

Understanding Obstructive Sleep Apnea: A Guide for Patients



Lilly

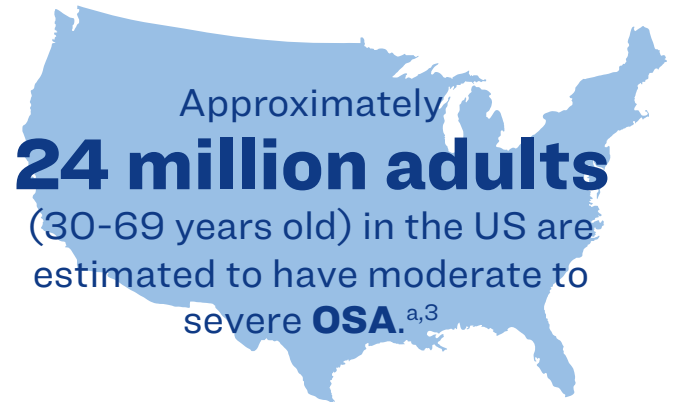
About Obstructive Sleep Apnea (OSA)

Sleeping is a basic human need, much like eating, drinking, and breathing.¹ When we sleep well, we are better able to be our best selves and enjoy all that life has to offer.¹ Unfortunately, an estimated 50 to 70 million Americans experience chronic sleep disorders, which can impact sleep quality, daily functioning, and overall well-being.¹

One common sleep disorder is obstructive sleep apnea, commonly referred to as OSA. With OSA, your breathing briefly pauses repeatedly while you sleep, which can prevent you from getting quality sleep. As a result, you may feel more tired and it can contribute to other health concerns.²



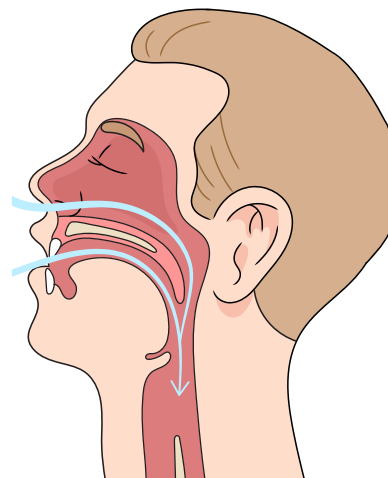
80%-90%
of people with OSA
are undiagnosed.⁴



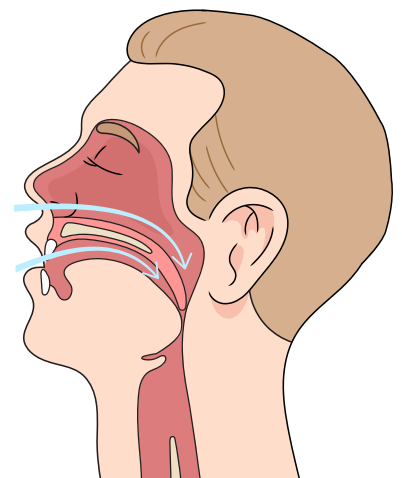
What Happens When You Have OSA?

In OSA, the upper airway becomes blocked when upper throat muscles relax during sleep.^{2,5,6} Normally, muscle relaxation isn't a problem, but if you have a narrow upper airway or a large tongue, it can cause the airway to be either blocked partially (hypopnea) or fully (apnea).^{2,6,7}

When this happens, your brain senses the pause in your breathing and wakes you to help reopen the airway. This occurs so quickly that you may not even notice, but it can prevent you from reaching the deeper, more restful phases of sleep.⁶ As a result, you may feel more tired the next day and increase the risk of other health concerns such as type 2 diabetes, obesity, and heart failure.^{1,2,7}



**Open airway
(normal breathing)**



**Blocked airway
(sleep apnea)**

^aBased on AHI (apnea-hypopnea index) criterion of ≥ 15 events per hour.³

Who Is at Risk for OSA?



Men are more likely than women to have OSA^{7,8}



OSA risk increases with age, especially in people over 40^{7,8}



Family history of sleep apnea^{8,9}



Obesity and increased neck fat⁸⁻¹⁰



Smoking or alcohol use^{8,9}



Chronic stuffy nose^{8,9}



Larger than usual neck or throat features (ie. tongue)^{7,10}

Poor sleep doesn't just make you feel tired; it may also increase your risk for other health conditions.^{2,11}

Many people with common heart and metabolic conditions may have OSA, including but not limited¹⁰:



High blood pressure



Stroke



Atrial fibrillation



Obesity



Type 2 diabetes



Heart failure



What About Your Brain?

Not getting enough sleep can make it difficult to learn, focus, and be productive at work and in school.¹ It can also affect your ability to navigate social situations.¹

What Are Signs That You Might Have OSA?

People with obstructive sleep apnea (OSA) may experience a variety of symptoms, some of which are more common than others.^{7,9,12} If you notice any of the symptoms below, you may want to consider scheduling an appointment with your doctor for a more thorough evaluation.



Snoring^{7,9}



Breathing pauses, choking, or gasping during sleep^{7,9}



Unrefreshing sleep^{a,7}



Insomnia^{12,14}



Daytime sleepiness^{7,9}



Depression^{12,14}



Brain fog¹³



Morning headaches^{7,9,12}



Fatigue^{12,14}



It's important to know:

Women are more likely to experience symptoms like fatigue, difficulty sleeping, morning headaches, and depression, which aren't always obvious signs of OSA. Because these symptoms can be related to many different conditions, OSA can be harder to recognize. Some symptoms like snoring and gasping during sleep are closely linked to OSA, while others, like fatigue and mood changes are more general and can make diagnosis more difficult.^{12,14}

What to Do if You Suspect You Have OSA

Screening^{2,15}

If you think you may have OSA, the first step is to see your doctor for a screening. During your visit, your doctor may ask about your sleep habits, have you fill out a short questionnaire to assess your sleep quality, or take measurements such as the circumference of your neck.

Diagnosis^{2,7,16}

Your doctor may be able to order a home sleep test without needing a referral to a specialist. If necessary, your doctor might also refer you to a sleep specialist or recommend a sleep study. Sleep studies can be done at home or in a sleep lab, depending on your comfort and the severity of your symptoms. Home tests are more convenient, while lab tests offer more detailed and comprehensive information.



OSA Checklist^{2,16,17-20}

- Talk to your doctor about OSA
- Get screened for OSA
- If recommended by your doctor, get a sleep study or see a sleep specialist
- Complete sleep study
- Receive sleep study results
What was your AHI score? _____
- Discuss sleep study results with the doctor who ordered the test

If your sleep study did not result in a diagnosis of OSA, answer the following questions:

Did you have a typical night's sleep during testing?

Yes No

What type of test did you take?

Lab Home

If you answered *No* or *Home*, consider testing again and/or testing in a lab.



It's important to know:

A diagnosis provides you with more information about yourself and helps you take another step in the right direction toward better health. There are multiple treatment options available, and your doctor can help you decide which might be right for you.²¹

Managing Daily Life With OSA



You've Been Diagnosed With OSA. What's Next?

There are several treatment options for your OSA, with the most common being **Continuous Positive Airway Pressure (CPAP)** therapy. CPAP uses a machine that delivers a steady flow of air into your airway while you sleep, helping to keep the airway open.²⁵ In recent years, CPAP machines have become smaller, quieter, and CPAP masks have been refined to increase comfort.²²

In addition to CPAP therapy, patients with OSA are encouraged to maintain a **healthy lifestyle**, which includes eating well and staying physically active.^{7,21} For those with a narrow airway due to their bone structure, **surgery** or **oral appliances** may help keep the airway open during sleep.^{7,21}

Once you and your doctor choose the treatment that works best for you, it is important to stick with it and attend follow-up appointments with all the doctors involved in your care.^{7,21}



Let's Discuss Some Common Concerns and Misconceptions about OSA

I've heard a lot of negative things about lab testing.²³

If you are not comfortable with lab testing, you may want to consider testing at home. Many insurance companies cover home sleep tests, and this is a common option for diagnosing OSA.²⁴

Are CPAP machines uncomfortable and noisy?²³

Recent improvements have made CPAP machines smaller, quieter, and more comfortable. New masks are more compact, and some machines automatically adjust air pressure throughout the night for a more comfortable sleep.²²

I don't want to have to visit a sleep specialist.²³

Today, many doctors can screen for OSA and order sleep studies directly, so seeing a specialist may not always be necessary.¹⁶

My health care providers do not seem to be well coordinated, and it seems like it is affecting my treatment.²³

Proper coordination between your doctor and any specialists is important. There are many resources to help simplify this process. See www.resmed.com/en-us/sleep-apnea/sleep-blog/helpful-resources-for-sleep-apnea-patients/ for detailed information on how to maximize your OSA treatment.



Being Diagnosed with any Condition can Feel Overwhelming, but it's an Important Step Toward Better Health.

Here are some questions you may want to ask your doctor during your next visit²⁵:

a) Should I see a specialist? How often should I have doctor visits to manage my OSA?

b) What treatments are available? Which treatment do you think would be best for me and why?

c) I have other health conditions. How can I best manage these conditions together?

d) What support groups or resources are available so that I can connect with others who have OSA?

Patients with OSA may need to see various specialists to manage their condition effectively.²¹

Use the space below to take note of key healthcare providers involved in your care:

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