

Will losing weight help prevent or improve your condition and its complications?

Losing weight is good for all overweight people but for sufferers of obstructive sleep apnea (OSA), a recent study in the American journal of Respiratory and Critical Care Medicine shows that losing weight is perhaps the single most effective way to reduce OSA symptoms and associated disorders.

Not only does sustained weight loss improve OSA, it also improves many other independently linked co-morbidities such as hypertension, high cholesterol and diabetes. The greater the change in body weight or waist circumference, the greater is the improvement in OSA. Mild OSA was objectively cured in 88 percent of the patients who lost more than 15 kgs (33 pounds), a statistic that declined with the amount of weight lost. 62 percent of those who lost between 5-15 kg (11 and 33 pounds) were objectively cured of their OSA, as were 38 percent of those between 0-5 kg (zero and 11 pounds).

How VLCC experts can help you manage your condition?

VLCC experts can help you to manage this condition by helping you to lose weight and advising appropriate changes in diet and lifestyle. The nutritionists, physiotherapists, fitness experts & counselors at VLCC plan a suitable diet and exercise program comprising both active and passive exercise as per your dietary habits, lifestyle, fitness level and health condition.



INDIA ▶ NEPAL ▶ UAE ▶ OMAN ▶ BAHRAIN ▶ KUWAIT ▶ QATAR ▶ BANGLADESH ▶ SRILANKA

Call Toll free 1800 266 8522 | For details, SMS <VLCC CURE> to 58888 | www.vlccwellness.com

OBSTRUCTIVE SLEEP APNEA

VLCC Health Information Series-I



ANTI-OBESITY
NOVEMBER 26 DAY





What is obstructive sleep apnea?

Obstructive Sleep Apnea (OSA) is a potentially life – altering and life – threatening breathing disorder that occurs during sleep.

The upper airway repeatedly collapses, causing cessation of breathing (apnea) or inadequate breathing (hypopnea) and sleep fragmentation. The breathing stops during sleep for 10 seconds to a minute or longer. Oxygen levels in the blood decrease. Sleep fragmentation results in chronic daytime sleepiness. This disrupts healthy sleep & causes a number of short term and long lasting effects that threaten the health and well being of those who suffer from the condition.

How many people have OSA?

4% of men and 2% of women aged 30-60 years meet minimal diagnostic criteria for OSA with excessive daytime sleepiness.

People most likely to have or develop OSA may have any of the following

- Obesity, especially in the upper body
- Male gender
- Small upper airway due to excess throat tissue or abnormal jaw structure
- Nasal obstruction
- High blood pressure
- Family history of OSA
- Overweight obese individuals particularly if one has a thick neck are more prone as the extra fat in the neck can compress the airway

Obesity - a major risk factor for sleep apnea

Excess body fat on the neck and chest constricts the air-passage ways and sometimes the lungs. Obesity, particularly abdominal and upper body obesity, is the most significant risk factor for obstructive sleep apnea. The more obese a person, the greater the risk of apnea.

Did you know?

People who get inadequate amounts of sleep are likely to gain weight. W sleep deprivation, there is a reduction in metabolism and an increase in appetite. Inadequate sleep lowers levels of leptin, the hormone that causes you to feel full, while increasing levels of gherlin, the hormone that makes you feel hungry. Sleep deprivation also influences your food choices, making you crave high carbohydrate/high sugar foods. Sleep loss and stress decreases insulin sensitivity, putting the sleep deprived at higher risk for developing type II diabetes.

Identification of OSA (signs and symptoms)

- Snoring, interrupted by pauses in breathing
- Excessive daytime sleepiness
- Gasping or choking during sleep
- Restless sleep
- Intellectual deterioration
- Poor judgement/concentration
- Memory loss
- Irritability
- Hypertension
- Nocturnal angina
- Depression
- Oropharyngeal crowding
- Morning headaches
- Sexual dysfunction
- Nocturia (rising during the night to urinate)

Presence of excessive daytime sleepiness along with loud snoring with pauses/gasping/choking in sleep is highly suggestive of Sleep Apnea

How is OSA diagnosed?

If you have symptoms that suggest OSA, your general physician may refer you to a specialist for sleep study. There are various types of test that can be done whilst you sleep.

For example:

- Airflow may be measured whilst sleeping by using a probe placed under the nose
- Sensors may be used to record snoring volume and body movement
- The oxygen level in the blood can be monitored by a probe clipped onto the finger
- Breathing can be monitored and recorded by the use of special belts placed around the chest and abdomen
- A video of your sleeping may be helpful

You may need to spend a night in hospital for the test to be done. However, some of the tests may be done in your home from equipment supplied by the specialist. The information gained from the tests can help a specialist to firmly diagnose or rule out OSA.

What is treatment for OSA?

General things that can make a big difference include:

- Losing some weight, if you are overweight or obese
- Avoid alcohol, sedatives & hypnotics
- Sleeping on your side or in a semi propped position

If you have sleep apnea, do not take sleep medicines or sedatives. These chemicals will increase the relaxation in the tissues of the upper airway and make the obstruction worse. The specific treatment for obstructive sleep apnea is usually a mask worn at night to keep the airway open. The mask treatment is prescribed by a sleep physician and the mask is attached to the face by straps and then connected to an air pump. It's an ingenious and effective way of treating sleep apnea.

Consequences if OSA is left untreated

If OSA is left untreated, it can increase the risk of developing:

- Hypertension
- Cardiac arrhythmias
- Myocardial ischemia
- Stroke
- Pre-diabetes
- Motor vehicle and work related accidents due to sleepiness
- Decreased quality of life