Rx FOR SUCCESS

Obstructive Sleep Apnea

Obstructive sleep apnea (OSA) is common and under-diagnosed. Symptoms often include excessive daytime sleepiness (EDS) and loud snoring. In addition, the sleep partner may report cessation of breathing. Complete cessation of breathing is known as apnea while hypopnea is partial cessation of breathing.

Obesity is a strongly associated with OSA because excess tissue in the throat leads to airway collapse (thereby causing the obstruction and resulting apnea) in the lying position. Severity is determined by overnight polysomnography (sleep study or PSG). Success of treatment is documented by follow-up PSG.

Dangers associated with untreated sleep apnea include hypertension, lung damage, right heart failure, and heart rhythm irregularities. It may exacerbate the mortality risk of co-existing cardiovascular disorders (such as cardiac, cerebrovascular, or pulmonary diseases). There may be depression and dulling of memory and intellect. There is a high risk of motor vehicle accidents.

Basic treatment includes weight loss, avoidance of stimulants and alcohol prior to bedtime, adjustment of sleep position to avoid sleeping on the back, and so on. Unfortunately, significant weight loss is seldom maintained long term, so these simple treatment methods often fail. CPAP (continuous positive airway pressure) or BiPAP (bilevel positive airway pressure) may be needed. These mechanical devices prevent collapse of the airway by pumping airflow during inhalation (by face mask or nose cushions). Successful treatment depends on compliance of the individual in using the device every night for several hours, but some people are unable to tolerate the device and noise.

A surgical procedure, known as uvulopalatopharyngoplasty (UPPP), involves the removal of excess tissue of the soft palate and relieves most snoring problems. Oral devices for the mouth also reduce snoring, but often neither UPPP nor devices prevent apnea. More aggressive surgical treatment may be necessary. Tracheotomy, which is curative, involves permanent placement of a tube into the neck. Surgery to change the shape of the jaw or the tongue helps in some cases.

Rating for OSA is determined by the severity of the disease as measured by the number of apnea and hypopnea episodes per hour (apnea-hypopnea index or AHI) and by the degree of hypoxia (low blood oxygen level).

Favorable features include mild disease (low AHI and minimal hypoxia), consistent use of CPAP/BiPAP, controlled blood pressure, no risky driving events, and no co-existing heart or lung disease. Favorable cases are generally not rated. For example, a client compliant with CPAP and normal blood pressure would not be rated and would be eligible for preferred classifications. Other cases range from Table B to rejection.

0197900-00002-00 Ed. 10/2012 Exp. 10/10/2014 Rx 17