



# OBSTRUCTIVE SLEEP APNEA

- **With sleep apnea your throat repeatedly narrows or obstructs during sleep.**
- **This causes breathing interruptions that disrupt sleep and lower blood oxygen levels.**
- **It is usually associated with snoring, disrupted sleep and daytime sleepiness, although you may have no idea it is happening.**
- **Untreated it may increase the risk of accidents and medical problems such as high blood pressure, diabetes, heart attack, stroke or depression.**
- **It can be successfully treated.**

Note: All words that are underlined relate to topics in the Sleep Health Foundation Information Library at [www.sleephealthfoundation.org.au](http://www.sleephealthfoundation.org.au)

## 1. What is it?

Patients with obstructive sleep apnea (OSA) have repeated episodes of partial or complete obstruction of the throat (also known as the “pharynx” or “upper airway”) during sleep. A narrow floppy throat is also more likely to vibrate during sleep, which causes snoring. If partial or complete obstructions occur breathing is reduced or stops for a short time – from 10 seconds up to a minute or more – and blood oxygen levels fall as a result. A brief interruption to sleep (an arousal) that lasts for as little as 3 seconds then occurs, allowing breathing to start again but sleep is disrupted as a result. These episodes of obstruction may happen many times – even hundreds of times – overnight. Some people know that their breathing is not normal at night, but may be unaware that this is a medical problem that is causing them harm. Fortunately, good treatments are available.

## 2. What are the symptoms of obstructive sleep apnea?

If you have OSA you may snore, toss and turn and others may notice that you stop breathing during the night. Because of the disruptive effects of OSA on sleep you may find yourself waking up often during the night, sometimes gasping or choking, although this does not always happen. However, even if there are few awakenings overnight, sleep is disturbed and you may be unrefreshed by it because of this. As the day

goes on, you may struggle to stay awake, especially in the afternoon. Grumpiness and other mood changes are common in untreated OSA.

## 3. Obstructive sleep apnea affects families

Snoring can keep a bed partner awake and sometimes people in other parts of the house. Some partners try to stay awake to make sure that the person with OSA starts breathing again after a breathing pause. Lack of sleep may make people who are living with a person with OSA more grumpy and irritable. OSA is a problem for both the person with it and their family.

## 4. Why you should worry if you have obstructive sleep apnea symptoms

OSA disturbs your sleep and is a stress on your body. There is strong evidence that people with untreated moderate to severe OSA have other health problems. These include increased risk of high blood pressure, heart attack, stroke, diabetes, depression and accidents. Thinking is less clear, mood is down and productivity at work and at home suffer.



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## 5. Obstructive sleep apnea causes motor vehicle accidents

People with OSA are approximately two and half times more likely to have a motor vehicle accident than those without it. Broken night-time sleep leads to decreased alertness, slower reaction times, poorer concentration and more chance of falling asleep at the wheel. The risk of work accidents is increased in jobs involving operating machinery or transport.

## 6. Who gets obstructive sleep apnea?

OSA can occur at any age. In children, it is often the result of enlarged tonsils or adenoids (see [Childhood Snoring and Sleep Apnea](#)). In adults, OSA is more common in middle age and in older people. It is also more common in men than in women, although after menopause the risk becomes similar. Many, but not all, people with OSA are overweight. Being overweight can cause a narrowing of the throat due to fatty tissue. Also, having a large waistline can make the lungs smaller during the night, which makes the throat more likely to collapse. Some people are born with a narrow throat or have a facial structure which leads to narrowing.

## 7. How is obstructive sleep apnea diagnosed?

Signs and symptoms such as snoring, obesity, observed breathing pauses and sleepiness during the day suggest that a person has OSA. The best way to be really sure is with an overnight [sleep study](#). This measures your sleep, breathing and oxygen levels. Your GP can refer you for a sleep study.

## 8. How is obstructive sleep apnea treated?

For people with a mild level of OSA and few symptoms, losing weight, decreasing the amount of alcohol consumed in the evening or adjusting the sleeping position may be all that is needed. Many people have more OSA episodes sleeping on their backs.

However, for those with moderate or severe OSA more active treatment is often required. This is particularly so if daytime tiredness is present or there is a background of heart disease, stroke or high blood pressure that has been difficult to control. The two most commonly used treatments for moderate to severe OSA are continuous positive airway

pressure (CPAP) or an [oral appliance](#).

CPAP uses a small, quiet air pump that takes air from the room and delivers it under gentle pressure to a mask that covers the nostrils or nose and sometimes the mouth. This acts to hold your throat open during sleep. You only use CPAP at night in bed. It is very good in controlling the symptoms and the long term effects of sleep apnea. It stops the snoring and the machine is very much quieter than the snoring was. Sometimes it takes a while to get used to CPAP and tips to help can be found on our [CPAP- Making It Work For You](#) fact sheet.

For some people an [oral appliance](#) (or mandibular advancement device), fitted by a specialist dentist, is suitable. It is like a double mouthguard that goes over both the upper and lower teeth. The upper and lower mouthguards clip together in a position that holds the jaw forward during the night which helps keep the airway open. These devices are particularly useful for snoring and milder forms of sleep apnea.

There are several surgical operations available for sleep apnea. These are not usually offered unless both CPAP and oral appliances have not worked. It is important to select the right operation and an experienced surgeon is essential.

A number of other remedies have been marketed, some of which have value for selected patients while many others have been shown to be of no benefit. Your doctor will be able to advise you.

## 9. Other things you can do if you have sleep apnea

In many people, being overweight contributes to sleep apnea. Losing weight may help or even cure the OSA and is extremely beneficial for other health problems, including high blood pressure, diabetes, high cholesterol and joint problems.

If you are diagnosed with OSA, it is a good time to make sure that you are doing everything right to improve your sleep. Alcohol and sleeping tablets relax muscles and may worsen sleep apnea. Their use should be minimised. It is also important to make sure that you are having a regular sleep pattern and sleep as well as possible. See [Good Sleep Habits](#).

## Where can I find out more about treatment options for OSA?

[www.adelaidesleephealth.org.au/sleep\\_disorders/sleep\\_disordered\\_breathing](http://www.adelaidesleephealth.org.au/sleep_disorders/sleep_disordered_breathing)

For information on over 60 different sleep related topics, written by professionals, visit the Sleep Health Foundation Information Library at [www.sleephealthfoundation.org.au](http://www.sleephealthfoundation.org.au). The underlined topics in this article are covered in detail there.



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