

CPAP & You: Treating Sleep Apnea

Your partner rolls over and smacks you on the chest in the middle of the night. “You’re snoring again,” she whispers. You grumble, turn to your side and try to drift back to dreamland.

Gennie Anderson, Respiratory Care Manager for Prism Healthcare Services, warns that many snorers are actually suffering from sleep apnea. Often, the partner’s complaints are the first indicator of a possible sleep apnea diagnosis.

Apnoea is Greek for suspension of breathing. Any stopping of breath could classify as apnea. Those with sleep apnea cease breathing at various points and frequencies through the night.

Anderson describes how snoring plays a role. “That reduction or partial airway closing during sleep is identified by a snore,” she says. “Essentially, that snore can be just as detrimental to your sleep—and thus troublesome to your health—as apnea.”

Is It Sleep Apnea?

If you’re sleepy for more than a few days and no other reason can be identified, something may be interrupting your sleep. Mood and concentration are often affected by multiple nights of poor sleep. If this sounds like you, it’s worth seeing your primary care provider.

A neurologist or pulmonologist and sleep specialist are typically the physicians enlisted to determine what’s happening. A physical exam, medical history and sleep study provide the necessary data to begin a course of treatment.

The sleep study monitors your breathing for reduced or obstructed airflow. It can be conducted in a sleep lab, hospital lab or your home.

CPAP Device: Regulating Breath via Mechanical Means

If you are diagnosed with sleep apnea, you’ll be prescribed treatment with a CPAP (continuous positive airway pressure) machine.

“CPAP has a flow generator in the device that pulls in-room air, and then gently pressurizes that air before delivering it to the patient,” explains Anderson. The air is transmitted through a mask. Sleep studies guide the physician as to how much air pressure is needed from the CPAP device.

Mask options vary by patient need and preference. The nasal pillow mask is the least obtrusive yet takes some time for patients to acclimate. The nasal mask covers the nose only. The full-face mask covers the nose and mouth, working well for mouth-breathers.

The most important part of CPAP treatment is using the mask every night. It takes a few weeks to adjust to the pressure and the mask. A respiratory therapist performs the initial set-up and trains patients on CPAP use.

myAir App Encourages Use

ResMed invented the CPAP machine and has created an app to track use. The myAir app aids with patient compliance, attaching scores to usage. The majority of points are based on how long the mask is worn overnight. Another portion of points are based on the quality of seal when applying the mask. Points may be gained by leaving the mask on overnight and reducing apnea occurrence or snores.

With CPAP treatment, you may get a better night's sleep while improving overall wellness. Additionally, your partner won't need to hush your snores, ensuring you *both* get a full night's rest.



***To listen to an interview with Gennie Anderson, Respiratory Care Manager for Prism Healthcare Services, follow this link: <https://radiomd.com/alden/item/37747>*