

# Diagnosis: Obstructive Sleep Apnea

## What is it?

Obstructive Sleep Apnea (OSA) is a disorder in which breathing repeatedly stops and starts due to collapse of the upper airway during sleep. This can cause low oxygen levels that can be harmful to health and quality of life.

## What causes it?

There are several causes of Obstructive Sleep Apnea:

- Decrease in upper airway muscle function
- Structural upper airway factors
  - Craniofacial structure, which is often hereditary
  - Soft tissue structure, including tongue size, pharyngeal walls, and soft tissue of neck, often hereditary
  - Fluid in soft tissues of neck caused by medical conditions

The most common symptoms of OSA are:

- Daytime sleepiness
- Snoring
- Gasping, choking, or interruptions in breathing during sleep
- Morning headaches
- Nighttime awakenings
- Waking up at night to go to the bathroom

Chronic interruption of sleep is related to many other conditions. Some complications of OSA are:

- High blood pressure
- Heart arrhythmias
- Congestive heart failure
- Insulin resistance, which can lead to development of diabetes mellitus, also known as Type 2 Diabetes

## How is it diagnosed?

Your healthcare provider (HCP) will recommend one of the following diagnostic tests:

- **Overnight Sleep Study (Nocturnal Polysomnography (PSG)):** you go to a facility where you are connected to monitors for your heart, brain, and lung activity while you sleep. The PSG test is either a diagnostic or split-night study, which includes CPAP fitting half the night if OSA is present.
- **Home sleep test:** a simplified breathing monitor which tracks your oxygen levels, breathing, and breathing efforts. It does not provide as thorough an assessment as an overnight test.

OSA is diagnosed if 5 or more obstructive airway events per hour are present. Mild OSA is defined by 5-14 events per hour, moderate OSA by 15-30 events per hour, and severe OSA by more than 30 events per hour.

## Fatphobia and Body Weight in Diagnosis and Treatment

Unfortunately for fat patients, the greatest difficulty to receiving necessary and proper treatment is often getting past the fatphobia of their HCP. Fat patients are often prescribed weight loss as a “treatment” for OSA.

Even if body size has something to do with your sleep apnea, and it may very well not, weight loss is not an appropriate recommendation for treatment because it is not an ethical, evidence-based treatment. You can read more about why we don't recommend weight loss here: <https://haeshealthsheets.com/why-we-dont-recommend-intentional-weight-loss/>

Strategies to deal with this include asking your HCP to give you the same treatment they would give a thin patient, or making vague references to how long weight loss might take while asking for other immediate treatment options.

## So you have Obstructive Sleep Apnea. How is it treated?

Like all health issues sleep apnea happens to people of all sizes. But because of fatphobia, fat patients can have a more difficult time getting proper treatment.

Based on your test results, you may be referred to an Ear, Nose, and Throat (ENT) Specialist to rule out any blockages, and/or to a sleep specialist.

Treatments options may include:

### **Breathing Therapies**

- **CPAP (continuous positive airway pressure) machine:** Provides air pressure through a mask while you sleep in order to prevent upper airway collapse. The most difficult thing here is often compliance--the machine takes some getting used to. There are, however, many options for masks, so feel free to try different ones and keep trying. Some people find greater success by “practicing” when they are awake to get used to the machine.
- **Alternate Airway Pressure Devices:** these are similar to the CPAP but with key differences, auto-CPAP machines automatically adjust pressure (rather than giving constant pressure), BPAP (bilevel positive airway pressure) machines deliver more pressure on inhale and less during exhale.

### **Oral Appliances**

You’ll see your dentist for these. They are generally less effective than the CPAP, but are easier to use (and are more effective than having a CPAP that you never use). These devices are designed to keep your throat open, often by bringing your jaw forward while you sleep.

### **Surgeries**

Except in a small number of cases, this is typically considered a last-resort option after other interventions have not worked. It should be noted that so-called “weight loss surgeries” are not an appropriate options due to their risks to both life and quality of life.

In select patients with particular anatomical findings, surgeries may include removal of enlarged tonsils or adenoids, nasal turbinate reduction, removal or reduction of the uvula and part of the soft palate, lower airway surgery, jaw repositioning, or implantation of a nerve stimulator.