What is obstructive sleep apnea?

- Are you tired during the day, even after you slept all night?
- Do you fall asleep during the day when you don’t mean to?
- Has your bed partner noticed that you snore loudly or make choking noises while you sleep?

If you answered “yes” to any of these questions, you may have obstructive sleep apnea.
Obstructive Sleep Apnea (OSA) is a common sleep disorder in which the airway collapses part or all of the way while you are sleeping. With apnea, the airway closes completely and breathing temporarily stops. The result is a cycle of dozing and waking that goes on all night.

Imagine that, when you fall asleep, the muscles in your upper airway relax. If you sleep on your back, gravity can cause your tongue to fall back into your airway, reducing the amount of air getting to your lungs. This causes snoring by making the tissue in the back of your throat vibrate.

Your airway can collapse repeatedly. Every time, when air does not get to your lungs, the lack of oxygen causes you to wake up so you can start breathing again. Waking over and over again each night can leave you sleepy during the day, and the lack of oxygen can cause such health risks as:

- High blood pressure
- Heart attack
- Stroke
- Pre-diabetes and diabetes
- Depression

Am I at risk?

You are at increased risk for OSA if you are:

- Overweight
- Hypertensive
- A male with a neck size of 17 inches or larger
- A female with a neck size of 16 inches or larger
- A male over the age of 40
- A female over the age of 50

It’s important to note that not all people with OSA have these risk factors. Children can have OSA as a result of large tonsils or narrow airways. Young adults, even those who are physically fit, can also have OSA.

How is OSA diagnosed?

OSA is treatable. If you are concerned you might have OSA, your healthcare provider can refer you for a sleep evaluation, which may take place at home or in a sleep center like the one at Windham Hospital. Your breathing and the oxygen level in your blood while you sleep will be measured and your results will help make a diagnosis.

How is OSA treated?

The most common treatment for OSA is Positive Airway Pressure (PAP) therapy. PAP therapy can help people with all levels of OSA, from mild to severe. While there are different types of PAP therapy, all help by keeping the airway open during the night.

PAP devices provide a stream of air through a mask that you wear while you sleep. The airstream, set to a certain level of pressure based on your needs, prevents your airway from closing so you don’t stop breathing and wake up during the night.

Other treatments your provider might recommend to reduce or eliminate your OSA include:

- Losing weight
- Oral appliances you wear while you sleep
- Surgery to reduce the tissue in your throat
- Lifestyle changes such as quitting smoking and not drinking alcohol

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