



Sleep Disordered Breathing and Obstructive Sleep Apnea

PATIENT INFORMATION

Patient Information

- Overview of Sleep Disordered Breathing and Obstructive Sleep Apnea (OSA)
- Anatomy and Physiology of OSA
- Healthcare Benefits of Adherence to Therapy
- PAP Acclimatization

This information is designed to supplement, not replace, directions from your physician. If you have any questions about your treatment or the information within, please contact a respiratory therapist at your local Apria branch or speak to your physician.



Sleep Disordered Breathing (SDB)

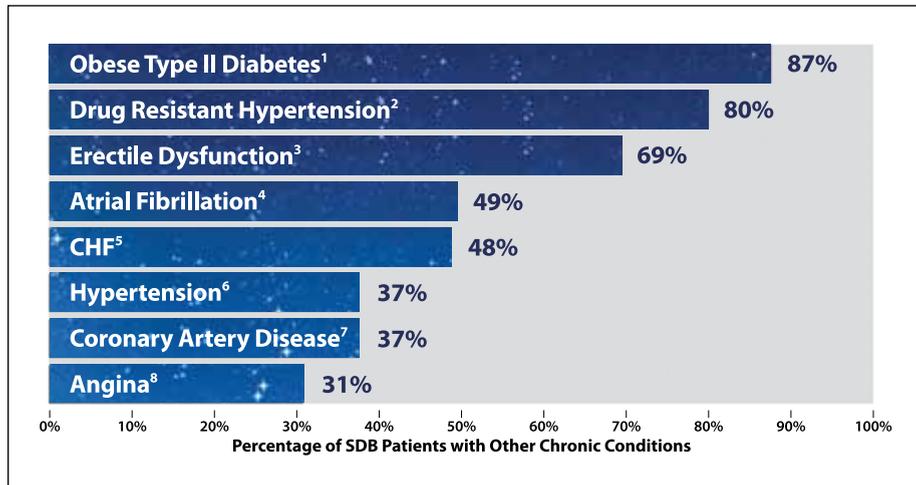
Sleep Disordered Breathing (SDB) is a group of disorders characterized by abnormalities of respiratory pattern (pauses in breathing) or the quantity of ventilation during sleep

- The most common form of SDB is Obstructive Sleep Apnea (OSA)
- OSA affects up to 9% of the US adult population, and up to 82% remain undiagnosed
- Other less common SDB disorders include:
 - Central Sleep Apnea (CSA)
 - Cheyne Stokes Respiration (CSR)
 - Obesity Hypoventilation Syndrome (OHS)



Prevalence of SDB in Other Chronic Conditions

SDB sometimes occurs along with several other chronic diseases:

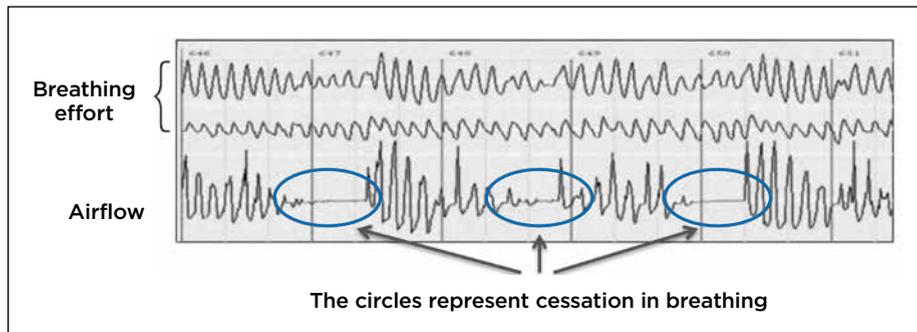


Sources:

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What Happens During Obstructive Sleep Apnea?

- There are repeated pauses in your breathing despite your body trying to breathe



- OSA severity is measured as the Apnea Hypopnea Index
 - The number of breathing cessations or reductions per hour of recorded sleep:
- > 5 is mild OSA | > 15 is moderate OSA | > 30 is severe OSA**

Common Signs and Symptoms of OSA

These signs and symptoms may indicate OSA:

- Snoring:
- Pauses in breathing during sleep
- Gasping for breath during sleep
- Morning headache
- Excessive daytime sleepiness
- Slight disorientation and memory lapses
- Irritability and mood disorders
- Personality changes

OSA is associated with:

- Cardiovascular disease
- Higher mortality rate



The most common form of treatment for OSA is called Continuous Positive Airway Pressure, or CPAP

Positive Airway Pressure (PAP)

The “Gold Standard” Treatment for OSA

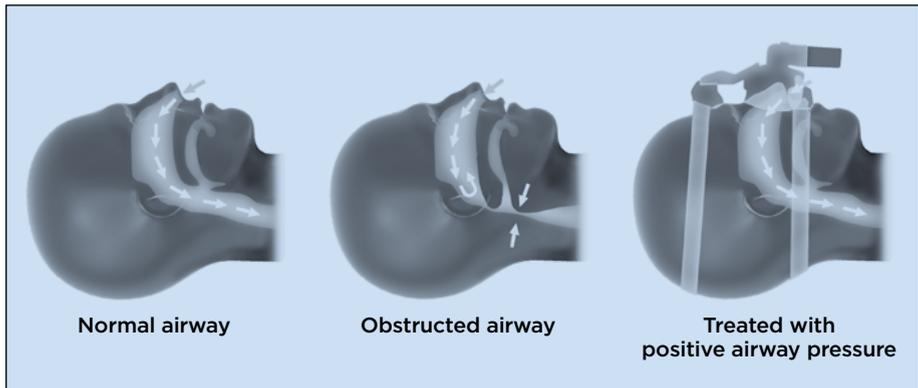
- With this treatment, you wear a comfort-fitted mask over your nose while you sleep
- A quiet machine beside your bed provides a constant flow of air to keep your breathing passages open
- Other forms of treatment also exist



Positive Airway Pressure

How Does It Work?

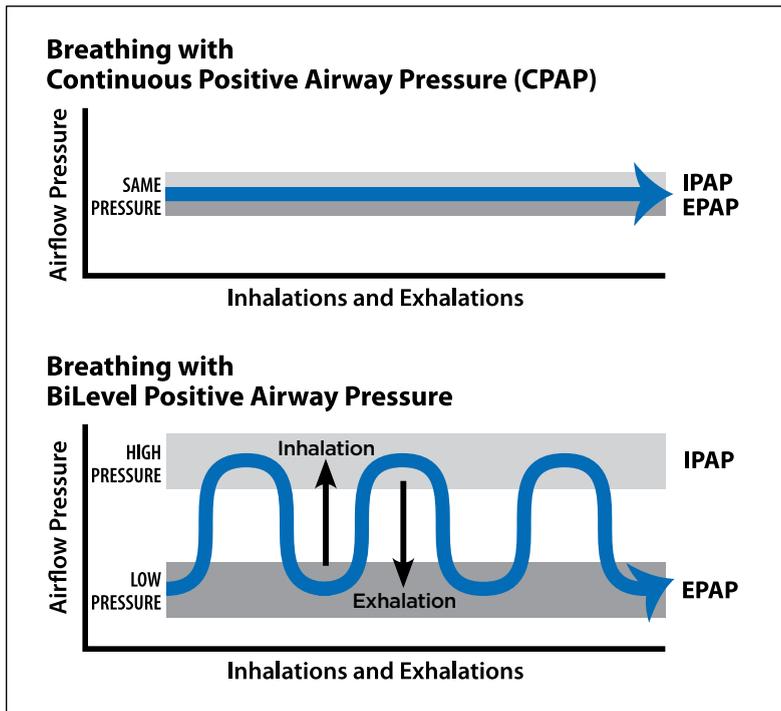
- If OSA is untreated, the airway becomes obstructed while sleeping
- When OSA is treated with positive airway pressure (PAP), air pressure holds the airway open which allows for normal breathing



Positive Airway Pressure

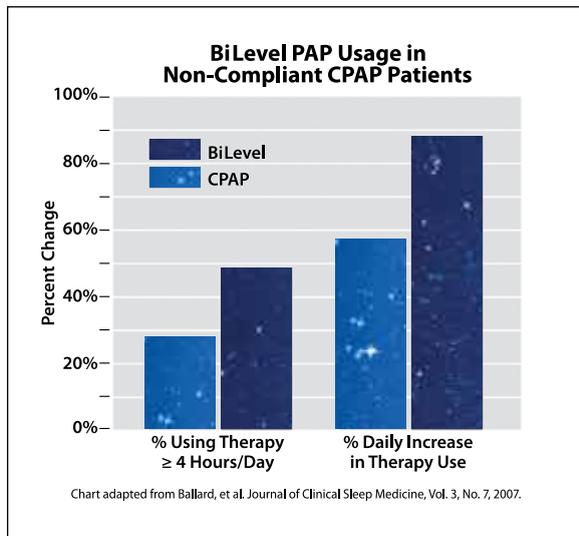
Fixed Pressure and BiLevel Therapies

- CPAP units maintain the same pressure while you inhale and exhale
- Bilevel units have a higher pressure for inhalation and a lower pressure for exhalation



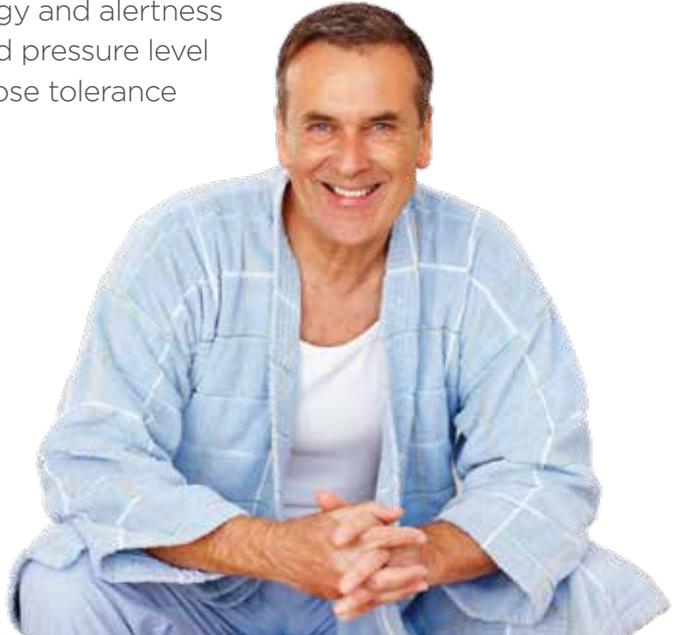
BiLevel Positive Airway Pressure

- Not all patients are compliant with fixed pressure CPAP
- Some patients may find bilevel positive airway pressure beneficial
 - Because bilevel uses two pressures, it is more like natural breathing and can be more comfortable for patients
 - Switching from CPAP to bilevel requires a new prescription from your physician



Benefits of Treatment

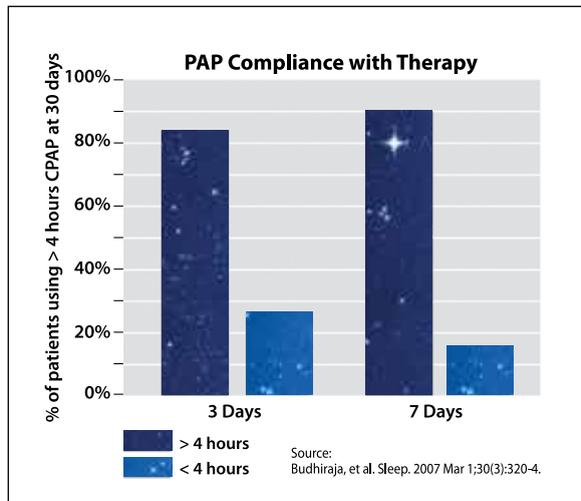
- Getting used to positive airway pressure therapy may require some time
- The goal of using this therapy is to improve your sleep and overall quality of life
- With regular use of your PAP device you can minimize the impact of OSA, and may experience:
 - Increased energy and alertness
 - Improved blood pressure level
 - Improved glucose tolerance



If you have difficulty exhaling against a high pressure or find CPAP uncomfortable, please let us know and we can speak to your physician

Compliance with Therapy

- Healthcare and lifestyle benefits associated with PAP are directly related to continued use, generally called compliance
- Patients who use their PAP device more than 4 hours/night in the first 3 - 7 days have a much greater chance of long-term compliance
 - It is important to use your PAP more than 4 hours/night as soon as possible after you start therapy
- If you have any problems at all, please feel free to contact us directly



Apria respiratory staff will contact you in the next few days to check on your progress

Getting Used to PAP

Tips:

- Think of your PAP use as a process or a journey — it takes time to adjust
- First, try briefly holding the mask on your face without the headgear
- Then try watching TV or reading while using your mask and headgear with pressure from your PAP for short periods of time
- Use your equipment at night for the longest duration you can tolerate, building each night until you have reached at least 4 hours per night
- After acclimating to the PAP, many patients use the equipment all night



It may take several days or weeks of continued nightly use before you begin to feel the benefit of treatment. Don't give up!

Common PAP Issues

Mask Fitting and Selection

- Your mask should fit comfortably without leaks or discomfort
- You may need to try several masks to find one that is appropriate for you
 - Apria has a 30-day mask fitting/replacement program to ensure that you have a mask that fits well and provides maximum comfort

Nasal Discomfort or Congestion

- Nasal issues may often be resolved with the addition of a heated humidifier, or modification to its settings
- Sometimes nasal congestion is the result of a “mouth leak” and this can be addressed with a change in the type of mask you wear

Pressure Intolerance

- Difficulty breathing against pressure is one of the most common issues to address
- Bilevel positive airway pressure may be indicated if you cannot tolerate your CPAP pressure

Refer to the Nasal CPAP/BiLevel Patient Instructions manual provided to you for more information about common problems and solutions when using CPAP/bilevel.

Effective Lifestyle Changes

Several Steps May Help to Alleviate Symptoms

- Weight loss
 - OSA is more common among people who are overweight
 - Even a 10% weight loss has been shown to decrease the number of apnea episodes
- Regular exercise
 - Dedicating yourself to a regular exercise program could help strengthen your aerobic capacity, improve your health and help to reduce your OSA symptoms
- Avoidance of alcohol and drugs
 - Alcohol, sleeping pills, hypnotic drugs and tobacco can all contribute to, or worsen, the symptoms of OSA or your breathing
 - Removing these could have a significant impact on your OSA
 - Please consult your physician prior to discontinuing the use of any prescription medications





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