Treating Obstructive Sleep Apnea

What is Obstructive Sleep Apnea?

Obstructive sleep apnea (OSA) is a condition in which air passage in the back of the throat is blocked during sleep by the tongue and soft tissue. This can lead to loud snoring and lapses in breathing that can occur hundreds of times a night. The hallmark of sleep apnea is daytime sleepiness. A person may be sleepy enough to fall asleep while driving causing accidents, memory problems and/or unexplained changes in behavior. Untreated severe OSA is associated with irregular heartbeat, heart disease, heart attack, high blood pressure and stroke.

Many people with OSA are not aware that they have a sleep disorder. A family member often informs the health care provider of a person’s poor sleep or daytime symptoms. This leads to an evaluation of a possible sleep disorder.

What is CPAP?

Once OSA is diagnosed your doctor may prescribe CPAP. CPAP, (pronounced “SEE-PAP”), is short for Continuous Positive Airway Pressure. This is a common treatment that provides pressure to the person’s airway by a machine that compresses air. CPAP is delivered to the person by a mask that fits on the face and covers the nose or the nose and mouth. The compressed air flows into the airway and acts as a splint or a support to hold back the tongue open the soft tissue that was obstructing the throat. This allows breathing to become more regular, snoring stops, and restful sleep is restored. In addition, the quality of life often improves as the person is less tired and may have more energy. Risk factors associated with untreated sleep apnea are greatly reduced when CPAP is used as prescribed by the doctor.

How Will You Get Your CPAP Machine?

A DME (durable medical equipment) company will provide the CPAP equipment prescribed by your doctor. The insurance company involved may have an agreement with a specific company to provide this service to you. The DME provider should help you pick out a CPAP machine and mask. They should show you how to use and properly care for the equipment. They should also answer any
Getting Used to the CPAP Machine

It is important to make CPAP a part of your everyday life. It should be used at night for sleep, as well as for planned naps. The treatment only works if it is used. CPAP is the last thing that is put on at night and the first thing that is taken off in the morning.

Getting used to the CPAP machine is different for each person. Some people may put the CPAP mask on the first night and wear it all night with great results. Others may struggle from the start. Most people fall in between these two extremes. CPAP users normally need a period of adjustment. Remember, CPAP is something that can improve your quality of sleep and life. It does require cooperation on the user’s part. It is important not to get discouraged. It can take several months for some people to get used to using CPAP all night long. Contact your DME provider concerning problems with equipment or comfort. Contact your doctor for medical problems. If you have problems, make sure to ask for help so you can get used to using your CPAP.

What If You Travel?

The CPAP machine is portable. It will work with electricity, (either 110 or 220 current), with an adapter for a car cigarette lighter or with a 12-volt deep cycle marine battery. When flying, take CPAP as carry on luggage only. Travel bags are available through the DME provider. CPAP can go anywhere.

CPAP and Oxygen

Your doctor may prescribe oxygen to be used with the CPAP equipment. The oxygen is added to the system with a special adaptor. If traveling away from home contact your DME provider. The DME provider can arrange for oxygen while you travel.

What is BIPAP?

Most patients with sleep apnea can be successfully treated with CPAP. In some cases, your doctor may prescribe BIPAP instead of CPAP for obstructive sleep apnea. BIPAP, (pronounced “BI-PAP”) is short for bi-level positive airway pressure. The function of the BIPAP machine is the same as CPAP; however, it provides two different levels of pressure. There is a higher pressure provided when you are breathing in. A lower pressure is provided when you are breathing out. This mimics normal breathing and can be more comfortable for some people.

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