

CARDIOVASCULAR DISEASE AND SLEEP APNEA

■ WHAT IS SLEEP APNEA?

Obstructive Sleep Apnea is the most common form of Sleep Disordered Breathing (SDB). It is frequently caused by a narrowing or collapse of throat tissue during sleep, causing blood-oxygen levels to plummet. The body responds by sending out a flood of hormonal emergency signals which over time can take a toll on the sympathetic nervous system.

You may wonder why a cardiology practice would be concerned about sleep apnea. In recent years, it has become increasingly clear that sleep apnea increases the risk for high blood pressure, congestive heart failure, irregular heartbeat and stroke. In addition, the affects of sleep deprivation can cause a significantly increased risk of work-related injuries and serious car accidents.



Research shows that:

- 80% of uncontrolled high blood pressure patients suffer from Sleep Disordered Breathing (SDB).
- 50% of congestive heart failure patients suffer from SDB.
- 45% of high blood pressure patients suffer from SDB.
- 30% of coronary artery disease patients suffer from SDB.

The good news is that once identified, SDB can be easily treated. A number of treatment options are available that can improve quality of life.

■ WHO IS AFFECTED BY SLEEP APNEA?

According to the National Sleep Foundation, sleep problems and disorders affect 70 million Americans - 40 million of which the condition is chronic. Obstructive Sleep Apnea affects up to 1 in 5 adults - 85% of which are undiagnosed.

■ SHOULD MY SLEEP BE EVALUATED?

Check all that apply to you:

- I have been told that I snore.
- I have been told that I stop breathing while I sleep.
- I awake frequently during the night.

- I have high blood pressure.
- I suddenly wake up unable to breathe.
- I feel fatigued during the day.
- I fall asleep at inappropriate times.
- I sweat excessively during the night.
- My quality of sleep is poor and I do not feel refreshed upon awakening.

If you checked **three or more** of these boxes you may have a sleep disorder. Please discuss the possibility of a sleep study with your physician.

■ HOW IS SLEEP APNEA DIAGNOSED?

Sleep apnea is diagnosed by having the patient spend the night in a sleep center where a sleep study is performed. Most sleep centers are designed to feel like a comfortable hotel room. Before going to sleep for the night, a technician places electrodes and sensors on the scalp and body to measure brain waves, eye and body movement, heart rate and rhythm, and snoring. Blood oxygen levels are also monitored as well as air flow at the mouth and nose. The technician is outside of the room during the night as the patient sleeps.

■ HOW IS SLEEP APNEA TREATED?

If a sleep disorder is diagnosed, the patient may be treated using a CPAP machine (continuous positive airway pressure). A number of different CPAP designs are available. The device is typically worn over the mouth and nose, and is designed to keep the upper airway open. These devices are 95 to 98% effective in treating moderate to severe sleep apnea. Many patients enjoy a good night's sleep for the first time in years. Studies show that treatment improves blood pressure, improves glucose control in diabetics and reduces the risk of heart disease and stroke.