

Health Tips

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with

Dr. D



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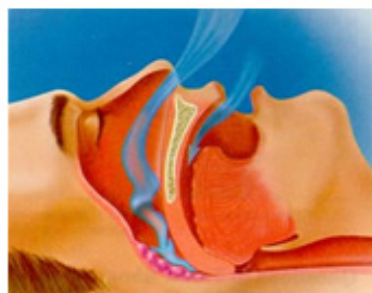
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Health Tip: Obstructive Sleep Apnea

The Greek word "apnea" means "without breath". In Sleep Apnea, a disorder that is thought to affect up to 12 million Americans, breathing repeatedly stops during sleep. These pauses in breathing can last anywhere from 10 seconds to as much as a minute. While the snoring associated with Sleep Apnea can be considered primarily a nuisance, it should be realized that serious health problems can occur if this condition goes unaddressed. These problems include high blood pressure, heart failure, memory problems, weight gain, impotency and headaches.



How does OSA develop? There are three types of Sleep Apnea - Obstructive, Central and Mixed. Of these, the obstructive type is by far the most common. Obstructive Sleep Apnea (OSA) occurs when soft tissue in the back of the throat collapses during sleep, blocking off the airway. This can occur in those of normal weight, but is much more likely to occur in obese individuals. Other risk factors for the development of OSA include: a large neck, a recessed chin, smoking and alcohol use. The characteristic picture of obstructive sleep apnea involves loud snoring that begins soon after falling asleep. The snoring is then interrupted by silent periods during which no breathing takes place (apnea). These apneic episodes are then followed by sudden efforts to breathe. The result is disturbed sleep, leading to excessive daytime drowsiness.

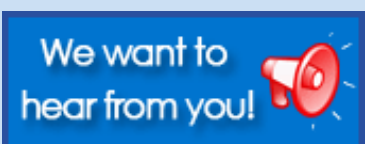


During sleep apnea, air flow is completely blocked.

How is OSA diagnosed? It is important to realize that the person with OSA will be unaware of their snoring or episodes of apnea. The predominant symptom will be excessive daytime drowsiness. The snoring and apnea episodes are usually reported by a family member. Other symptoms that can be associated with OSA include morning headaches, weight gain, attention deficits and memory loss. Often, a survey that asks a series of questions about daytime sleepiness, sleep quality and bedtime

habits will point to the possibility of OSA. The diagnosis is usually confirmed after monitoring for apneic episodes in a sleep laboratory.

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How is OSA treated? Fortunately, there are a number of treatments available for OSA depending on the severity and underlying causes. These treatment options include:

- Avoidance of alcohol and medications that relax the airway and/or reduce respiratory drive.
- Weight loss is highly effective in obese individuals by reducing excess fat around the neck which is constricting the airway.
- Positional therapy, i.e., avoiding sleeping on the back (for adults).
- Oral appliances designed to keep the airway open.
- Surgery (a tonsillectomy and adenoidectomy is the most common treatment for pediatric patients)
- Continuous positive airway pressure (CPAP)

Of these treatments CPAP is the most common and effective method for treating OSA. It works by blowing pressurized air into the person's airway at a high enough pressure to keep the airway from collapsing. A relatively new surgical procedure known as the Pillar Procedure has been found to be helpful in mild-to-moderate OSA. This procedure involves the placement of flexible implants into the soft palate to keep it from relaxing and blocking the airway. For more on Obstructive Sleep Apnea, visit the [American Sleep Apnea Association](#).

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