

Information on Treating Sleep Apnea

What is snoring and how is it different from obstructive sleep apnea?

During normal sleep, the muscles which control the tongue and soft palate hold the airway open. If these muscles relax, the airway becomes narrower, partially blocking off the air passage. Breathing in causes the soft or floppy part of the throat to vibrate, making the noise of snoring. If the throat is particularly narrow, or the muscles relax too much, the airway can become completely blocked, preventing breathing. This condition is obstructive sleep apnea (OSA).

After a period of time, which may be anywhere from ten seconds to two minutes, the brain realizes there is a lack of oxygen and alerts the body to wake up. Although the sufferer is often not aware of it, this cycle can occur several hundred times during the night, severely disrupting sleep.

There are several different causes and aggravating factors, which cause the throat to narrow during sleep and create snoring, or OSA. Some of these include obesity, alcohol intake, nose or throat problems or even sleeping tablets. OSA is also more common in males over the age of forty.

You can often tell if someone has OSA. If you listen while the person sleeps you will hear snoring followed by a period of silence. There may then be a loud snort or gasp as he or she starts breathing again.

Sleep apnea generally produces very restless sleepers. The sheets and blankets may get thrown off the bed every night. The results of this constant restless, disrupted sleep and low oxygen levels are daytime sleepiness, memory lapses and irritability. Excessive sleepiness can result in automobile accidents, lack of concentration, and significantly reduced energy levels. OSA or obstructive sleep apnea can also bring on high blood pressure, which is difficult to control even with medications. And for people suffering from heart trouble or stroke, snoring and sleep apnea make their condition worse because of the lack of sleep and reduced oxygen levels.

How is OSA treated?

Sometimes losing weight or reducing alcohol intake may help reduce the severity of OSA for mild sufferers. In the past, surgery was the only option for severe OSA sufferers. However, the most simple and effective treatment for OSA is the nasal CPAP system. It involves wearing a mask over the nose, which is connected by tubing to an electrically driven pump. The pump delivers air continuously at a slightly increased pressure. This flow of air keeps the upper airway open and prevents apnea.

The sleep technologist determines the pressure of air that is needed to keep your airway open when you come in for your Night 2 sleep study. The technologist will work with you and help determine what type of mask is best suited for you to wear and determine if

you will need other supplies to help you achieve the best quality of sleep. He will then connect you to a CPAP machine. This machine will then deliver air at a low continuous pressure and during the night the technologist will then evaluate what level of pressure is needed for you to eliminate your apnea episodes. If you are unable to tolerate the pressure from the CPAP machine, there is another type of machine called BIPAP (Bi-Level positive air pressure) that might be easier for you to tolerate. The following morning the technologist will inform you on how well you did throughout the night. It will then take up to 1-2 weeks before the sleep study results are available.

The Coordinator of the Sleep Lab will then set you up with a home health care company depending on what type of insurance you have. Some insurance companies (HMO and PPO) have contracts with their own home health care company and you will have to be referred through your primary physician. Your physician will receive all the necessary information to get you set-up with their contracted home health care company. Otherwise, the coordinator of the Sleep Lab will contact you and set-up an appointment time for them to come to your home and set-up your CPAP or BIPAP equipment.

Frequently Asked Questions About CPAP

How long will it take to get used to CPAP?

Most people adjust to CPAP in 1 to 2 weeks. Occasionally it may take a little longer if, for example, you are very sensitive to noise or the feel of the mask on your face.

How soon after I start using CPAP will it be before I notice an improvement?

You should notice an immediate improvement when you start CPAP treatment, however some people may take a little longer.

How often will I need to use my CPAP?

You will need to use your CPAP every night of the week. If you do not use it, you will return to your previous level of snoring, sleep apnea and daytime sleepiness.

Will the pressure on my machine ever need changing?

The pressure on the machine will remain set to suit your requirements although sometimes there is a need for fine-tuning. If you find your pressure difficult to tolerate, it may be dropped slightly for a short time at the discretion of your sleep doctor or physician. A sleep physician will review you if symptoms of snoring and daytime sleepiness have returned. For people who may have lost weight a lower pressure may be possible.

Is it easier to lose weight when using CPAP?

It may be. You will find that your energy levels will increase and you will feel motivated to take part in many activities that your previous sleepiness has prevented you from doing.

What do I do if I find my CPAP too noisy?

You could place your CPAP machine in another room using longer air tubing or joining two air tubes together with an air tubing connector. Consult your home health care provider first before doing so.

If you find the noise that disturbs you is coming from the air escaping from the vents on the mask frame, check that there is nothing blocking them.

I've just started CPAP and it's irritating my nose.

The cool dry air of nasal CPAP can cause a runny nose and sneezing in some people, but it usually settles down within a few days to a week. If it does not settle down, you should consider using a heated humidifier, which will help by adding warmth and moisture to the air before you breathe it. Remember that your set pressure may need to be adjusted slightly if a humidifier is used.

My nose gets blocked regularly, so I have to breathe through my mouth. What do you advise?

Since the nose is the only effective point of entry when using the nasal CPAP, it is necessary to have it clear. Discuss using a nasal decongestant with your doctor. Please note that overuses of nasal decongestants over time can also cause a blocked nose.

I find the air through the mask is cold and disrupts my sleep.

Some people experience dryness of the nose, mouth or throat when on oral CPAP, particularly during the winter months. If the air through the mask is cold and disrupts your sleep, the alternatives are heating the room, placing the tubing under the bedclothes (as body heat will increase the temperature of the air passing through the tubing) or humidification. A heated humidifier adds warmth and humidity to the air before you breathe it, reducing these symptoms and making the air more comfortable to breathe.

I feel air leaking out of my mouth as I fall asleep.

Your mouth needs to be closed while you sleep to prevent any air escaping from the mask. This can feel unpleasant although it is nothing to be alarmed about. The delay timer can be used to prevent this, as the pressure of the machine will gradually build.

Warnings Relating to CPAP Treatment

If you experience any of the following symptoms during the course of your CPAP treatment, consult your physician immediately.

- Headache
- Middle ear or sinus discomfort
- Chest pain
- Feeling slightly bloated. This is usually the result of excessive swallowing of air in response to the pressure sensation from your CPAP system while you are awake. Using the delay timer may help. But contact your physician if symptoms persist.
- Dryness of the nose, mouth or throat. The use of a humidifier may help. Contact your physician or equipment supplier regarding the types of humidifier that can be used.
- Air leaking out of the mouth while sleeping.

If any of the symptoms of sleep apnea recur during the course of your CPAP treatment, consult your physician.

You may experience sneezing, a runny nose or nasal obstruction, especially during the first few weeks of nasal CPAP treatment. This may need treatment such as nasal spray, or if the symptoms persist you may need a humidifier. Consult your physician for advice.

Do not stop your CPAP treatment without the approval of your physician. Always consult your physician if you expect to be in a situation where you cannot use your CPAP system for more than a few days.

Remember to keep the name and phone number of your home health care company somewhere where it is readily available.