- Sleep apnea / Sleep disorders



HEALTH

Just a Snore, or Something More?

Sleep apnoea is on the rise, and it can be dangerous. How to tell if you or your sleeping partner has it

BY *Beth Weinhouse*

LOTS OF PEOPLE snore—in fact, almost half of all adults do. Most of the time it's just an annoyance for the people who are trying to sleep next to them. But sometimes it's a sign of something more—a breathing disorder called sleep apnea.

"In the U.S., about 10 per cent of the adult population—which is roughly 30 million people—have sleep apnoea," says Atul Malhotra, MD, a professor of medicine and a sleep medicine specialist at the University of California,

ILLUSTRATIONS BY *Kate Traynor*

San Diego. "Worldwide, about a billion people have sleep apnoea."

The disorder is increasing in prevalence because of the obesity epidemic and the ageing population.

"More awareness and better technology for diagnosing sleep apnoea also contribute to the rise in cases," says Dr. Malhotra.

The problem isn't the snoring, but the reason behind it. The most common type of sleep apnoea, called obstructive sleep apnoea (OSA) is caused by weakened throat muscles relaxing too much during sleep, causing the airway to narrow or close. That leads to snoring plus shallow breathing and long pauses between breaths, followed by gasping for air. And when breathing is affected this way at night, the brain isn't getting the oxygen it needs, and the body isn't getting the sleep it needs either.

Snoring is the most obvious symptom, but people who sleep alone, or with partners who are very sound sleepers, may not even know that they snore, pause their breathing or gasp. (People who wear recent versions of the Apple Watch can turn on sleep apnoea notifications.)

Because OSA prevents a good night's sleep, people may feel tired and irritable during the day, suffer from headaches and even develop depression. In fact, it's often daytime symptoms that bring people to the doctor for diagnosis and treatment.

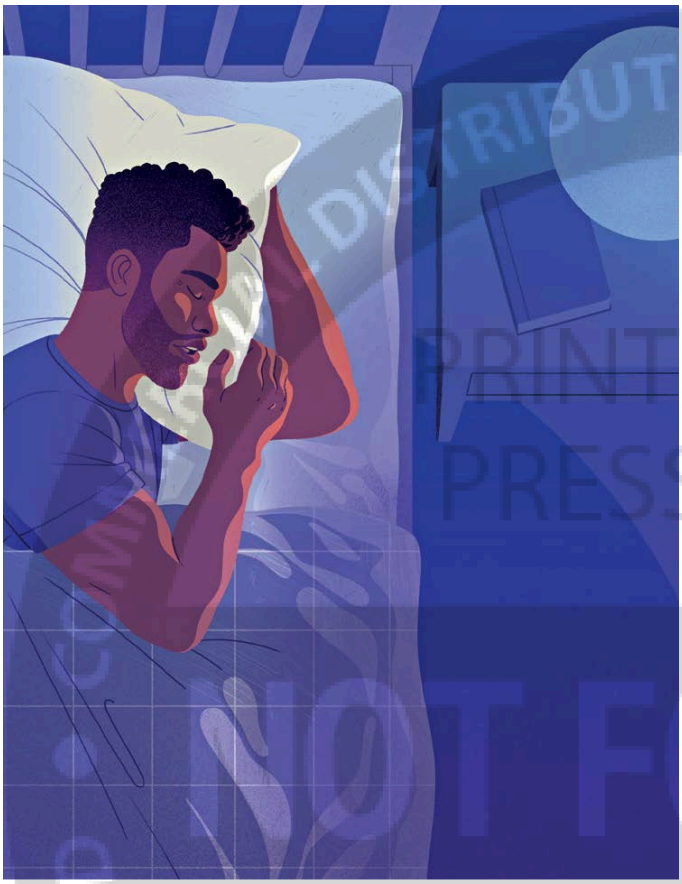
Age and weight are considered the biggest risk factors for sleep apnoea, but anyone, of any age (including children) and any body size can develop it. Other risk factors include smoking, having a thick neck or narrow throat, family history, use of alcohol or sedatives, and certain medical conditions including heart or kidney failure and some endocrine disorders.

Treating sleep apnoea is far more important than just stopping the snoring. The body relies on good sleep for general health, and without it you might experience mood changes, forgetfulness and fuzzy thinking, neurological problems, a weakened immune system and an increased risk of many physical ailments.

"Sleep apnoea has even been linked to an increased risk of heart attack and stroke, though the data on this point is a little less clear," says Dr. Malhotra.

The diagnosis requires several steps. Besides a medical history and physical exam, doctors may try to rule out other conditions, such as asthma or thyroid disorders, that can cause similar symptoms. And they may recommend a sleep study, which usually involves a monitor that patients can use at home to check on breathing, heart rate and other functions during sleep.

Once the condition has been diagnosed, there are many options for treatment. For mild cases in people who are overweight, lifestyle changes like improving diet and exercise habits and losing excess kilos can sometimes be enough to reverse sleep



apnoea. Stopping smoking and drinking may help. Even switching from sleeping on your back to sleeping on your side may offer relief.

When treatment is required, the most common is a machine called a CPAP, which stands for continuous positive airway pressure.

"CPAP is a mask that prevents collapse in the back of the throat," explains Dr. Malhotra. "It has an unnecessarily bad reputation, since it's well tolerated by most patients. But you need to find the right mask and the right pressure settings."

Some patients, though, can't adjust to sleeping well with the mask on. For those people, there are other types of PAP machines. "And there are oral appliances that a certified dentist can make that prevent collapse in the back of the throat," says Dr. Malhotra, referring to custom devices that cover the teeth and have a hinge that sets the bottom jaw forward a little when you sleep, which keeps the airway open.

"There are also certain surgeries that can be done to keep the airways open," he says. These include implanting a hypoglossal nerve stimulation device; Inspire is the only FDA-approved one so far. Other options are surgeries to remove tonsils or excess tissue, for example, but these are a last-line treatment after less-invasive methods have failed.

Researchers are studying new options. Dr. Malhotra recently led research that found the diabetes and weight loss drug tirzepatide (Mounjaro, Zepbound) is also an effective treatment for sleep apnoea. It's currently under consideration by the FDA for this use, and if approved would be the first medication treatment for sleep apnoea.

There are many other trials underway to evaluate new drug treatments. Dr. Malhotra says that researchers are also trying to develop new devices that will stimulate the tongue muscles during the daytime so they work better at night.

With so many options, no one should have to miss a good night's sleep because of sleep apnoea. As author, digital pioneer and passionate sleep advocate Arianna Huffington has said, "The way to a more productive, more inspired, more joyful life is getting enough sleep!" R

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