

Pausing to Consider Sleep Apnea

Obstructive sleep apnea (OSA) represents a large public health problem.

One day many years ago, a graduate student came to me at lunch for advice. He was having memory problems and difficulty passing exams. He struggled to get to classes on time and had just been diagnosed with high blood pressure. When I asked him if he snored, he looked surprised. “Yes, I am told that I do,” he said, “but what does that have to do with anything?”

In this issue of *Neurology Now*, we have a story on how obstructive sleep apnea (OSA) affects the brain. Like Jasur Qawiyy, whom we interviewed for that story, my graduate student thought a miracle had occurred once he was diagnosed with and treated for OSA. He was no longer tired all the time, his high blood pressure went away, he successfully finished his Ph.D. program, and he is now enjoying a career in research.

OSA is common and represents a large public health problem. Nearly 7 percent of the U.S. population has some kind of sleep apnea (OSA is not the only one), and only 20 percent of people with this disorder are actually getting proper treatment.

An “apnea” is a pause in breathing. OSA occurs because the airway becomes blocked during sleep. All of the muscles of the body become relaxed during sleep, including the upper throat, but it usually remains open enough for normal breathing. However, some people have a narrower throat area than normal, and when their throat muscles relax during sleep, the result is an obstruction that causes an apnea. Snoring is caused by air trying to pass through that narrow or blocked airway.

During periods of apnea, oxygen levels in the blood can drop to dangerously low levels. Over time, this can cause damage to the brain and other organs. Generally, after a period of apnea, the person gasps, which arouses them out of sleep. This pattern of apnea followed by arousals (which the person with sleep apnea is usually not aware of) continues throughout the night.

People with OSA normally do not wake up feeling refreshed and are drowsy throughout the day. They may fall asleep at work or while driving, leading to an increased risk of motor vehicle accidents. Headaches that are difficult to treat, depression, irritability, and memory problems are also common in people with OSA. The complications of untreated OSA are very serious: heart rhythm problems, high blood pressure, heart failure, stroke, and poor cognitive function.

Fortunately, the symptoms can be totally corrected and the complications prevented with proper treatment. Available treatments are described fully in our story, but the mainstay is continuous positive airway pressure (CPAP), which is a machine that keeps a narrowed airway open so that air flows freely to the lungs throughout the night.

If you or someone you know has the symptoms of OSA, ask your doctor for a referral to a specialist in sleep disorders. OSA is diagnosed by spending a night in a sleep laboratory, where the quality of sleep, breathing, and oxygen levels during sleep are measured. OSA must be treated to improve the quality of life for the person with this disorder and prevent serious potential complications.

My husband has OSA, and CPAP has made an amazing difference in his life. The benefits have been great for me, too. He no longer keeps me up with his snoring, his risk for the serious complications of OSA has been reduced, and he is much happier and less irritable—which makes me happy.

Take good care,



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Editor-in-Chief

