

*Are you tired during the day, even after sleeping all night?*

*Do you fall asleep during the day when you don't mean to?*

*Has your bed partner noticed you snoring loudly or making gasping noises while you sleep?*

If you answered "yes" to any of these questions, then you may have Obstructive Sleep Apnea.

### Obstructive Sleep Apnea

Obstructive Sleep Apnea, or OSA, is a common sleep disorder. If you have OSA, it means your airway collapses part or all of the way while you are sleeping. The muscles of your upper airway relax when you fall asleep. If you sleep on your back, gravity can cause your tongue to fall back against the back of your airway. This reduces the amount of air getting into your lungs. With a narrowed airway the tissues in the back of your throat will vibrate when you breathe causing you to snore. An "apnea" occurs when the airway is completely closed, and so breathing temporarily stops.

Your airway can close repeatedly during the night. When this happens, air can't get into your lungs, resulting in a lack of oxygen. You wake up, so you can start breathing again. Frequent awakenings at night can cause sleepiness during the day. Lack of oxygen and frequent nighttime awakenings have negative consequences for your health.

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#### Signs of OSA Include:

- Loud or frequent snoring
- Gasping or choking while you sleep
- Morning headaches
- Daytime sleepiness or tiredness
- Trouble concentrating

You don't need to have all of these symptoms. If you have any of these, you may have OSA.

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#### You are at increased risk for OSA if you are:

- Overweight
- Hypertensive
- Male with a neck size of 17" or more



Corporate Headquarters:  
11909 McAuley Drive  
Plaza C, Suite A-1  
Savannah, GA 31419  
912.927.6680 ph  
912.927.0062 fax

[www.costrinisleep.com](http://www.costrinisleep.com)

- Female with a neck size of 16” or more
- Male over the age of 40
- Female over the age of 50

Not all people with OSA have these risk factors. Children can have OSA as a result of large tonsils or a narrow airway. Young adults, even those who are physically fit, may have OSA. It is not possible to diagnose OSA just by looking at someone.

#### How is OSA Diagnosed?

Your physician can refer you for a sleep evaluation by a sleep specialist. After an evaluation the sleep specialist may refer you for an overnight sleep study, either in a sleep center or in your home. Your breathing and the amount of oxygen in your blood are measured during the study. The results of the sleep study will help make a diagnosis. OSA is treatable. It is important to get tested and treated.

Risks of OSA Include:

- High blood pressure
- Heart attack
- Stroke
- Pre-diabetes and diabetes
- Depression
- Work-related or auto accidents
- Decrease in your overall quality of life

#### Treatment for OSA

Positive Airway Pressure, or PAP therapy, can prevent or reduce the serious health consequences of OSA. PAP therapy helps people with all levels of OSA, from mild to severe. This is the most common, and usually the first treatment for OSA.

There are different forms of PAP therapy, including CPAP or continuous positive airway pressure, and Bi-level, or bi-level positive airway pressure. These devices provide gentle air pressure through a mask while you sleep which prevents your airway from closing. Therefore, you don't stop breathing and wake up during the night.

The amount of air pressure needed is different for each person. There are other treatments for OSA. You can talk with your physician health care provider or to a sleep specialist about which treatment is right for you.

If you are overweight, weight loss can help improve or possibly eliminate your OSA. Oral appliances are used to treat mild or moderate OSA. These fit over the teeth and are worn during sleep. People with OSA may have surgery to reduce the tissue in their throats. Lifestyle or behavioral changes, such as quitting smoking or not drinking alcohol, can also help reduce OSA.

Speak with your physician health care provider if you think you may have OSA.