

WHAT IS OBSTRUCTIVE SLEEP APNEA?

[Home](#) > [Health Hub](#) > [Health Library](#) > [What is Obstructive Slee...](#)

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[How common is OSA?](#)

[What are the risk factors of OSA?](#)

[What are the signs and symptoms?](#)

[How is OSA diagnosed?](#)

[Why should you worry if you have OSA symptoms?](#)

[What are the treatments for OSA?](#)



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What Is Obstructive Sleep Apnea?

Obstructive sleep apnea (OSA) is a common and serious sleep disorder that causes you to stop breathing during sleep. The block in airflow is usually caused by the collapse of the soft tissues in the back of the throat and tongue during sleep. When this happens, you may snore loudly or make choking noises as you try to breathe. Your brain and body become oxygen-deprived and you may wake up. Breathing pauses can last from a few seconds to minutes. People with untreated sleep apnea stop breathing repeatedly during their sleep, sometimes hundreds of times during the night. Sleep apnea can make you wake up in the morning feeling tired or un-refreshed even though you have had a full night of sleep.

How common is OSA?

OSA is more common in males. In Western countries, OSA is seen in around 4 percent of middle-aged men and in around 2 percent of middle-aged women.

What are the risk factors of OSA?

Anyone can have OSA regardless of gender, age or body type. If you have any of the following traits, you may be at increased risk:

- Obesity (strongest risk factor)
- Male gender
- Older age (40+ for men and 50+ for women)
- Large neck size (> 43 cm (17 inches) for men and > 41 cm (16 inches for women)) – A large neck will have more fatty tissue that can block your airway
- Smoking

- Sedative drugs
- Excessive alcohol consumption
- Family history
- Possibly genetic tendency related to jaw morphology
- Obese children (they have a higher prevalence and severity of OSA)

What are the signs and symptoms?

- Excessive daytime sleepiness
- Impaired concentration
- Snoring
- Unrefreshing sleep
- Choking episodes during sleep
- Witnessed apneas
- Restless sleep
- Irritability or personality changes
- Nocturia (excessive urination during the night)
- Decreased libido

How is OSA diagnosed?

Your physician may make an evaluation based on your signs and symptoms and may refer you to our Sleep Disorder Center to conduct a sleep study. During this test, wires and sensors will be connected to your head, face, chest, abdomen legs, etc. to monitor your breathing, heart, brain activity, arm and leg movements and blood oxygen levels while you sleep.

Why should you worry if you have OSA symptoms?

- Excessive daytime sleepiness
- Fluctuating oxygen levels
- Increased heart rate
- Chronic elevation in daytime blood pressure

- Increased risk of stroke
- Higher risk of death due to heart disease
- Impaired glucose tolerance and insulin resistance
- Impaired concentration
- Mood changes
- Increased risk of being involved in a deadly motor vehicle accident
- Disturbed sleep of your bed partner

What are the treatments for OSA?

Conservative treatments: For milder cases of OSA, your physician may recommend only lifestyle changes, such as losing weight, quitting smoking and avoiding the use of alcohol and sleeping pills. For some people, using tennis balls or pillows to position themselves on their side is advised, especially if their OSA occurs when they sleep on their back. If you have nasal allergies, your physician will recommend treatment for your allergies.

Mechanical therapy: Positive Airway Pressure (PAP) therapy is the preferred initial treatment for most people with OSA. With PAP therapy, patients wear a mask over their nose, or sometimes over both their nose and mouth. An air blower gently forces air through the mask. The air pressure is adjusted so that it is just enough to prevent the upper airway tissues from collapsing during sleep. There are different types of devices based on the patients' problems, such as Continuous-PAP, Automatic-PAP and Bi-Level-PAP.

Mandibular advancement devices: These are devices for patients with mild to moderate OSA. Dental appliances or oral mandibular advancement devices help to prevent the tongue from blocking the throat and/or advance the lower jaw forward and keep the airway open during sleep.

Surgery: Surgical procedures may help people with OSA and others who snore but do not have sleep apnea. There are many types of surgical procedures for OSA, such as tonsillectomy and adenoidectomy, Uvulopalatopharyngoplasty and Somnoplasty. Some of these are performed as outpatient procedures.

Surgery is reserved for people who have excessive or malformed tissue obstructing airflow through the nose or throat, such as a deviated nasal septum, markedly enlarged tonsils or small lower jaw with an overbite that causes the throat to be abnormally narrow. These procedures are typically performed after sleep apnea has failed to respond to conservative measures and a trial of CPAP.

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