

OBSTRUCTIVE SLEEP APNOEA

There could be MORE to that SNORE

Key Features of OSA

- Snoring
- Breathing may stop during sleep
- You may not be aware of this
- Daytime fatigue/sleepiness
- It can be successfully treated
- Treatment significantly improves quality of life

How is it diagnosed?

The best way to diagnose sleep apnoea is with an overnight sleep study (Polysomnography). This measures airflow, breathing patterns, blood oxygen levels and snoring intensity. Sleep apnoea may involve many episode of disrupted breathing with more than 30 partial or complete obstructions in an hour.

How is it treated?

OSA may be treated with CPAP (continuous positive airway pressure), oral devices, and occasionally surgery.

The following lifestyle changes are also useful:

- Weight loss if overweight
- Exercise
- Avoiding smoking & alcohol
- Use of nasal decongestants
- Not sleeping on your back



What is it?

1 in 3 Singaporeans suffers from moderate to severe sleep apnoea. People with Obstructive Sleep Apnoea (OSA) stop breathing repeatedly in their sleep because of a complete or partial block in their airway. This leads to a drop in blood oxygen levels, which stresses the heart.

What are the symptoms?

If you have sleep apnoea, you typically snore during sleep, toss and turn and/or stop breathing during the night. You may wake up during the night gasping and choking (but most are unaware of this). On waking in the morning, you often feel tired. As the day goes on, you may struggle to stay awake and have difficulty concentrating.

Why you should worry

There is strong evidence that people with moderate to severe OSA die prematurely. If you have OSA, you are more likely to develop hypertension and diabetes. You are also more likely to suffer from a stroke or heart attack.