

Ask the Expert: Sleep Apnea

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DENVER — Quality sleep is extremely important to your health. Sleep apnea, an increasingly common sleep disorder, not only interferes with a good night's rest, but also poses serious health risks. Teofilo L. Lee-Chiong, MD, Medical Director of the Sleep Center at National Jewish, answers questions about sleep apnea.

Q: What is sleep apnea?

A: When you're sleeping, you lose muscle tone. In some people, this loss of muscle tone causes the upper airway to begin collapsing. The first thing you might hear is a snore. The next snore may become louder as the airway collapses further. Eventually, the airway closes completely and there is a total cessation of airflow - what we call sleep apnea. The blocked airflow causes people to wake up, often incompletely, in order to begin breathing again. Sleep apnea patients can experience numerous apnea episodes each night.

Q: How does sleep apnea affect a person's health?

A: Undiagnosed and untreated sleep apnea puts an individual at higher risk for heart disease, stroke, hypertension, heart attacks, driving accidents, mood disorders, and impaired cognition.

Q: Who has sleep apnea?

A: Anybody can have sleep apnea; it's seen in men, women and children. Overweight and obese people are more likely to develop sleep apnea. It is relatively common among children 3 to 5 years of age, but uncommon among adolescents and young adults. It becomes common again in middle age and increases in prevalence with age. Adult men have the disease more often than do women, although a woman's risk of developing sleep apnea increases after menopause.

We estimate that sleep apnea affects about 10-15 million Americans. It is as common as asthma and more common than diabetes. Sleep apnea will affect roughly 24 percent of men and 9 percent of women. Unfortunately, it is believed that 93 percent of those women and 82 percent of men remain undiagnosed. It's important to talk to your physician if you're experiencing sleepiness during the day, waking up with headaches or a dry mouth, or if you are a loud snorer.

Q: How is sleep apnea diagnosed and treated?

A: Symptoms alone are not enough for us to diagnose sleep apnea. To make a definitive diagnosis, a patient must undergo a sleep study, which is done at night, during a patient's normal sleep period. While the patient is sleeping, technicians continuously monitor brain waves, muscle tone and eye movements to determine what stage of sleep a patient is in. They also measure airflow, abdominal and chest movements, leg movements and oxygen levels in the blood. All of those different channels are seen in real time on a computer, monitored and analyzed to make a diagnosis.

Once we've diagnosed sleep apnea, there are many different treatment options that a patient and doctor can choose, including weight loss, changing sleeping position, oral devices, upper airway surgery and continuous positive airway pressure (CPAP), a device that blows air through a mask into the airways.

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Our team is available to arrange interviews, discuss events and story ideas.

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