interest in sex. Not all people with sleep apnea experience all of these symptoms and not everyone who has these symptoms has sleep apnea. However, people who are experiencing even a few of these symptoms should be evaluated.

DIAGNOSIS & WHY IT IS IMPORTANT

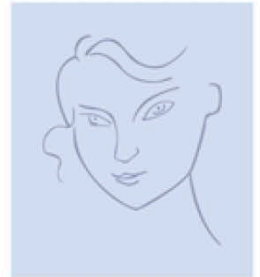
Prompt and proper *diagnosis* (learning what is wrong) of sleep apnea is an important first step to treating the disorder. In adults, untreated sleep apnea may result in *hypertension* (high blood pressure), coronary artery disease, myocardial infarction, stroke, psychiatric problems, impotence, cognitive dysfunction, memory loss, and even death. Thankfully, all these problems can be prevented by proper treatment of sleep apnea.

The diagnosis is made by *polysomnography* (sleep study) which monitors your breathing during sleep to determine if you stop breathing (apnea) and have reduced oxygen in your blood.

TREATMENT

For adults with sleep apnea, the first step in all cases is to try to use healthy diet and exercise to maintain an ideal weight- your GP can help you with this. Mild cases of obstructive sleep apnea may be assisted by avoiding sleeping on one's back (try sewing a tennis ball into back of pyjamas). You should avoid central nervous system depressants - this includes alcoholic beverages, sedatives, and narcotics. For people with significant nasal congestion, medications including saline spray and nasal steroids may be prescribed.

Consider trying an oral appliance (eg Sleep-pro ®) or custom-made mandibular advancement splint (like a mouth guard which stops your lower jaw dropping back). Your dentist can assist you with having a custom splint made. These are safe and effective for snoring but many patients find them uncomfortable.



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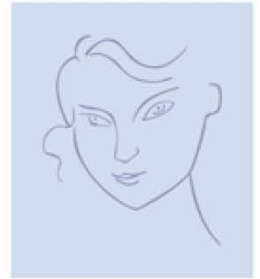
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More severe cases of adult obstructive sleep apnea are best treated by continuous positive airway pressure (CPAP) which is highly effective (>98%). CPAP may be applied nasally or by full face mask and your sleep physician will prescribe this. The pump delivers air pressure during each breath. Don't just give up on CPAP without speaking to your sleep physician who may be able to adjust your mask or change you to BiPAP (pressure support only when you breath in) if CPAP is uncomfortable. Remember, if you gain weight and are snoring despite wearing a CPAP mask, you may require alterations in your CPAP. Again, contact your sleep physician regarding this.

NASAL SURGERY

Surgery may be considered for patients to improve the nasal airway if medications do not help or for those who have tried and cannot tolerate CPAP. Surgery aims to improve the nasal airway obstructed by anatomical defects.

UVULOPALATOPHARYNGOPLASTY (UPPP)

This is surgery to remove the uvula, tonsils and tighten the tissue that vibrates at the back of your throat. It is highly effective at stopping snoring (>90%) but less effective at correcting sleep apnea (50% overall, higher in selected patients).

The risks of surgery are similar to those of tonsillectomy but with some additional risks:

- A sensation of mucous sitting at the back of your throat (removing the uvula interrupts the normal mucous draining from the nose)
- Velopharyngeal insufficiency (rare): scarring may result in a small amount of liquid or even food going up into your nose.

TONGUE BASE REDUCTION

The back of the tongue is a common site of obstruction in adults. Tongue base reduction may be considered for sleep apnea for those who have failed UPPP. Although you may not miss part of the back of your tongue, it is a painful procedure which carries similar risks to tonsillectomy.