Literary Review

Review of: Sounds like sleep apnea by Hopkins (1986/1987)

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SOUNDS LIKE SLEEP APNEA

Harold Hopkins

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Mr. Hopkins details the sleep apnea syndrome which affects at least 2.5 million Americans (Reference: *Guide to Better Sleep*, American Medical Association). During sleep, victims stop breathing for periods of 10 seconds to three minutes. Families are disturbed by the loud and persistent snoring, snorts, and gasping for breath. The sufferer typically faces days of fatigue due to lack of restful sleep.

The condition was first known as the Pickwickian Syndrome resulting from Charles Dickens description in *The Pickwick Papers* (1836) of a sleepy red-faced character called Fat Boy. Dickens considered the traits of daytime sleepiness a subject for fun. Only since 1966 have the daytime symptoms been connected to the potentially life-threatening sleep disorder. Alcohol, sleeping pills, and tranquilizers taken when the condition is misdiagnosed as insomnia can worsen the symptoms.

Centers for the study of sleep disorders have proliferated, enabling accurate diagnosis of sleep apnea and other disorders. Hopkins describes three types of sleep apnea syndrome: Central Apnea; Obstructive, or Upper-airway Apnea; and Mixed Apnea. Central apnea, in which the brain "forgets" to breathe until the oxygen-starved brain cells reactivate the breathing cycle, is extremely rare. More common are the obstructive or combined central and obstructive syndromes. Typically the musculature of the soft palate, uvula, and sometimes the tongue, are drawn inwards with air intake and block the upper airway during sleep.

Sleep apnea is more common in males, and is associated with obesity and a short neck. Children with the condition often function poorly in school. In infants, it has been connected with Sudden Infant Death syndrome. Loud snoring usually signals the onset of an episode of obstructive apnea. The snoring stops when the soft tissues block the airway. Eventually, the muscles of the respiration build up sufficient pressure to blow open the airway. This stage is signaled by gasping noise and partial awakening. The victim falls asleep again and the cycle repeats itself. Serious health, personality, and

intellectual deficits are associated with its progression.

Treatment may be as simple as changing the sleeper's position. Elevating the head to allow gravity to keep the tongue forward, or side sleeping (encouraged by sewing an object into the back of the sleeping garment), can solve the problem. Most treatments have been developed for obstructive sleep apnea. The article describes diet regimens, medications, surgeries, and a variety of devices that have been employed. Some severe cases require tracheostomy which is a drastic but unailing solution to the problem. Other surgeries include: Tonsillectomy and adenoidectomy; removal of nasal polyps; correction of deviated septum; and uvulo-palato-pharyngoplasty to tighten and trim excess tissue. This last procedure is helpful in 50% to 60% of obstructive sleep apnea cases. Of the devices, one gaining popularity is a system called Continuous Positive Airway Pressure reportedly effective in about 85% of sleep apnea cases. The mechanism drives air through a nose mask with sufficient force to overcome the obstruction.

Mr. Hopkins emphasizes that persons with serious sleep problems of any kind should see a physician. Referral may then be made to a Sleep Disorders Center. For a list of accredited centers, write to the Association of Sleep Disorders Centers, 604 Second Street SW, Rochester, MN 55902.

Editor's Comment: *I would like to thank Ms. Barbara Eck, Washington, DC, for bringing this article to our attention. Members wishing to obtain the original article are directed to their local library. It seems that mouth breathing is a predisposing factor to sleep apnea. It would be professionally interesting to know how frequently sleep apnea co-exists with orofacial myofunctional disorders, and whether it is ever corrected by establishing closed-lip posture and nasal breathing. Members with clinical or research experience in this area are invited to comment.*