

What is Obstructive Sleep Apnoea (OSA)?

People who suffer from Obstructive Sleep Apnoea (OSA) have reduced or ceased breathing for short periods while sleeping. This can happen many times during the night. It results in poor sleep with excessive sleepiness during the day. Because these events happen during sleep, people with OSA are usually the last ones to know about it.

In sleep the muscles of the throat relax. Usually this does not cause any problems but in people with OSA complete relaxation of the muscles causes the upper airway, at the back of the tongue, to become blocked. Normally breathing slows or stops. Such an episode is called an apnoea. Normally in people with OSA, effort to breathe continues until the blood oxygen levels begin to fall. The brain then needs to arouse the person from sleep so that muscle tone in the throat returns, the airway then opens and the person begins breathing normally again. Unfortunately, when the person goes back to sleep, the cycle repeats itself.

Who has OSA?

Although OSA is usually observed in overweight, middle aged males who snore, it can also affect women. Typically women are protected from OSA by female hormones and differences in throat structure and symptoms may not occur until after menopause. Narrowing at the back of the throat and upper airways can also contribute to the risk of getting OSA, even in people who are not middle-aged or overweight.

What are the symptoms of OSA?

Although a person with OSA may not be aware of frequent arousals during the night from sleep, they suffer from poor sleep quality despite long hours in bed. Symptoms of OSA include:

- ✧ Excessive daytime sleepiness
- ✧ Morning headache
- ✧ Depression
- ✧ Short temper
- ✧ Grumpiness
- ✧ Personality change
- ✧ Increased risk of accident
- ✧ Loss of interest in sex / impotence

Diagnosis of OSA

A person suspected of having OSA should see their local GP who may refer them for a sleep study. Wires are applied to the body and body signals are recorded while the person sleeps. A sleep study will provide an accurate diagnosis and will generate valuable information directing your treating physician to the treatment most suitable to you.

Treatment Options for OSA

The treatment options for sleep disorders is customised for each patient. Depending on your sleep study results, your physical and medical history, one or more of the following treatment options maybe recommended.

Lifestyle modification

This includes weight reduction, decreased alcohol consumption,

Continuous Positive Airways Pressure (CPAP)

It is the most common and effective treatment option. The patient wears a mask over the nose attached to a machine which pumps air into the airway preventing airway collapse. Airway collapse occurs in Snoring and Sleep Apnoea.

Mandibular Advancement Splint (MAS)

This is a specialist made mouth guard which repositions the lower jaw and tongue. It is often used to treat snoring and sleep apnoea in mild to moderate cases.

Surgery

There are surgical procedures available. In selected cases surgery may be beneficial such as in young children where surgery is the treatment of choice.

For further information or to book a sleep study, please call Advanced Pulmonary and Sleep Diagnostics on 1300 292 022 or visit our website www.wrasc.com.au



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