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Sleep apnoea

Sleep apnoea is a serious condition that affects a person's ability to breathe while they are asleep.

They may snore loudly, then stop breathing — sometimes for up to a minute — only to make a loud grunting or gasping noise and start breathing over again. This pattern may be repeated throughout the night.

Each time this happens the person wakes for a moment and then goes back to sleep, although they may not be aware of it.

In the morning, however, they will feel tired and as though they haven't slept well.

Effects of sleep apnoea

This will affect their concentration and mood. But sleep apnoea has more serious and potentially fatal consequences too. It is also linked to other potential killers such as heart disease and stroke.

People with sleep apnoea are four times more likely to have a car accident because of tiredness.

Its proper name is obstructive sleep apnoea.

Who it affects

It affects an estimated 5% of Australians and is more common in men than women, with one in four men over the age of 40 affected.

It also affects people who are overweight more often than those with a healthy body weight. The condition can affect relationships as those around the snorer will have disrupted sleep too.

The good news is that this condition is relatively easy to diagnose, is treatable, and there are a number of strategies to prevent it.

There is another, less common form of apnoea known as central sleep apnoea. This is caused by disruption to the brain's ability to send signals to regulate breathing.

Causes

Probably the most common cause of sleep apnoea is obesity.

Excess weight in the throat and chest area is a major contributor to the constricting of airways while asleep, and even a small amount of weight loss can reduce the severity of the condition, which in turn improves quality of life.

Other causes of sleep apnoea include:

- **Large tonsils,** which are sometimes caused by an oversupply of growth hormone, especially in children.
- People with sleep apnoea who are not overweight often have narrow or floppy upper airways.
- **Congenital abnormalities** such as cerebral palsy, Down syndrome, hemifacial microsomia and Pierre Robin syndrome.
- **Certain illnesses**, including an enlarged thyroid gland or goitre.
- **Nasal congestion** and/or obstruction.

There are also other factors that are known to contribute to the condition and these include:

- Medications such as sedatives or sleep aids, prescribed or natural.
- Excessive alcohol consumption before bed. This relaxes the muscles, including those in the throat, and reduces the brain's reaction time to breathing changes.
- Ageing. People over the age of 40 are more at risk.
- Gender. Men are more likely to develop sleep apnoea than women.
- Diabetes, particularly type 2 diabetes.
- Smoking.
- Menopause.

Symptoms

In many cases the first person who notices the major symptoms of sleep apnoea is not actually the person suffering from the condition. It is more likely to be their sleeping partner, who will have their own sleep disrupted by loud snoring, restless sleep, pauses in breathing followed by gasps and a short period where the person unconsciously wakes while struggling to breathe.

In severe cases of sleep apnoea, this can happen every couple of minutes, sometimes 30 times in an hour.

Other symptoms

But there are many other symptoms that a person may recognise during the day that could point to a diagnosis of sleep apnoea. These include:

- Excessive sleepiness and fatigue during the day. Some people describe it as similar to feeling hungover and groggy.
- Headache upon waking, that can sometimes progress to a migraine. This headache is caused by a lack of oxygen to the brain and repeated brain arousals overnight.
- Dry mouth in the morning, caused by breathing through the mouth rather than the nose.
- Poor concentration and memory loss.
- Irritability, personality changes, mood swings.
- Frequent urination during the night.
- Excessive perspiration during the night.
- High blood pressure.
- Depression.
- Impotence and diminished sex drive.

Diagnosis

Symptoms and family history are useful in the diagnostic process for sleep apnoea but the best way to make a comprehensive diagnosis is by participating in a sleep study. During this test, the person is hooked up to sensors and wires connected to a computer that measures their sleep patterns, breathing and oxygen levels.

Treatment

The goals of treating sleep apnoea are to prevent breathing stoppages, reduce snoring, reduce daytime sleepiness and improve daytime functioning.

Effective treatment will also reduce the risk of complications to organs and other side effects such as depression and mood disorders.

Treating sleep apnoea is not always straightforward and may require the trial of several treatments to get the best results.

Treatment plans

The most commonly used treatment plan is two-pronged — weight loss for people who are overweight or obese, and the use of a CPAP device.

CPAP stands for Continuous Positive Airway Pressure, and it uses a pump to deliver a flow of pressurised air through a fitted face mask. This therapy must be used exactly as prescribed, otherwise it may not be effective.

Sometimes people find the mask cumbersome, uncomfortable and difficult to use. But there are a number of different types of CPAP machines and mask designs, and it may take several attempts to find the right one.

Over time many people report that the therapy becomes easier and the benefits far outweigh the discomfort.

Other treatments

There are other treatments for sleep apnoea, but these generally do not have

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the higher success rates of the combined weight loss/CPAP therapy program.

- **Surgery** may be considered for people who have an identified obstruction, such as enlarged tonsils or adenoids. This may bring some improvement to symptoms, however, people should still address any weight issues.
- **Devices** may be fitted in the mouth to help keep the airway open by holding the jaw forward. This is usually done in conjunction with a dentist or orthodontist.

There are a few medications that have shown to be effective in addressing sleep apnoea, and sometimes they may be used to help treat some of the symptoms such as daytime sleepiness. They are generally only used as a complementary therapy in conjunction with CPAP. Research is ongoing into medications to treat this condition.

Lifestyle and diet

The primary prevention tool for avoiding sleep apnoea, its symptoms and complications, is maintaining a healthy body mass index or weight. Not only will this lower the risk of sleep apnoea, but it will foster a healthy cardiovascular and immune system.

It will also assist in addressing other chronic illnesses that often come along with sleep apnoea, such as high blood pressure or diabetes.

A diet rich in fresh whole foods will assist in achieving and maintaining a healthy weight.

Other factors to consider include:

- Avoid alcohol, sedatives and some antihistamines as these may cause over-relaxation of the muscles in the tongue and pharynx. This includes alternative sedative medicines such as kava or valerian root.
- Aim for regular exercise every day, even if it is walking or gardening.
- Avoid eating or consuming caffeine late at night as this may be disruptive to good sleep patterns.
- Try to get into a regular sleep pattern.

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