



Emergency Room: Obstructive Sleep Apnea

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Sleep apnea is a serious, potentially life threatening disorder that is estimated to affect between 12 and 18 million people in the United States. It is a progressive disorder that worsens with age.

The most common type of sleep apnea is obstructive sleep apnea (OSA). It occurs when there is partial or complete obstruction of the airway causing a choking sensation or an interruption or temporary cessation of breathing during sleep. These interruptions typically last about 10 seconds, but can last a minute or more. Most often, the obstruction is caused by the muscles of the throat, tongue, and the soft palate relaxing during sleep and sagging into the airway interfering with proper breathing. However, obstruction can also occur as a result of enlarged tonsils and adenoids or physical abnormalities of the nose, throat, jaw, or chin.

Two primary risk factors for OSA are weight gain and aging. With weight gain, fat accumulates on the sides of the upper airway passages. Aging can also result in an accumulation of fat in this area as muscle mass decreases. In both cases, the airway passage narrows and obstruction increases. Additional risk factors for obstruction include smoking, which causes inflammation of the airway passage, and alcohol and sedative use, which over-relaxes the muscles.

OSA results in chronic sleep deprivation affecting both health and quality of life. In addition to increased risk of coronary artery disease, congestive heart failure, stroke, and high blood pressure, OAS contributes to memory and learning difficulties, poor concentration, depression, and excessive daytime sleepiness. This lack of restorative sleep can mean poor job performance as well as a greater risk of being involved in car and other types of accidents.

The most common method of diagnosis is a test called polysomnography, which is typically performed at a sleep clinic. This test measures a number of body functions to diagnose sleep apnea and to gauge its severity. More than five apneic events per hour indicate the presence of sleep apnea.

For mild OAS, behavioral changes, such as losing weight and avoiding smoking, alcohol, and sedatives may be all that is required. Some people suffer apneic episodes only while sleeping on their backs, so sleeping on one's side, or positional therapy, may be adequate to control OAS. There are also oral devices that can be used to keep the airway passage open during sleep.

- COMPLICATIONS OF SLEEP APNEA**
- Stroke
- Coronary artery disease
- High blood pressure
- Congestive heart failure
- Heart attack
- Sexual dysfunction
- Irregular heartbeat
- Depression

- TREATMENT OF SLEEP APNEA**
- Lose weight
- Avoid smoking
- Avoid alcohol
- Avoid sedatives
- Positional therapy
- Dental appliances
- Positive airway pressure
- Surgery

More severe OAS may require mechanical therapy. The most common treatment is continuous positive airway pressure, or CPAP. This therapy requires the patient to wear a mask during sleep that circulates air, under pressure, through the nasal and upper airway passages. Continuous air pressure keeps the air passageway open. CPAP is always effective when it is used. When use is discontinued, the obstruction returns immediately.

When CPAP is not well tolerated, or when there are other respiratory problems involved, Bi-level (Bi-PAP) therapy may be required. Bi-PAP differs from CPAP in that it delivers a higher pressure on inhalation and a lower pressure on exhalation. This eliminates most of the problems that patients experience with CPAP therapy.

Finally, there are several surgical procedures for enlarging the airway passage. However, there are surgical risks and, as with the other treatments, there are no guarantees of success. Often, more than one surgical procedure may be required before the patient experiences relief.

When underwriting OAS, underwriters typically look for compliance with treatment, behavioral or lifestyle modifications, sleep study results, and the length of time the person has been using CPAP. Life insurance offers are generally in the standard to Table 2 range if the proposed insured shows long-term compliance with treatment. Long-term care coverage is available at select or standard rates if the apnea is mild and stable with CPAP use.