

## Five Steps to Better Sleep Health

- 1** Recognise your sleep problem  
e.g. snoring, holding your breath when sleeping, feeling tired during the day
- 2** Your referral to the Woolcock  
Your GP can refer you for a specialist consultation at the Woolcock Clinic
- 3** See a Woolcock specialist  
Your specialist will talk through your sleep problems and recommend tests
- 4** Your sleep diagnosis  
Come in for an overnight sleep study or other sleep testing
- 5** Your treatment plan  
Your specialist will organise further diagnostic tests and/or create a treatment plan with the Woolcock's team of clinicians



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Thank you for your support.

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# OSA Obstructive Sleep Apnea



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LEADERS IN BREATHING & SLEEP RESEARCH

## WHAT IS OBSTRUCTIVE SLEEP APNEA (OSA)?

Obstructive Sleep Apnea (OSA) is a disorder where your breathing is interrupted during sleep. The reduced airflow limits oxygen supply to your brain and disrupts your quality of sleep. Similar to snoring, OSA results from the relaxation of the muscles in the upper airways. However, in OSA the upper airways collapse is often complete and can lead to additional health problems such as high blood pressure, heart attacks, strokes and diabetes.

Nearly 5% of the Australian adult population experiences symptoms of OSA.

### TYPICAL SYMPTOMS OF OSA

- Loud snoring
- Unrefreshing sleep
- Dry mouth and sore throat
- Daytime sleepiness and fatigue
- Weight gain

Overnight symptoms are often more likely to be noticed by a partner. A person with OSA will snore, then there will be a pause in breathing which may last 10-60 seconds. After each pause in breathing, there will be a deep gasping or snoring noise which will be followed by a brief awakening as the person struggles to breathe. These awakenings are generally not remembered, but some people may remember waking with the sensation of choking. This cycle repeats itself, sometimes hundreds of times a night.

People with untreated OSA often wake up feeling as if they are “hung over”. They may feel sleepy during the day which can make it difficult to concentrate and function. Forgetfulness, irritability, anxiety, depression and other personality changes are all common conditions associated with OSA. Other symptoms may include impotence or reduced

libido, excessive perspiration during sleep, and increased frequency of urination at night.

### IF I SNORE, DO I HAVE OSA?

Snoring is a common sign of OSA – however it is important to remember that not everyone who snores has OSA. Only an overnight sleep study (polysomnography) can detect and confirm the presence of OSA. You should speak to your GP if you have any symptoms that bother you or your partner.

### WHO GETS OSA?

OSA can occur in people of all ages but is most common in middle-aged males. It is strongly linked to being overweight, particularly in people with large

necks. In people who are not overweight, it is likely they have a narrow airway or facial structure which leads to a narrow airway.

In women the incidence of OSA increases after menopause. Daytime problems are typically tiredness rather than severe sleepiness.

In childhood, OSA most commonly occurs as a result of obesity, enlarged tonsils or adenoids, or from some facial bone abnormality.

In certain ethnic groups such as people with Asian backgrounds, it is more linked to facial structure than obesity. Snoring and OSA is also strongly linked to family history – a snorer is likely to have parents who were snorers.

### WHY IS IT IMPORTANT TO TREAT OSA?

OSA can have life-threatening consequences. Due to fatigue, falling asleep or poor concentration while driving or using heavy machinery can occur. Research has shown that people with untreated OSA are two to five times more likely to have a motor vehicle accident. OSA can also impair cognitive function and memory, and adversely affect work productivity.

### HOW DO YOU TREAT OSA?

Following confirmation of OSA on an overnight sleep study, your sleep specialist may offer these treatment options:

- Continuous Positive Airway Pressure (CPAP) therapy - delivered through a face mask that keeps the upper airways patent with pressurised air
- Dental devices (Mandibular Advancement Splints) to hold the jaw forward
- Surgery to widen or stiffen the airway
- Lifestyle changes such as weight loss

To find out more, go to [www.woolcock.org.au/clinic](http://www.woolcock.org.au/clinic).

