"Most people who have sleep apnea don't know they have it because it only occurs during sleep. A family member or bed partner might be the first to notice signs of sleep apnea. It is a serious condition that leads to uncontrolled hypertension, renal disease and cardiac arrest if not treated"



CHEST CARE CLINIC, KHARGHAR

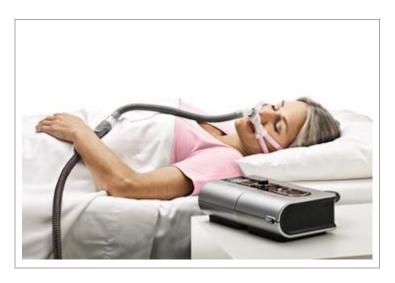
Dr. VISHAL GUPTA- CHEST SPECIALIST Dr. DEEPIKA UGHADE GUPTA- CHEST SPECIALIST

TIMINGS: MON TO SAT , 10:00 AM TO 1:00 PM AND 5:00 PM TO TO 9:00 PM. SUNDAY CLOSED

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WHAT IS CPAP/ BiPAP AND AIRWAY PRESSURE THERAPY?



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THIS INFORMATION IS INTENDED FOR PATIENT EDUCATION ONLY.

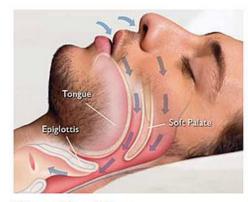
Obstructive sleep apnea is a sleep disorder in which breathing is briefly and repeatedly interrupted during sleep. The "apnea" in sleep apnea refers to a breathing pause. Usually breathing resumes with a chocking or snorting sound. Obstructive sleep apnea occurs when the muscles in the back of the throat fail to keep the airway open, despite efforts to breathe. Another form of sleep apnea is central sleep apnea, in which the brain fails to properly control breathing during sleep. Obstructive sleep apnea is far more common than central sleep apnea. The common fact is that the quality of sleep is poor and this makes you tired during the day. Sleep apnea is a leading cause of excessive daytime sleepiness (EDS).

Obstructive sleep apnea, or simply sleep apnea, can cause fragmented sleep and low blood oxygen levels. For people with sleep apnea, the combination of disturbed sleep and oxygen starvation may lead to hypertension, heart disease and mood and memory problems. Sleep apnea also increases the risk of drowsy driving and death from accidents, losses at work due to excessive drowsiness and lethargy.

Sleep apnea often goes undiagnosed. Doctors usually can't detect the condition during routine office visits. But a number of high risk conditions like underactive thyroid, jaw abnormalities, hypertension, diabetes, obesity, snoring and EDS help suspect of the presence of this condition. No blood test can help diagnose the condition.

Most people who have sleep apnea don't know they have it because it only occurs during sleep. A family member or bed partner might be the first to notice signs of sleep apnea.

Mechanism of Sleep Apnea



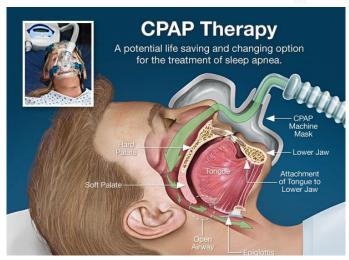
Normal breathing

During sleep, air can travel freely to and from your lungs through your airways.



Obstructive Sleep Apnoea

Your airway collapses, stopping air from traveling freely to and from your lungs and disturbing your sleep.



TREATMENT

If you suspect you may have sleep apnea, the things to do is

- 1. See your doctor with your bed partner. Ask your bed partner if he or she notices that you snore heavily, choke, gasp, or stop breathing during sleep.
- 2. Discuss medications and avoid all sedatives completely.
- 3. Discuss sleep hygiene and sleep postures.
- 4. Avoid tobacco/ caffeine (tea or coffee) before bedtime. Completely stop alcohol.
- 5. Diet and exercise is vital to control the underlying problem. Weight loss at an acceptable rate is needed.
- 6. Sleep study—as a baseline and again after starting the treatment to know appropriate pressures is vital.
- 7. Discussing problems and finding solutions through negotiations is important follow ups.

What is Sleep Study?

One of the most common methods used to diagnose sleep apnea is a sleep study, which may require an overnight study at your home. You will be connected by wires to a small device to record activities. The sleep study monitors a variety of functions during sleep including brain activity, eye movement, muscle activity, heart rate, respiratory effort, airflow, and blood oxygen levels. This test is used both to diagnose sleep apnoea and to determine its severity. Sometimes, treatment can be started during the first night in the sleep centre. After the treatment has been started it needs to be confirmed that the patient has the intended benefit by doing a second measurement with treatment. Details of preparation will be discussed with the technician prior to the study.

CPAP devices:

Some of the common CPAP devices that we routinely prescribe.



CPAP devices are of varying types and all have advantages and disadvantages. Some are quite expensive and so the benefit vs cost should be discussed prior to purchasing one/ renting it. The CPAP needs servicing and changes in settings which should be done by the technician. Pressure settings will change with the changing patient profile. Please speak to your doctor with your machine when called fok followup visits.

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What is the CPAP (Continuous Positive Airway Pressure)?

The treatment of choice for obstructive sleep apnea is continuous positive airway pressure device (CPAP). CPAP is a mask that fits over the nose and/or mouth, and gently blows air into the airway to help keep it open during sleep. This method of treatment is highly effective. Using the CPAP as recommended by your doctor is very important step towards avoiding life threatening complications and improving health to allow exercise. There are two types of PAP: CPAP and Bi level PAP. Both should be discussed with your doctor.

Sleep Apnea is treated by using a therapy called CPAP or BiPAP. It is essential to discuss all concerns before rejecting or refusing this option as it offers major advantages and improves condition dramatically.

Nasal Insert







References:

1. https://sleepfoundation.org/sleep-disorders-problems/sleep-apnea

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