

OSA · Sleep Apnea

A plain-English guide for you and your family

WHAT IS HAPPENING

When you sleep, the muscles that hold your throat open relax. In most people the airway stays open enough. But in obstructive sleep pauses in breathing (apnea) (OSA), extra weight around the neck, a small or crowded throat, weak throat muscles, or the natural sag of aging make the airway so narrow that it collapses completely when those muscles relax. Air stops. Oxygen drops. Your brain snaps you awake — often so briefly you do not remember — and you gasp to pull the airway open again. This happens dozens or even hundreds of times every night. You never get the deep, restorative sleep your brain and body need. During the day you feel exhausted, your attention drifts, and you can fall asleep at the wheel. Meanwhile, the nightly stress floods your body with adrenaline and cortisol (stress hormones), your blood pressure climbs, your heart rhythm can flip into atrial fibrillation (an irregular, quivering heartbeat) (a chaotic, fast heartbeat), and over years the strain raises your risk of heart attack and stroke. The good news: CPAP (continuous positive airway pressure) — a mask that gently pushes air into your throat all night — holds the airway open, stops the choking, and lets you sleep through the night. Weight loss, avoiding alcohol at bedtime, and sleeping on your side also help. Untreated OSA is dangerous; treated OSA is manageable.

What you might feel

- Loud snoring that stops and starts
- Gasping or choking during sleep
- Daytime sleepiness that interferes with work or driving
- Morning headache
- Dry mouth or sore throat on waking
- Trouble concentrating or memory problems
- Irritability or mood swings
- Witnessed pauses in breathing during sleep
- Waking up to urinate multiple times at night (nocturia)

Call the doctor right away if...

- Falling asleep while driving or during conversations
- New or worsening high blood pressure that does not respond to medicine
- Witnessed breathing pauses longer than ten seconds, especially with turning blue or gray
- Chest pain, irregular heartbeat, or waking up gasping for air with a racing heart
- Severe daytime sleepiness in someone who operates heavy machinery or cares for children

What the care team will do

- Check oxygen saturation with pulse oximetry every 4 hours and during sleep if the patient is admitted to the hospital.
- Keep the head of the bed elevated at least 30 degrees at all times.
- Make sure the CPAP machine is set up correctly with a mask that seals without gaps and tubing that is not kinked.
- Teach the patient to avoid alcohol, sedatives, and sleeping pills, especially within 6 hours of bedtime.
- Watch for signs of right heart strain such as swelling in the legs, neck veins that bulge, or new shortness of breath.
- Screen for depression and memory problems using simple questions about mood and whether the patient forgets recent events.
- Coordinate a referral to a dietitian if BMI is over 25 and discuss a weight-loss goal of 10 percent of body weight.
- Educate the patient that CPAP must be used every night for at least 4 hours to prevent heart attack and stroke.

Medicines you may be given — and why

Continuous Positive Airway Pressure (CPAP)

CPAP is a machine that gently pushes air through a mask you wear at night. The steady stream of air acts like an invisible splint that holds your throat open. When you have sleep pauses in breathing (apnea), the soft tissue in the back of your throat relaxes and collapses during sleep, blocking the airway like a straw pinched shut. CPAP keeps constant pressure in your throat so it cannot collapse, allowing air to flow freely to your lungs all night.

Weight loss (diet and exercise)

Losing weight reduces the amount of fat tissue around your neck and throat. Fat deposits press inward on the airway like a tight collar, making the tube narrower and more likely to collapse

when you sleep. Shedding even 10% of your body weight can shrink these fat pads, widen the airway, and lower the number of breathing pauses each night. In many people with mild to moderate pauses in breathing (apnea), weight loss alone can bring the pauses in breathing down to safe levels or eliminate it entirely.

Oral Appliance (Mandibular Advancement Device)

An oral appliance is a custom-fitted mouthpiece you wear at night that looks like a sports mouth guard. It holds your lower jaw (mandible) slightly forward, which pulls the tongue and soft tissue away from the back of your throat. By moving the jaw forward, the device opens up the space behind the tongue and makes it harder for the airway to collapse. It works best for mild to moderate sleep pauses in breathing (apnea) or for people who cannot tolerate CPAP.

Positional Therapy

Positional therapy trains you to avoid sleeping on your back. In many people, sleep pauses in breathing (apnea) is much worse in the supine (back) position because gravity pulls the tongue and soft palate backward into the airway. Sleeping on your side keeps the tongue from falling back and opens the throat. Devices like special pillows, vibrating alarms, or a tennis ball sewn into the back of a shirt remind you to stay off your back all night.

Avoid Alcohol and Sedatives

Alcohol and sedative medications (like benzodiazepines, sleeping pills, and opioids) relax the muscles in your throat even more than normal sleep does. This makes the airway floppier and more likely to collapse. These substances also dull the brain's response to low oxygen and high carbon dioxide, so you take longer to wake up and restart breathing after a pause. Avoiding them—especially in the hours before bed—keeps your airway tone stronger and your brain's protective reflexes sharper.

Where this information comes from

- American Academy of Sleep Medicine (AASM) clinical practice guideline 2020
- American Thoracic Society (ATS) OSA statement
- U.S. Preventive Services Task Force (USPSTF) 2022 screening recommendation
- UpToDate clinical topic review on obstructive sleep apnea in adults

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