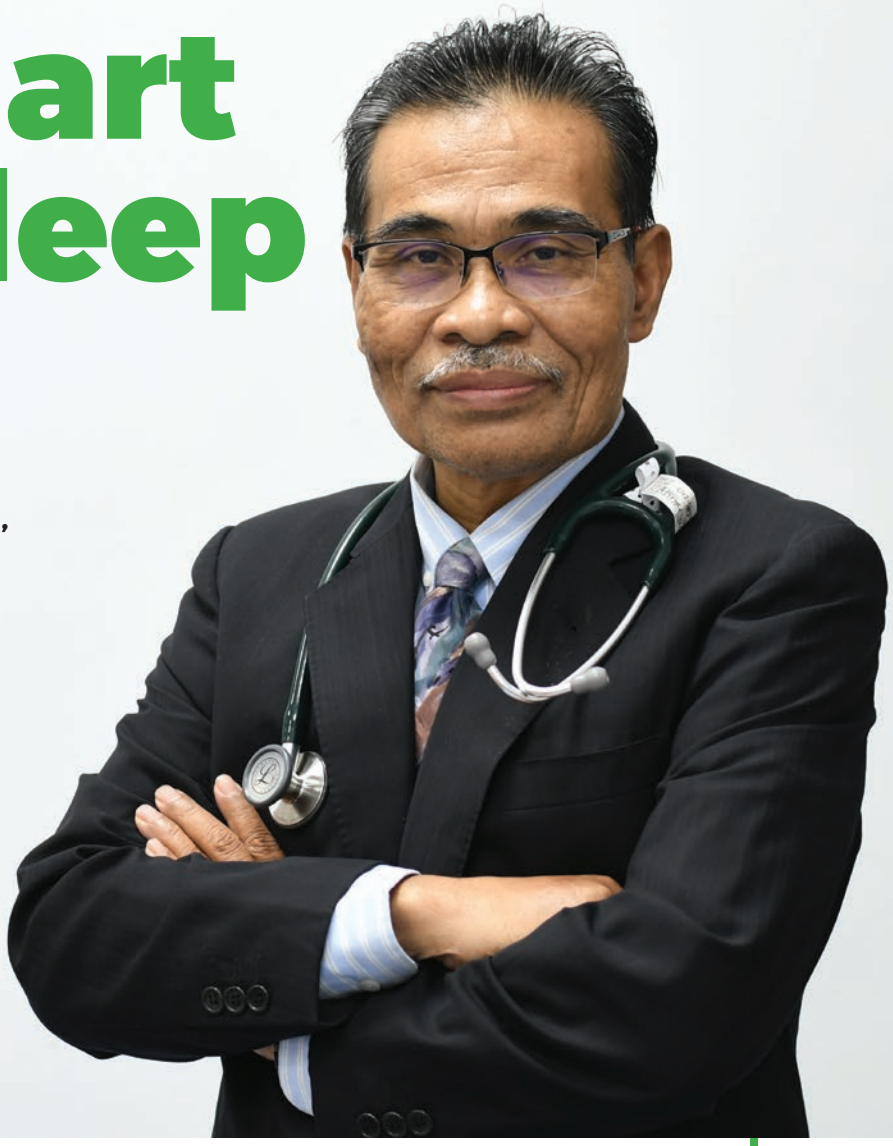
# Stay **Smart** About **Sleep**



**Dr Ashari Yunus has 34 years of experience, and for the past 20 years, has specialised in sleep apnoea, pulmonary hypertension and lung transplants. He currently treats patients who suffer from long-term sleep disorders, which if left untreated, could turn life-threatening. In this article, Dr Ashari gives us more insight into one of the most common sleep disorders, Obstructive Sleep Apnoea (OSA).**

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## What is OSA and what are the typical symptoms that people should look out for if they suspect they may have it?

**OSA** *is the most common, in which the upper airway gets partially or completely blocked when you sleep and the obstruction causes the chest muscles and diaphragm to work harder to open up the blocked airway.* An obstruction is classified by a lack of airflow for at least 10 seconds.

OSA can have different intensities from mild to moderate to severe. Based on studies we conduct at the sleep laboratory, a patient can suffer from different types of sleep apnoea - central, mixed and obstructive.

People have to examine their symptoms carefully in order to tell the difference between habitual snoring and snoring due to sleep apnoea. The severity of their sleep deprivation is one way to know if there is a deeper problem. One key indicator is if they feel very sleepy during the daytime and it interferes with daily activities like driving and eating. In order to confirm this diagnosis, a patient can undergo a polysomnography (PSG) or sleep study to detect and confirm sleep problems.

## Could you tell us more about how people may develop sleep apnoea over the course of their lives?

People who do not suffer from OSA still have space for air to flow into their lungs so they don't develop apnoea. However, some people's airways are partially or completely blocked due to the shape and movement of the laryngeal and oropharyngeal muscles which do not adjust and relax properly while we are asleep. This tends to block the airway, especially if we sleep in a supine position. This can affect people whose airway muscles are significantly weaker.

Some patients lie down in a prawn position to help the apnoea but of course you cannot maintain this position when you are asleep and unconscious. Sleeping with a pillow under your back can help but this only works for mild cases.

## What are the biggest risks of sleep apnoea?

If a patient delay treatment, it can cause long-term complications. Patients could suffer subsequent effects on their heart. They could also develop an irregular heartbeat (arrhythmia) or have higher blood pressure. In the lungs, moderate to severe OSA has a risk of inducing pulmonary arterial hypertension, which is when there is high blood pressure in the lungs. Both effects can increase the possibility of heart failure later on.

People can also develop stroke because the brain receive minimal oxygen during periods of OSA. The brain can go into hypoxia and cells start to die if they go without oxygen for more than 3-4 minutes. Some people can also develop diabetes as a result of long-term OSA. As a patient gets sleepy, they will do less activities and in order to keep awake during working hours, will tend to eat and drink more. That is why treating sleeping disorders can help treat other complications, because OSA affects all parts of our internal system.

**We advise patients who feel sleepy during the day to come and get a check-up when your sleepiness starts interfering with work or social life. It could be an indication of a larger underlying problem with serious potential for complications. Snoring should not affect you in this way depending on the severity. With early detection and management, we can provide the appropriate care for your body and ensure your long-term health.**