Obstructive Sleep Apnea (OSA)

Do you feel drowsy during the day? Snore at night? Feel tired after a “good” night’s sleep? If so, you might have obstructive sleep apnea.

What is obstructive sleep apnea?

In obstructive sleep apnea (OSA), your breathing stops or gets very shallow as you sleep. These interruptions can happen many times each hour. They can last for a few seconds to a minute each time.

OSA is common. More than 12 million adults in the U.S. have OSA. It can occur at any age, but becomes more common in middle age. It’s more common for men than women.

What are the symptoms?

The most common symptoms of OSA are loud snoring and daytime tiredness, but not everyone with OSA has these symptoms. Often a person’s bed partner first notices that there might be a problem, based on hearing the person snore or even stop breathing during sleep.

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, 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?
Your doctor will review your health history and symptoms. If needed, you may have one of the following:

- **Meeting with a sleep specialist**, a doctor with advanced training in sleep problems.

- **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. Based on the results, your doctor may recommend more testing.

- **Sleep center test**. This test is the best way to diagnose OSA. You stay in a sleep center overnight. Electrodes (sticky patches) and other sensors record information while you sleep.

The test has two 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 CPAP (described at right). In the sleep center, the technician finds the best CPAP settings for you.

- **Portable home sleep studies**. Some patients may be able to use a portable monitor to perform a sleep study at home.

How is OSA treated?
Treatment options for OSA include the following:

- **Lifestyle changes** to reduce symptoms. *(See page 3 for ideas.)*

- **Positive Airway Pressure**, the most common and effective treatment *(see below).*

- **Oral devices**, such as a mouthpiece fitted by a dentist or orthodontist.

- **Surgery** to remove, shrink, or stiffen throat tissue.

What is PAP?
**Positive airway pressure (PAP)** is the most common treatment for OSA. After using PAP, patients usually feel much better and have more energy.

**Continuous positive airway pressure (CPAP)** is the most common type of PAP. With CPAP, the air pressure is set for you in the sleep center. Air constantly flows through your nose and into your throat. The slight pressure from this air keeps your airway open.

If you can’t use CPAP, your doctor may prescribe APAP or BPAP. These treatments are similar, but they have sensors that adjust air pressure as you breathe.
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 increases the risk of developing these serious health problems:

• High blood pressure
• Heart rhythm problems
• Stroke
• Increased risk of complications after surgery
• Car accidents

Can I reduce my OSA symptoms?
Treatment is the best solution to OSA. But you should also take action to reduce factors that make OSA worse.

• Avoid or limit alcohol (especially at bedtime) — and don’t smoke! These habits make it harder for your throat to stay open while you sleep.

• Avoid medication that makes you sleepy. If you are at risk for OSA, it can be dangerous to take pain medications, sleeping pills, or any medication that has a drowsiness warning on the label.

• Sleep on your side instead of your back and raise the head of your bed. One trick is pinning a sock containing a tennis ball to the back of your pajamas, between your shoulder blades. If you turn onto your back, the ball prompts you to turn onto your side, usually without waking you.

• 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.

• Lose weight if your doctor recommends it. Even a little weight loss can help. Losing just 10% of your weight can reduce OSA symptoms dramatically. For help, see intermountainhealthcare.org/weight.

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.

• Be active. Exercise regularly to improve your sleep. Avoid heavy exercise 2 to 4 hours before bedtime.

• Make your bedroom the place for sleep.
  – Don’t use your bedroom for a lot of activities, such as paperwork or watching TV. Use your bedroom only for sleep and sex.
  – Make sure your bedroom is quiet and dark. Put the TV and phone in another room, and get curtains that block outdoor light.
  – Focus on comfort. Make sure your bed and pillow are comfortable. Keep the bedroom at a comfortable temperature, on the cool side.

• Watch what you eat and drink.
  – Avoid alcohol and caffeine within six 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.
Questions I want to ask my provider:

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Notes from my visit:

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Sleep center or other appointments:

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