

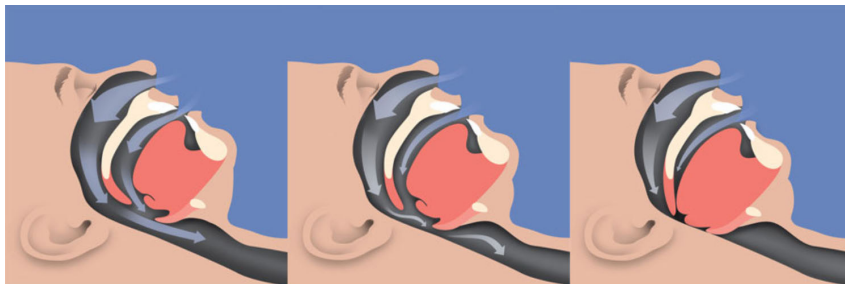
# OBSTRUCTIVE SLEEP APNEA (OSA)

Your cardiologist may refer you to a pulmonologist to have a test to determine if you have Obstructive Sleep Apnea (OSA) because OSA is a significant risk factor for atrial fibrillation. If it is found that you have OSA, a pulmonologist will manage your OSA and order treatment for your OSA.

## What is Obstructive Sleep Apnea?

Obstructive Sleep Apnea is the most common sleep-related breathing disorder.

Sleep apnea is a condition that makes you stop breathing for short periods while you are asleep. You stop breathing because your airway narrows or closes.



Normal Airway

Narrowed Airway

Closed Airway

## What are the symptoms?

- Excessive daytime sleepiness
- Loud snoring
- Observed episodes of stopped breathing during sleep
- Abrupt awakenings accompanied by gasping or choking
- Awakening with a dry mouth or sore throat
- Morning headache
- Difficulty concentrating during the day
- Mood changes, such as depression or irritability
- High blood pressure
- Decreased libido

## What are the risk factors?

- **Older age:** the prevalence of OSA increases from young adulthood to age 60-70 years then appears to plateau
- **Male gender:** OSA is approximately 2-3 times more common in males than females
- **Obesity:** Risk of OSA correlates with body mass index (BMI). One study showed a ten percent increase in weight was associated with a six-fold increased risk of OSA
- **Smoking:** may increase the risk or worsen OSA. Current smokers are three times more likely than past or non-smokers to have OSA
- **Family history** may increase the risk of OSA
- **Nasal congestion:** approx. two-fold increase risk of OSA regardless of the cause
- **Medical conditions:** congestive heart failure, pulmonary hypertension, atrial fibrillation, hypertension, end-stage kidney disease, chronic lung disease, stroke & transient ischemic attacks, pregnancy, acromegaly, hypothyroidism, polycystic ovarian syndrome, Parkinson's disease, Floppy eyelid syndrome, fibromyalgia, gastroesophageal reflux disease, Down's syndrome.

## Diagnostic testing:

**Polysomnography:** Attended, in-laboratory polysomnography (full night or split night) rather than home testing is preferred in the following situations:

- Suspected complicated OSA
- Suspected non-respiratory sleep disorders other than OSA
- Uncomplicated OSA that does not fit the definition of suspected moderate or severe OSA by the American Academy of Sleep Medicine
- Patients with suspected OSA who are mission-critical workers (ie airline pilots)
- Patients with negative, inconclusive, or technically inadequate home testing for whom the suspicion for OSA remains high

**Home sleep apnea testing:** In patients with a high pretest probability of moderate to severe uncomplicated OSA and does not meet the criteria above for in-laboratory testing as noted above

## Treatment

The most effective treatment for OSA is using a CPAP while you sleep. A CPAP is a device that keeps your airway open while you sleep. There are a variety of mask styles from nasal cannula style, nasal masks to facial masks. If it is recommended for you to get a CPAP for your OSA, you can choose the mask that works best for you.



Keep in mind, no matter what mask you get, it may be uncomfortable at first, taking a little while to get used to. ***Wearing the CPAP generally helps people feel better and more rested.***

***Another way to approach treatment is to address risk factors.*** Obesity being one of the biggest risk factors, working at gradually losing weight can only help your OSA. If you have hypertension or any other medical condition that may be contributing, talk to your doctor about how you can better manage these conditions.