

TERAPY FOR OBSTRUCTIVE SLEEP APNEA: LEARNING TO SLEEP OFF YOUR BACK

Apnea (OSA) is a disorder where people stop breathing for anywhere from 10 seconds up to minutes while asleep. Apnea means "without breath". A obstruction of the airway at the back of the throat that causes breathing to stop while sleeping. Short term effects of OSA include disturbed sleep. There are also long term complications such as high blood pressure and increased risk of heart attacks and stroke.

about one out of every four patients with obstructive sleep apnea have what is called positional OSA. In other words, there are more episodes waking up on one's back versus lying on one's side. This is not a surprising finding as many bed-partners of OSA patients know from experience. Snore pauses in breathing are seen while these patients are lying on their backs. In medical terms, sleeping on your back is referred to as supine

therapy

on the effectiveness of sleeping on your side, called "positional therapy", for mild to moderate positional OSA. Most bed partners know this therapy and often try to make their snoring partner move onto their side during the night to stop their snoring. A well-positioned elbow and a vigorous nudge can help stop snoring! Positional therapy is learning to sleep off the back. Simply telling yourself to sleep off your back will not work. All of the options listed below are individual to learn to sleep on the side throughout the night. After a period of training the above devices may sometimes no longer be required.

For OSA are continuous positive airway pressure (CPAP) or a dental/oral appliance. For some patients on these therapies, learning positional therapy can help with CPAP, or decrease the amount of adjustment needed on their dental appliance.

Positional therapy strategies that can help people who have mild apnea that occurs mostly when sleeping in the supine position. The strategy used for the device is to make it uncomfortable to sleep on your back, so that you remain on your side throughout the night. Positional therapy has its limits, but it has been tried with success.

One method involves sewing a pocket on the back of a tight fitting T-shirt to fit just between the shoulder blades. A single or several tennis balls can be used. Alternatively, sew or attach a sock, filled with tennis balls or a big hard round object (like a piece of wood), length-wise down the back of your pajama top. It is uncomfortable to lie on your back and you will usually move onto your side.

Another method is a T-shirt fitted with 3 to 4 Styrofoam cylinders on the back.

A device can be filled with pillows, or a football, and worn to bed. This should prevent the individual from rolling over onto his or her back. Alternative devices are purchased such as advertised on www.endsnoringnow.com.

A long body pillow lengthwise can prevent rolling on one's back. Body pillows are available at most large department stores. A large u-shaped body pillow is available from www.HammacherSchlemmer.com (enter keyword "body pillow")

Behavioral

Behavioral therapy will be activated by rolling over onto one's back. Initially it also will cause awakening but after a while one may be trained and alarming will stop.

Pharmacology

Medications are an important part of the treatment program. Behavioral therapy may further improve the response to positional therapy. You should avoid taking sleeping pills (first consult your family doctor), which make the airway more likely to collapse during sleep and intensify and/or prolong the period of apnea.

for OSA

is not advised for all patients with OSA., especially for severe OSA. A large number patients find it too uncomfortable to only sleep on their side nignipliance my solve the problem.