

## FACT SHEET: OBSTRUCTIVE SLEEP APNEA

### KEY FACTS

- People experiencing sleep insufficiency are also more likely to suffer from chronic diseases such as hypertension, diabetes, depression, and obesity and reduced quality of life and productivity.
- Snoring is a major indicator of OSA, but not all people who snore have sleep apnea.
- In the United States, OSA is estimated to affect 1 in 4 men and 1 in 9 women and affects 23 million working adults.
- It is estimated that less than 25% of OSA sufferers have been diagnosed.

### Q: WHAT IS OSA?

**A:** OSA is a condition in which the flow of air pauses during breathing while you sleep because the airway has become blocked.

### Q: WHAT ARE THE CAUSES OF OSA?

**A:** Relaxation of the muscles in the upper throat in people who have a narrow airway can result in a blocked airway. Here are some common factors that may increase your risk:

- Large tonsils and adenoids in children that may block the airway
- Large neck size (17 inches or more in men and 16 inches or more in women)
- Large tongue which may fall back and block the airway
- A lower jaw that is short compared to the upper jaw
- Obesity

### Q: WHAT ARE THE SYMPTOMS OF OSA?

**A:** Because people who have OSA are asleep when some symptoms occur, they are often not aware of the periods of not breathing (apnea). Often it is the bed partner or a family member who witnesses the apnea. Common symptoms include:

- Waking unrefreshed
- Loud snoring, followed by a long silent period (apnea), then a loud snort or gasp which is followed by breathing, snoring and repeating of the same pattern over and over throughout the night
- Morning headaches
- Frequent urination at night
- Depression that worsens
- Feeling sleepy or falling asleep inappropriately during the day, such as while driving or during conversation
- Difficulty concentrating, forgetfulness or irritability
- Loss of interest in sex
- Poor school or work performance
- In children, hyperactive behavior may occur
- Disturbed sleep of bed partner



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### Q: HOW IS OSA DIAGNOSED?

**A:** Your physician will perform a complete medical history and physical exam. You may be given a survey to complete asking about daytime sleepiness, sleep quality and bedtime habits. A sleep study (polysomnogram) is used to confirm sleep apnea and this is performed in a Sleep Disorders Center. In certain instances, a sleep study may be done with a portable system you can take home and then return to the Sleep Center the following day.

### Q: ARE THERE OTHER MEDICAL ISSUES THAT CAN IMPACT OSA IF I HAVE IT?

**A:** Yes, OSA is associated with the conditions listed below as well as obesity and diabetes. Untreated OSA can lead to:

- High blood pressure
- Heart arrhythmias
- Heart failure
- Stroke
- Motor vehicle accidents
- Workplace errors and/or accidents

### Q: WHAT IS THE MOST COMMON TREATMENT OF OSA?

**A:** Treatment will depend on the factors causing the airway obstruction. In order to keep the airway open when sleeping so that breathing does not pause, continuous positive airway pressure (CPAP) is the first treatment for OSA in most people. CPAP utilizes a machine delivering room air pressure through a nasal mask or other mask-like device. Some patients may need dental appliances used only at night to keep the jaw forward and there are surgical options in some patients. Surgery to remove the tonsils and adenoids may relieve symptoms in children. In addition, lifestyle changes may relieve symptoms in some people. These include avoiding alcohol or sedatives at bedtime, avoiding sleeping on your back and losing weight.

## FURTHER READING

1. **American Sleep Apnea Association** website: [www.sleepapnea.org](http://www.sleepapnea.org)
2. **National Heart, Lung and Blood Institute** website: [www.nhlbi.gov](http://www.nhlbi.gov)
3. **National Sleep Foundation** website: [www.sleepfoundation.org](http://www.sleepfoundation.org)