- Sleep Apnea / Sleep disorders

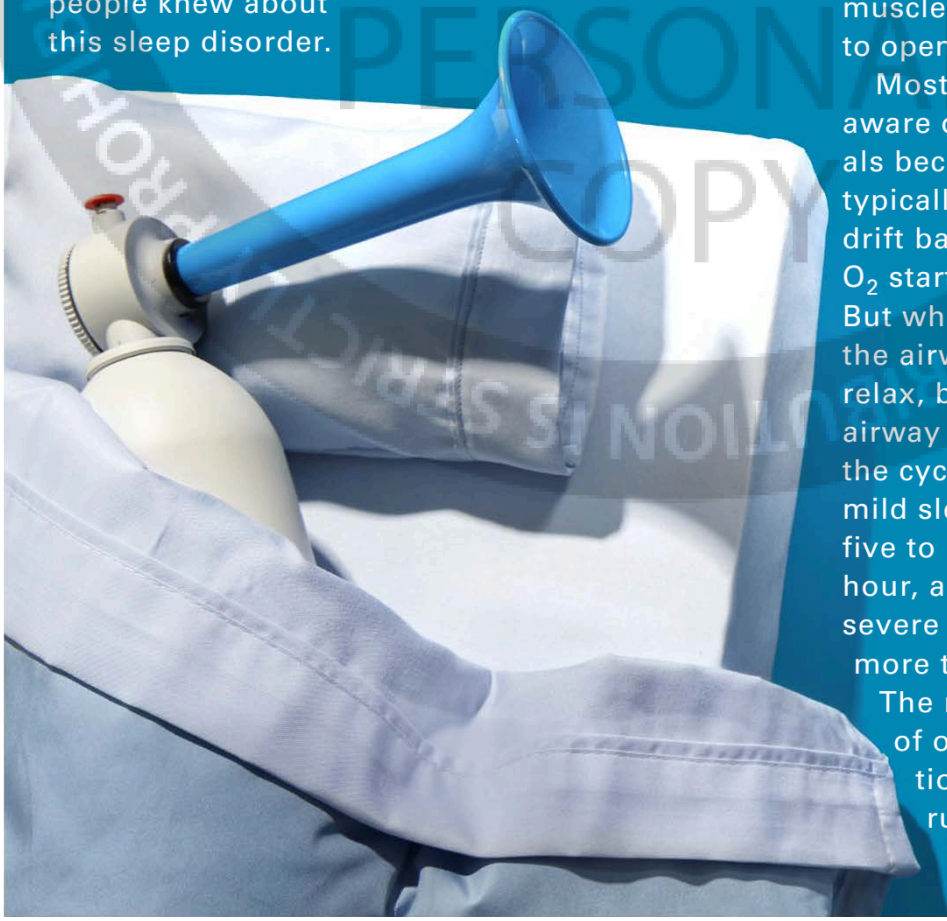
HEALTH

3 things to know about SNORING

It may be obstructive sleep apnea, an often ignored cardiovascular risk factor.

BY SARAH DIGIULIO

You know that a lack of sleep can hurt your heart. But if, like 30 million other Americans, you have sleep apnea, you could be getting plenty of zzz's and still be putting your heart at risk. We asked experts what they wished more people knew about this sleep disorder.



The researcher says...

SLEEP APNEA DEPRIVES YOUR BRAIN OF OXYGEN

When a person has sleep apnea, something (such as anatomy, fat that narrows the airway, or an issue with nervous system stimulation to airway muscles) causes the partial or complete closure of the airway. This makes it hard to breathe in sufficient oxygen during sleep. Your brain registers that it's not getting enough, and the low O_2 wakes you or arouses you (often with a gasp or a snort) to a lighter stage of sleep, depriving you of deep sleep. It also kicks airway muscles back into gear to open the airway.

Most people are not aware of the arousals because they're typically brief and they drift back to sleep once O_2 starts flowing again. But when you're asleep, the airway muscles relax, blocking the airway and repeating the cycle. People with mild sleep apnea have five to 15 arousals per hour, and those with severe cases have more than 30 per hour. The repeated stints of oxygen deprivation and sleep disruption damage

BEN GOLDSTEIN; PROP STYLING BY MIAKO KATOH.

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organs and can affect daily activities—a big reason sleep apnea is linked to a higher risk of heart problems, kidney trouble, diabetes, dementia, some cancers, and accidents.

—TERRI E. WEAVER, Ph.D., R.N., dean emerita of the College of Nursing at the University of Illinois at Chicago

The sleep specialist says...

SNORING ISN'T THE ONLY SYMPTOM

■ Step one of managing sleep apnea is knowing you have it. Besides the hallmark snoring, snorting, and coughing during sleep, other signs include waking up with a dry mouth, daytime drowsiness despite devoting enough hours to sleep, morning headaches, difficulty focusing, or feeling more anxious, depressed, or irritated. Oh, and not everyone who has sleep apnea snores.

While being older, overweight, and male increases a person's risk of sleep apnea, those aren't prerequisites. In fact, women are more likely to develop it once they hit perimenopause. Certain hormone-related conditions like hypothyroidism and polycystic ovary syndrome can raise the risk too, as hormones affect several body systems. Having large tonsils, an overbite, certain neuromuscular conditions, or Down syndrome can also up one's risk.

—GRACE PIEN, M.D., associate professor of medicine at the University of Pennsylvania Perelman School of Medicine

The primary care doc says...

THERE ARE EFFECTIVE TREATMENTS

■ If you're experiencing symptoms, let your physician know. Some primary care doctors can diagnose and treat sleep apnea, but if they don't have the expertise, they'll refer you to a specialist, who may require you to complete a sleep study to confirm the diagnosis.

A continuous positive airway pressure (CPAP) machine is the most common treatment. It gently pushes air into the throat via a facial mask or nasal pillows, which are spongy inserts that go over the nostrils. A CPAP is highly effective and works best if you use it every night. There are different types of machines, but your insurance may not cover multiple masks or follow-up appointments with your doctor for adjustments.

For milder cases, a dental device (which fits similarly to a retainer) may help. I also advise joining a support group in which people with sleep apnea can share what works for them, ask questions, and learn how others cope.

—LAURA GROSS, M.D., a primary care physician at Stanford Health Care

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