

TALLAHASSEE PULMONARY CLINIC

Pulmonary Medicine-Critical Care Medicine-Sleep Medicine

CPAP Therapy for Obstructive Sleep Apnea

Obstructive sleep apnea (OSA) is a condition where your upper airway (the back of your throat) spontaneously closes up many times a night while you are sleeping. If you “stop breathing” while you sleep, you may eventually develop excessive daytime sleepiness, severe fatigue, poor memory and concentration, irritability, morning headaches, and loss of sexual drive. Untreated OSA may increase the risk of high blood pressure, stroke, heart disease, congestive heart failure, atrial fibrillation, diabetes mellitus, and drowsy driving car crashes.

CPAP is a form of treatment for obstructive sleep apnea. CPAP stands for continuous positive airway pressure. A CPAP machine is a small machine that continuously pushes air through plastic tubing that is connected to a mask that fits over your nose or mouth and nose. This continuous flow of air enters the mask, passes into the back of your throat, and prevents your throat from collapsing. By preventing you from “stopping breathing” while you sleep, CPAP can often result in dramatic improvement in daytime sleepiness and fatigue. CPAP therapy is 95% effective in curing obstructive sleep apnea, but it has to be worn every night in order for full benefit to occur. Most patients are able to tolerate CPAP long-term. Weight loss is an important additional treatment to CPAP therapy. Weight loss may decrease the severity of OSA, but may not completely cure it. On the other hand, weight gain may make OSA much worse, even if you are already on CPAP.

During a split-night sleep study or during a CPAP titration study, the sleep medicine technologist will fit you with a nasal mask. The technologist will make small adjustments in the CPAP pressure until the best level of CPAP is determined. If the nasal mask does not fit properly or if you can not tolerate the mask, then sometimes CPAP will be delivered through nasal pillows instead of through a nasal mask. Nasal pillows looks a lot like a nasal cannula device used to deliver oxygen. Some patients find that nasal pillows are more comfortable than nasal masks. Other patients may need a full-face mask that covers both the nose and the mouth.

Once the sleep study has been interpreted, we will order you a CPAP machine for home use if you have significant OSA. We will try to order the lowest pressure of CPAP that will treat your sleep apnea effectively. A Home Health Care Agency will provide this CPAP machine. If you are given a CPAP machine for home use, please take good care of it and bring the entire machine (with mask and headgear) with you when you return to see your doctor. If you have any problems or discomfort with CPAP therapy, please call the Home Health Care Agency or the doctor who prescribed the machine.

Other forms of treatment for OSA include weight loss to ideal body weight, avoidance of alcohol, avoidance of sleeping pills, and sleeping on your side. However, these measures are usually only effective for mild OSA. Oral medications (Vivactil) for OSA have a very low cure rate. A special mouthpiece (oral appliance) that holds the jaw and tongue forward may have a 30-40% success rate for patients with mild-to-moderate OSA. Surgery in the back of the throat (UPPP and tonsillectomy) may enlarge the upper airway but only has a 40-50% success rate. As mentioned before, nasal CPAP therapy is 95% effective if the patient can wear the machine every night. Tracheostomy, which involves making a hole in the trachea (windpipe), is 100% effective in curing OSA. However, we usually reserve this treatment for severe, life-threatening OSA.