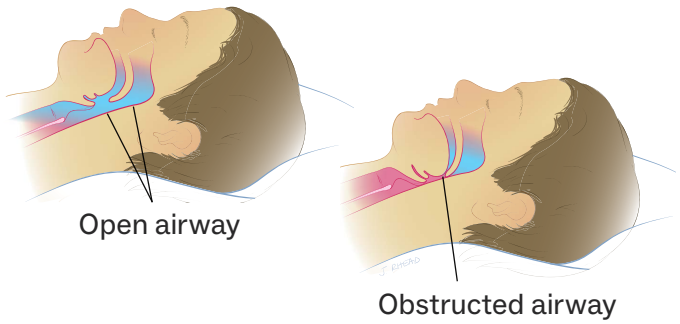
Intermountain Health

Obstructive Sleep Apnea (OSA)

What is obstructive sleep apnea?

Obstructive sleep apnea (OSA) is a common sleep disorder that affects how you breathe when sleeping. With OSA, tissues in the mouth, throat, and neck close off the airway. This causes you to breathe very shallowly or even stop breathing for a few seconds to a minute. These interruptions can happen many times each hour.

Obstructive sleep apnea is treatable. Without treatment, OSA can cause serious health problems.



With obstructive sleep apnea, throat tissues, tonsils, or your tongue keep air from flowing as you sleep.

What are the signs and symptoms of OSA?

Common signs and symptoms of OSA may include:

- Loud snoring
- Daytime tiredness
- Morning headaches
- Feeling unrested or groggy
- Restless sleep or waking a lot during the night
- Long pauses between breaths while sleeping
- Suddenly waking and choking or gasping for air

You can have OSA and not notice any symptoms. Often a person's bed partner will first notice a problem. They may hear you snore or see you stop breathing.

Are you at risk for OSA?

Check each box that applies to you:

☐ **Snoring?** Do you snore louder than talking or loud enough to be heard through closed doors?

☐ **Tired?** Do you feel tired during the day, even after a "good" night's sleep?

☐ **Observed breathing interruption while sleeping?** Has anyone ever seen you stop breathing while you're sleeping?

☐ **Pressure — high blood pressure?** Do you have high blood pressure, or are you being treated for it?

☐ **Body Mass Index (BMI) over 35?** Do you weigh more than you should for your height? Ask your provider about your Body Mass Index.

☐ **Age — over 50?** Your risk for OSA increases as you get older.

☐ **Neck size — large?** If you're a woman, does your neck measure more than 16 inches around? If you're a man, does it measure more than 17 inches around?

☐ **Gender — male?** OSA is more common in men than in women.

TOTAL: If you checked **1 or 2 boxes,** you may be at risk. If you checked **3 boxes or more,** your risk is high. **Talk with your doctor about your risk for OSA.**

STOP-BANG Questionnaire adapted with permission from Dr. Frances Chung and University Health Network, 2014.

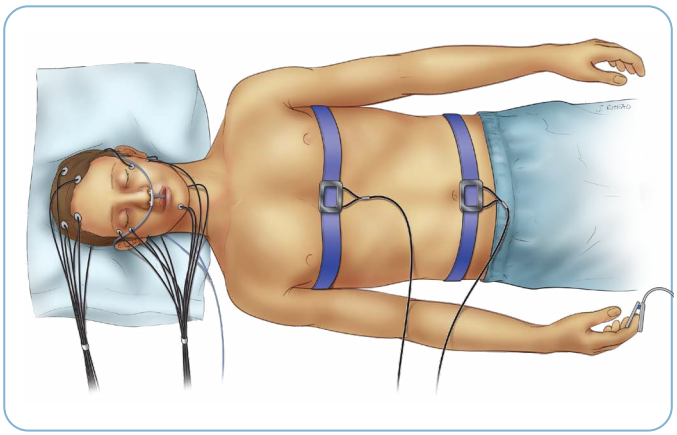
How does the doctor test for OSA?

Diagnosing OSA requires special medical tests. Two commonly used tests are home oximetry and sleep studies.

- **Home oximetry.** This test uses a small device to monitor the oxygen in your blood while you sleep. If your blood oxygen repeatedly dips below a certain level, you might have OSA.

  A home oximetry test is easy, inexpensive, and can be done in a timely manner. It is only a screening test, which means it can't be used to diagnose OSA, but it can show if you need urgent care or additional testing.

- **Sleep Study.** In order to diagnose OSA, you will need to do a sleep study. During the sleep study, sensors are placed on your body to measure and record detailed information while you sleep.



The sleep study has 2 purposes:

- **Diagnosing OSA.** The test confirms whether you have OSA and shows how serious the problem is.
- **Finding the best settings for treatment**. If you have OSA, the best treatment is PAP (described at right). In the sleep center, the technician finds the best PAP settings for you.

There are 2 types of sleep studies:

- Home sleep studies
- In-lab sleep studies

Some patients may be able to use a portable monitor to perform a sleep study at home. Talk with your doctor or sleep specialist about which sleep study can work for you.

How is OSA treated?

There are 3 types of treatment options for OSA:

- **Positive airway pressure therapy (PAP)** (see below). This is the most common and effective treatment.
- **Lifestyle management therapies.** Changes to your day-to-day living can help reduce symptoms (See page 3).
- **Alternative therapies.** Some people need more specialized treatment. Alternative therapies include dental appliances and surgery.

What is PAP?

With **positive airway pressure (PAP),** a special machine pushes air through a mask. The air pressure keeps your airway open and helps you breathe while sleeping. **PAP is the most common and effective treatment for OSA.**

After using PAP, patients usually feel much better and have more energy. It can also help with snoring.

CPAP therapy provides slight air pressure to keep your airway open. It is the most common and effective treatment for OSA.

CPAP (continuous positive airway pressure) is the most common type of PAP. With CPAP, air flows to the mask continuously and the air pressure does not change. This works well for most people.

While CPAP is the most common type of PAP therapy, your doctor may recommend APAP or BiPAP if you have a hard time adjusting to CPAP or for other reasons.

What if OSA is not treated?

Some people may think of OSA as a minor health issue and decide not to use recommended treatments. But it is not a minor health issue.

Untreated OSA can lead to:

- Car accidents
- Dementia
- Depression
- Diabetes
- Heart attack
- High blood pressure
- Obesity
- Stroke
- Higher healthcare costs
- Longer hospital stays

Can I reduce my OSA symptoms?

PAP therapy is the best treatment option. However, changes to some behaviors or lifestyle choices can sometimes help improve OSA symptoms.

- **Lose weight.** Losing weight is one of the best ways to improve your OSA. Losing as little as 15 to 20 lbs can reduce OSA symptoms as well as help you sleep better and snore less. For many, the first step to losing weight is getting OSA under control with PAP therapy.
- **Avoid or limit alcohol.** Alcohol acts as a sedative and causes the body to relax more than it normally would. If you choose to use alcohol, stop drinking 2 to 3 hours before bedtime.
- **Avoid medication that makes you sleepy.** Medicines, such as pain killers, sedatives, and sleep aids, can cause sleepiness, difficulty breathing, and slowed heart rate. These side effects are serious and can be deadly — especially for people with OSA.
- **Change sleep positions.** Sleeping on your back can make sleep apnea worse, while sleeping on your side can help these problems. Special pillows may better position your head and neck while sleeping. Before relying on this type of treatment, talk with your doctor because it's not as simple as it sounds.
- **Keep your nasal passages open.** If you have sinus problems or a stuffy nose, use nose spray or breathing strips. Ask your doctor before taking antihistamines or decongestants.

Tips for better sleep

OSA symptoms can improve if you make sure to get enough sleep.

- **Stick to a regular schedule.** It will be easier to get to sleep if your body expects sleep at the same time each day.
  - Go to bed and wake up at the same time each day, even on weekends or days off work.
  - If you're a shift worker, keep the same sleep and wake schedule even on your days off.
  - Create a bedtime routine that you go through about 30 minutes before going to sleep. Consider quiet activities like reading, listening to quiet music, or taking a bath.
- **Avoid screen time before bed.** Light from smart phones, tablets, and TVs can trick your brain into staying awake.
- **Be active during the day.** Exercise regularly to improve your sleep. Try for 30 minutes every day. Avoid heavy exercise 2 to 4 hours before bedtime.
- **Make your bedroom the place for sleep.**
  - Use your bedroom only for sleep.
  - Make your bedroom quiet and dark.
  - Make sure your bed and pillow are comfortable.
  - Keep the bedroom temperature comfortable but on the cool side.
- **Watch what you eat and drink.**
  - Avoid alcohol and caffeine within 6 hours of bedtime.
  - Don't go to bed hungry. Eat a light snack before bed, but don't eat a large meal.
  - Avoid eating spicy foods before bedtime.

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