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Inside scoop on obstructive sleep apnea and snoring

BY VICTORIA WRIGHT
Sadler Clinic

Snoring is thought of as a simple nighttime occurrence and so common that many people do not recognize its medical implications.

"While most people think of snoring as just annoying, snoring can be a burden to your health. Sleep-disordered breathing should be evaluated by a doctor or sleep specialist," said Rochelle Goldberg, M.D., president of the American Sleep Apnea Association and a sleep specialist.

She said Americans should not brush off snoring. Statistics show that this seemingly simple noise from the throat may increase the risk of high blood pressure, stroke, heart attack and cause daytime

sleepiness.

Snoring results from a narrowing in the back of the throat while asleep as a result of the jaw, tongue and throat muscles becoming relaxed. Working to get enough air to flow through this narrowed airway causes an increased

vacuum in the chest as it works to expand and this can influence how blood flows through the heart and lungs. This condition is called obstructive sleep apnea and a person does not need to stop breathing to have OSA. Even if the people do not stop breathing, they can have what's called a hypopnea; this



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is when a person does not get enough airflow for a few seconds and the person may grunt, gasp or snort while asleep. All these abnormal breathing episodes are part of OSA.

There is a concern because studies have demonstrated that those with OSA have a higher risk of developing heart disease, heart attacks, high blood pressure and stroke.

"Sleep apnea is an unrecognized killer, but it is hiding in plain sight. Every night, more than 50 million Americans breath abnormally while asleep. In a stunning evolutionary failure, nature endowed us with throats that tend to collapse during sleep and block air flow but did not endow our sleeping brains

with the ability to improve breathing without waking up," said William Dement, M.D., founder of the Sleep Research Center, the world's first sleep laboratory, at Stanford University.

The most effective treatment, to date, for OSA is CPAP (Continuous Positive Airway Pressure) where an individual wears a mask on their nose at night that administers pressurized air, keeping the upper airway open. This allows the person to breathe throughout the night without repetitive awakenings. If a person only snores and does not suffer from excessive daytime sleepiness, then CPAP may not be an appropriate treatment.

Dental appliances have

been used for treating snoring and OSA but not in all patients.

"Dental appliances are a viable treatment option that can clearly work well in some patients," said Jerald H. Simmons, M.D., medical director of the Sadler Clinic Sleep Disorders Center. "However, not everyone will respond adequately to a dental appliance. One of the challenges of my job is to recognize which patients are more likely to respond adequately to various treatment options.

"A sleep center such as ours can function as a central resource for patients with OSA whereby they can explore various treatment options in a proper format and be assessed so that the treat-

ment plan can be specifically tailored to each patient."

Because OSA is now recognized as being a potentially serious condition, sleep labs have been popping up everywhere and not all providers have equivalent quality of service. This can be important, but yet confusing to assess by someone not familiar with the field of sleep medicine. The Sadler Clinic Sleep Disorders Center was established by Simmons, who studied at Stanford University under Dement, in 1999 and the team in his office provides care to patients of all ages.

For information about setting up an appointment or to obtain information about his center, call 281-297-6305 or visit www.HoustonSleep.Net.