HEALTH REPORT

SLEEP APNEA

by Lori Ann Selke

These days, the condition called sleep apnea seems to be becoming a high-profile medical condition. More and more people are being diagnosed with it, and there seems to be a lot of curiosity about what it is, how it affects people, and what can be done to treat it. "Apnea" literally means "lack of breath," and sleep apnea is a condition where breathing stops during the night, while asleep. There are two kinds of sleep apnea: central and obstructive. Central sleep apnea is a result of some dysfunction of the central nervous system and is fairly rare; obstructive sleep apnea involves the more mechanical blockage of the throat during sleep and is far more common. Obstructive sleep apnea has been linked to weight; the condition is more common in heavier people (though people of any weight can have sleep apnea), and more common among men than women; but more and more women seem to be diagnosed these days as well, and the risk for sleep apnea increases after menopause. It is believed that "excess" fatty tissue or weight may contribute to the mechanical throat blockage, thus affecting the severity of the condition. Weight loss is therefore sometimes advocated to help alleviate sleep apnea. But it's almost never presented as a "cure," and rightly so. Besides, there are other ways of treating and relieving sleep apnea.

There are several symptoms associated with sleep apnea. The one that often acts as a tip-off is loud, heavy snoring. Now, just the mere presence of snoring is often not an indication of the condition, but snoring interrupted or punctuated by gasps or pauses in breathing, this may be a sign of the presence of sleep apnea. More important than snoring, but harder to detect, is if your breath cuts off or pauses while you are sleeping.

Other symptoms stem from the fact that the sufferer of sleep apnea isn't getting enough actual restful sleep during the night, due to the interruptions that the breath stoppage causes. These include being inexplicably drowsy during the day, especially if to the point of "nodding off." Since the breath cut-offs often cause a sleep apnea sufferer to wake up in the middle of the night, frequent wake ups are also a symptom (sometimes this is masked by the belief that one has to urinate that is causing the wake-ups). Lack of energy during the day, inability to concentrate, and morning headaches are some others. Mood effects from lack of restful sleep, such as anxiety, depression, or irritability, are also common.

The lack of restful sleep, and breathing interruptions can also have longer term effects, including memory loss or impairment, elevated blood pressure, increased risk of heart attack or stroke, heart arrhythmia, and shortness of breath. This last symptom is often overlooked by fat sufferers of sleep apnea; it's just assumed that shortness of breath is part and parcel of being fat, rather than being an indication of some underlying medical problem. The constant or recurrent drowsiness and cognitive effects also impair one's ability to work, and increase susceptibility to accidents.

An accurate diagnosis of Obstructive Sleep Apnea can only come from a sleep test (called a polysomnography, or PSG), administered by medical professionals. The PSG measures the frequency and length of any breath stoppages, also called "apnea events," during the night.

However, you can also get a good idea of whether or not you should consider getting tested from a home sample. Try recording your breathing at night, or have someone listen for you. Record any gaps in breathing longer than 10 seconds; if there are several present, it's likely that you may have sleep apnea.

Many doctors are unfamiliar with sleep apnea. If your doctor is inclined to be dismissive of the potential of apnea, consider getting a second opinion. Your doctor may also refer you to a sleep specialist or otolaryngologists (also known as an ear, nose and throat specialist), or you may consider suggesting this yourself.

Unfortunately, testing and treatment are expensive, and may be a problem if you're not covered by some form of insurance. (Some insurers can be initially reluctant to pay for testing and treatment as well, because of the expense. The only advice I can offer is, persist, and enlist your doctor and/or specialist's support, if you can. Have them write letters to your insurance carrier if necessary; sleep apnea is a serious condition that needs treatment if possible.)

A CPAP (Continuous Positive Airway Pressure) machine is the most common method of treatment. The CPAP machine consists of a small unit which plugs into a wall socket, and is attached via tubing to either a mask or a set of "nose pillows" (also known as an ADAM unit). The machine forces pressured air through the nose and into the respiratory tract; that air forces the respiratory tract to stay open instead of collapsing and causing an apnea event. It is supposed to be worn whenever a person sleeps.

Some cases are also treated with a BiPAP (Bi-Level Positive Airway Pressure) machine, usually those cases which do not respond to CPAP treatment (but not always). Similar in function to CPAPs, BiPAPs are more expensive, and so insurers are often more reluctant to pay for them. Unlike the CPAP, a BiPAP machine only blows air "on demand," that is, when the wearer inhales. The pressurized air flow ceases when the wearer exhales.

The DPAP (Demand Positive Airway Pressure) is a newer machine that has just arrived on the market. According to the manufacturer, Innovative Medical Systems, the DPAP, responds breath-by-breath to changes in pressure requirements. Your columnist does not have much information as yet on the DPAP, including any information on cost or effectiveness, because it is so new.

Surgery is sometimes prescribed for curing snoring — however, most of these surgeries, including nose/septum realignment, UPPP (standing for Uvulopalatopharyngoplasty, an operation that removes the uvula, that tear-shaped flap of skin at the back of the throat, as well as removing some tissue from the soft palate and upper throat) and LAUP (standing for Laser Assisted Uvulopalatopharyngoplasty; essentially, a laser-aided version of the surgery described above, except with less extensive tissue removal), are sometimes effective on the snoring per se, but aren't as effective in treating any underlying apnea problem. (The success rate at treating Obstructive Sleep Apnea with UPPP is around 50%, and possibly lower.) Your intrepid columnist thinks that surgery should be considered a last resort, since treatment with CPAP and similar machines is usually more successful, as well as less invasive and with less side effects. LUAP, in particular, is not recommended for treatment of sleep disorders by the American Sleep Disorders Association, a professional organization.

There are a few other purely mechanical ways of treating certain forms of Obstructive Sleep Apnea, such as using tongue-restraining device to prevent the tongue from falling backwards and blocking the airway behind it.

Other behavioral modifications will often be suggested in conjunction with another form of treatment, including, yes, weight loss (as previously discussed), and avoidance of alcohol and sedatives because one of their effects is to suppress breathing. It also might be a good idea to try and quit smoking, if possible, because of the possibility of decreased lung capacity interfering with breathing in the night.

There are a lot of different models of CPAPs and BiPAPS, with a lot of optional equipment available. If you've been diagnosed with sleep apnea, you should attempt to get your doctor, sleep specialist, or homecare provider to help educate you about your various options. Some of the more common choices include: mask vs. nose pillows (there are pros and cons for both: some people find the smaller nose pillows more comfortable, some people find the mask, which is a larger but less penetrative, to be so), and the optional addition of a humidifier to prevent the nasal passages from drying out (often a special concern for those who choose to wear the nose pillows). Another useful feature is a remote control, and a "ramp-up" feature, that starts the airflow at a lower and less noisy pressure at first, and then works its way up to full pressure over time. The doctor or homecare provider should also help adjust the sleep apparatus with you, and should also help calibrate the machine's pressure for you — this will also involve another sleep test (in fact, it should, as this is the most effective way to correctly calibrate the needed pressure on the first try). Finding the right combination of headgear, tubing, positioning of the unit at night, etc., may take a lot of trial and error; try not to get too discouraged if it doesn't all fall into place right away.

You should be given a manual for your unit. If you aren't, ask for one. Read it thoroughly and try to familiarize yourself with it. Cleaning the mask and hose every day helps prevent increased susceptibility of respiratory infections, and also helps keep the skin that's in contact with the mask from breaking out. Make sure that the headgear is properly adjusted. Many people who complain about how uncomfortable the equipment is turn out to have been using poorly adjusted or fitted headgear. Try taking some time during the day to explore your headgear and familiarize yourself with it. Take it apart, put it back together, experiment and play.

Place the machine at the head of your bed, and try to trail the tubing back behind your head (this may be easier with nasal pillows, by the way), or perhaps loop it around one post of the bed. This prevents you from getting entangled in the hose in the middle of the night.

A lot of people seem to find themselves removing the mask in the middle of the night inadvertently; often, though, this problem seems to go away on its own as the wearer gets more used to sleeping with the machine over time. If it continues to be a problem, make sure that all the headgear has been properly adjusted.

Consider giving the machine a name, or try to think up other friendly ways of getting to know your equipment. I had a lot of fun trying to imagine how to turn all the straps, hoses, etc. into sex toys, for example. Also feel free to poke fun at it — it's a great way to relieve the tension of introducing it into your life and routines.

Give yourself some time. Getting used to the machine may be slow going, and the effects may be gradual (though they may not be — I know some people who adored their CPAP or BiPAP from the moment they tried it). It may be hard to see the benefits at first. Be patient.

Lots of people worry about how their partners (or future partners) will take living with a CPAP. I think that most already-existing partners are actually quite happy to have the CPAP in their lives because of what it means — a happier, healthier, more energetic lover (not to mention the lack or snoring!). Just make sure you include your current partner, if you have one, in the process of introducing and adjusting the machine. Many of these fears seem to stem from a fear of loss of spontaneity in sex. If you're really worried about this, practice taking off the headgear as quickly as possible! Also, consider using one of the models with a remote, so that the machine can be turned off quickly. As the partner of a CPAP-wearer, I can say that I've learned to eroticize the moment when the mask comes off...

When it comes to new lovers, generally a short explanation of the purpose of the machine does the trick. Most potential lovers won't object to the use of a device without which you'd stop breathing in the middle of the night!

Also, keep in mind that although it's inconvenient, it's better than the alternative...and that's really the best way to look at it. In addition to the medical benefits, people being treated for their sleep apnea often feel more awake, energetic, and able to function, once under treatment; in other words, more "alive." The rather limited disadvantages of having to deal with the machine every night should hopefully be outweighed by all this.

There are lots of resources available for further information. If you have access to Usenet newsgroups, alt.support.sleep-disorder is an excellent place to ask questions and get help. If you have access to the Web, there is a site with very detailed and informative patient-organized sleep apnea FAQ: URL: http://www.access.digex.net/~faust/sldord/osa/osa.faq.html. However, this site is not fat-friendly; it does equate being "overweight" with being unhealthy, and urges sleep apnea patients to lose weight. There is also another excellent, if more general site, the Sleep Medicine home page at:

URL: http://www.cloud9.net/~thorpy/.

For those who aren't connected to the Net, The American Sleep Apnea Association (ASAA), PO Box 66, Belmont, MA 02178, (617) 489-4441, fax (619) 489-4761 is a good resource. It publishes a newsletter, Wake-Up Call, and is affiliated with a network of patient self-help groups, the AWAKE (Alert, Well, and Keeping Energetic) Network. It also has patient education videos available.