

Dreaming of a Better Night's Sleep

By Cathy Tyson



Cathy Tyson, feeling "very attractive" in her husband's CPAP test device.

Photo T. Tyson

Doesn't everyone want a restful night's sleep? It's easier said than done for the many people who suffer from sleep apnea. Breathing that stops and starts during the night may signal a potentially serious sleep disorder, according to the Mayo Clinic. For some, sleep interruption throughout the night results in exhaustion during the day that can cause irritability and morning headaches.

There are two types of sleep apnea - obstructive sleep apnea, which is more common, caused by a blockage of the airway, or the less common central sleep apnea, where the airway is not blocked but the brain fails to send proper signals to the muscles that control breathing.

The most obvious characteristics include excessive daytime sleepiness, loud snoring, observed episodes of breathing cessation, and abrupt awakenings accompanied by shortness of breath.

Risk factors for obstructive sleep apnea include: excess weight, having a thick neck, high blood pressure, a narrowed airway, being male, family history, use of alcohol, sedatives or tranquilizers, smoking, and nasal congestion. About 70 percent of people with obstructive sleep apnea are overweight or obese, notes the American Sleep Apnea Association.

Moraga resident and this writer's husband, Tom Tyson, recently transitioned to a new physician who recommended having a sleep study to see if he has sleep apnea. In addition to being tested, the doctor advised Tyson to eat better and to exercise more. Doesn't everyone have room for improvement in these two categories?

His insurance carrier gave the green light for two diagnostic tests that can be done at home: one was a monitor to quantify such things as breathing and oxygenation rates using a harness device with straps that surround the chest along with electrodes for fingers and a small nasal contraption; the other was a portable continuous positive airway pressure device, more commonly known as CPAP. Both tests, which are geared to collect data while sleeping, were supposed to be used for three consecutive nights. Measurements included nasal airflow, oxygen level, body position and more.

While the monitor with harness was only slightly awkward and doable, with only minor whining for three nights of tests, the CPAP lasted a total of 10 minutes - but it was cumbersome.

Many people manage to master the CPAP machine, and are thrilled with their results. Moraga resident Bob McLaughlin uses one; he was diagnosed about two years ago with sleep apnea. A specialist gave him a 10-question quiz - every answer was yes. "It makes a big difference in my energy level and alertness." Prior to CPAP, he was napping at lunchtime and drowsy on the way home from work.

McLaughlin says now he feels "much better."

On the other hand, Lafayette resident Marilyn Finn is less enthusiastic. She says her experience has been frustrating; she's had sleep apnea for many years and was diagnosed by Kaiser through their Sleep Clinic. "The CPAP machine did not work well for me, after many tries and modifications, so I stopped using it," said Finn. "This turned out to be a big mistake when recovering from surgery for a total knee replacement a couple of years ago. I spent 24 hours in ICU, so now use the CPAP religiously. According to the equipment readings, I am a huge success. According to me, not so much."

In going over the results with his doctor, Tyson was dubious, noting that he didn't feel he had any symptoms and that his snoring had been significantly reduced simply with diet and exercise. After a verbal volley, he told the doctor, "I'm just not going to use the CPAP machine." Plan B was to investigate a dental device to help with sleep apnea.

Lafayette resident Dr. Bennett Brodwin practices dental sleep medicine, an alternative to the CPAP machine for patients that qualify. He prescribes a fitted oral appliance that is FDA approved and can be a more, pardon the pun, palatable solution.

After practicing as a family dentist for over 30 years, he's now treating snoring and sleep apnea exclusively. "Ninety percent of sleep apneacs are undiagnosed," said Brodwin, adding that snoring noise can cause couples to sleep separately along with a host of other issues. He calls sleep apnea a "major health problem" that sometimes stems from anatomical issues like large tonsils or tongue, or from being overweight. The custom-fitted appliance helps maintain an open, unobstructed airway in the throat when worn during sleep. It works by repositioning and stabilizing the lower jaw and tongue and looks like a sports mouth guard.

While CPAP is the gold standard and first tier of treatment, Brodwin said clinical research has shown the same level of efficacy for mild to moderate sufferers with an oral appliance or mandibular advancement device.

Whether patients use a dental device, CPAP, weight loss or even surgery, sleep apnea is a condition that won't go away on its own. If you suspect you might have sleep apnea, it's best to start with a visit to the doctor.

For some with mild to moderate obstructive sleep apnea, uvulopalatopharyngoplasty or UPPP is an option - it's the surgical removal of excess tissue in the upper airway, including the back of the mouth and the throat. Even the name is a mouthful. As with any surgery there are various complications that may arise.

Healthy, restorative sleep is key component to good health. Here's to waking up ready to take on the day.

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www.sleepapnea.org
www.sleepdisordersberkeley.com/sleep-apnea/