



# OBSTRUCTIVE SLEEP APNEA

- **Common symptoms of OSA include snoring, disrupted sleep and daytime sleepiness.**
- **With OSA your breathing during sleep is reduced or may stop repeatedly.**
- **You are likely to only have breathing difficulties when asleep, not when awake.**
- **You may have no idea this happens.**
- **Untreated OSA may increase the risk of accidents and medical problems such as high blood pressure, diabetes, heart attack, stroke and depression.**
- **OSA can be successfully treated.**

Note: All words that are underlined relate to topics in the Sleep Health Foundation Information Library at [www.sleephealthfoundation.org.au](http://www.sleephealthfoundation.org.au)

## 1. What is it?

Patients with obstructive sleep apnea (OSA) have repeated episodes of partial or complete obstruction of the throat (also known as “pharynx” or “upper airway”) during sleep. A narrow floppy throat is also more likely to vibrate during sleep, which causes snoring. If partial or complete obstructions occur breathing is reduced or stops for a short time – from 10 seconds up to a minute or more – and blood oxygen levels fall as a result. A brief interruption to sleep (an arousal) that lasts for as little as 3 seconds then occurs, allowing breathing to start again but your sleep is disrupted as a result. These episodes of obstruction may happen many times – even hundreds of times - overnight. Some people know that their breathing is not normal at night, but may be unaware that this is a medical problem that is causing them harm. Fortunately, good treatments are available.

## 2. What are the symptoms of obstructive sleep apnea?

If you have OSA you may snore, toss and turn and others may notice that you stop breathing during the night. Because of the disruptive effects of OSA on sleep you may find yourself waking up often during the night, sometimes gasping or choking, although this does not always happen. However, even if there are few awakenings overnight, sleep is disturbed and you may be unrefreshed by it because of this. As the day

goes on, you may struggle to stay awake, especially in the afternoon. Grumpiness and other mood changes are common in untreated OSA.

## 3. Obstructive sleep apnea affects families

Snoring can keep a bed partner awake and sometimes people in other parts of the house. Some partners try to stay awake to make sure that the person with OSA starts breathing again after a breathing pause. Lack of sleep may make people who are living with a person with OSA more grumpy and irritable. OSA is a problem not only for the person with it, but also other family members.

## 4. Why you should worry if you have obstructive sleep apnea symptoms

There is strong evidence that people with untreated moderate to severe OSA have other health problems. If you have OSA, you are more likely to have high blood pressure and other cardiovascular disease than someone without it. Each time you stop breathing, your blood pressure may go up. Over time, this may also contribute to high blood pressure during the day (hypertension). There is also evidence that having OSA, particularly if severe, may increase the risk of diabetes, heart attack, stroke or depression. Treating sleep apnea may reduce these risks.



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## 5. Obstructive sleep apnea causes motor vehicle accidents

People with OSA are approximately two and half times more likely to have a motor vehicle accident than others. Broken night-time sleep leads to less alertness, slower reaction times, poorer concentration and more chance of falling asleep at the wheel. The risk of work accidents is increased if your job involves operating machinery or transport.

## 6. Who gets obstructive sleep apnea?

OSA can occur at any age. In children, it is often the result of enlarged tonsils or adenoids (see [Childhood Snoring and Sleep Apnea](#)). In adults, OSA is more common in middle age and in older people. It is also more common in men than in women, although after menopause the risk becomes similar. Many, but not all, people with OSA are overweight. Being overweight can cause a narrowing of the throat due to fatty tissue. Also, having a large waistline can make the lungs smaller during the night, which makes the throat more likely to collapse. Some people are born with a narrow throat or have a facial structure which leads to narrowing.

## 7. How is obstructive sleep apnea diagnosed?

Signs and symptoms such as snoring, obesity, observed breathing pauses and sleepiness during the day may suggest that a person has OSA. The best way to be really sure is with an overnight [sleep study](#). This measures your sleep, breathing and oxygen levels. Your GP can refer you for a sleep study.

## 8. How is obstructive sleep apnea treated?

For people with a mild level of OSA and few symptoms, losing weight, decreasing the amount of alcohol consumed in the evening or adjusting the sleeping position may be all that is needed. Most people have more OSA episodes sleeping on their backs.

However, for those with moderate or severe OSA more active treatment is often required. This is particularly so if daytime tiredness is present or there is a background of heart disease, stroke or high blood pressure that has been difficult to control. The two most commonly used

treatments for moderate to severe OSA are nasal continuous positive airway pressure ([CPAP](#)) or an [oral appliance](#).

[CPAP](#) uses a small, quiet air pump that takes air from the room and delivers it under gentle pressure to a mask that covers your nose. This acts to hold your throat open during the night. You only use CPAP at night in bed. It is very good in controlling the symptoms and the long term effects of sleep apnea. It stops the snoring and the machine noise is very much quieter than the snoring was. Sometimes it takes a while to get used to CPAP and tips to help can be found on our [CPAP - Making It Work For You](#) fact sheet.

For some people an oral appliance (or mandibular advancement device), fitted by a specialist dentist, is suitable. It is like a double mouthguard that goes over both the upper and lower teeth. The upper and lower mouthguards clip together, so that the jaw is held forward during the night and this helps keep the airway open. These devices are particularly useful for snoring and milder forms of sleep apnea.

There are several surgical operations available for sleep apnea. These are not usually offered unless both CPAP and oral appliances have not worked. It is important to select the right operation and an experienced surgeon is essential.

A number of other remedies have been marketed, some of which have value for selected patients while many others have been shown to be of no benefit. Your doctor will be able to advise you.

## 9. Other things you can do if you have sleep apnea

In many people, being overweight contributes to sleep apnea. Losing weight may help or even cure the OSA and is extremely beneficial for other health problems, including high blood pressure, diabetes, high cholesterol and joint problems.

If you are diagnosed with OSA, it is a good time to make sure that you are doing everything right to improve your sleep. Alcohol and sleeping tablets relax muscles and may worsen sleep apnea. Their use should be minimised. It is also important to make sure that you are having a regular sleep pattern and sleep as well as possible. See [Good Sleep Habits](#).

## Where can I find out more about treatment options for OSA?

[www.adelaidesleephealth.org.au/sleep\\_disorders/sleep\\_disordered\\_breathing](http://www.adelaidesleephealth.org.au/sleep_disorders/sleep_disordered_breathing)

For information on over 70 different sleep related topics, written by professionals, visit the Sleep Health Foundation Information Library at [www.sleephealthfoundation.org.au](http://www.sleephealthfoundation.org.au). The [underlined](#) topics in this article are covered in detail there.



### Sleep Health Foundation

114/30 Campbell Street, Blacktown NSW 2148  
T: +61 (0) 2 8814 8655 F: +61 (0) 2 9672 3884



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This information is produced by:

#### Sleep Health Foundation

ABN 91 138 737 854

[www.sleephealthfoundation.org.au](http://www.sleephealthfoundation.org.au)

A national organisation devoted to education, advocacy and supporting research into sleep and its disorders.

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Version 1: created November 2011 / Version 3: updated March 2015