

SleepCaptions

Additional Sleep-Breathing Disorders

The following list describes some of the less common sleep-breathing disorders:

Congenital Central Alveolar Hypoventilation Syndrome: a rare condition affecting infants. It occurs when they take small, shallow breaths or do not breathe at all. Oxygen levels sometimes decline. Some babies will only experience this condition from time to time, while others will experience it all of the time. Very often, it occurs during sleep. Babies with this syndrome must be properly diagnosed. Treatment involves sleeping with a breathing machine. (See also, **Children and Sleep.**)

Hypoventilation/Hypoxemia Due to Lower Airways Obstruction: the inability of the lungs to properly exchange oxygen and carbon dioxide during sleep. It is caused by a reduction or narrowing of the size of the airway, or by the resistance to proper airflow. People with chronic bronchitis, emphysema, cystic fibrosis and any other lung disease that causes a lower airway obstruction are most likely to develop this problem. Treating the lower airway obstruction is important. CPAP or BPAP therapy, or the use of oxygen at night may also help.

Hypoventilation/Hypoxemia Due to Neuromuscular and Chest Wall Disorders: the inability to breathe deeply enough during sleep to maintain normal oxygen levels. It is due to an abnormal spine, chest wall or neuromuscular disorder, such as muscular dystrophy. Spinal abnormalities should be surgically corrected, or braced at night, if possible. Oxygen therapy or the use of a BPAP machine during sleep is often necessary.

Hypoventilation/Hypoxemia Due to Pulmonary Parenchymal or Vascular Pathology: decreased oxygen levels during sleep due to a disease of the lung tissue or blood vessels. People with sickle cell anemia or interstitial pneumonitis are most likely to develop this. It is imperative to treat the underlying condition with appropriate medication or

other therapies. Oxygen therapy or the use of a CPAP machine during sleep may be necessary.

Obstructive Sleep Apnea (OSA) in Children: reductions in breathing (hypopneas) or complete pauses in breathing (apneas) that occur when airway muscles relax during the sleep of children. Children with OSA often have enlarged tonsils or adenoids. They snore loudly, sleep in unusual positions, and appear to have trouble breathing. Even brief episodes can reduce oxygen levels. Untreated OSA in children may lead to developmental delays. Adenotonsillectomy to remove tonsils, adenoids and related tissue is the most common and effective treatment. (See also, **Children and Sleep.**)

Non-Obstructive Alveolar Hypoventilation, Idiopathic: reduced breathing volume during sleep and at times during wakefulness. It is a rare condition that reduces oxygen levels at night. However, it is not related to obesity, an obstruction, or a medical problem. It is more common in people who use sleeping pills, anti-anxiety medications, pain killers, and alcohol. Treatment may involve the use of oxygen or bi-bap therapy at night.

Primary Sleep Apnea of Infancy: pauses or reductions in breathing that occur during the sleep of infants. Premature infants or those with brain injuries tend to develop Mixed Sleep Apnea, which involves a combination of OSA and central sleep apnea. Older infants tend to develop central sleep apnea. Central sleep apnea occurs when the body diminishes or stops the "effort" to breathe. The hypoxemias or reduced oxygen levels that result are very dangerous to babies. A breathing machine or medications may be necessary until the infant outgrows symptoms.



Do I Have A Sleep-Breathing Disorder?

I snore loudly.

I am overweight.

Others complain that I snore, gasp or choke during sleep.

I have high blood pressure.

My mouth is dry when I awaken.

I wake up with a headache or sore throat.

My excessive tiredness does not respond to good sleep habits.

I have Irritable Bowel Syndrome.

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Most Common Sleep-Breathing Disorders

Sleep Apnea and Hypopnea Syndromes: any of three sleep disorders involving frequent disruptions of breathing during sleep.

Upper-Airway Resistance Syndrome (UARS): a sleep-breathing disorder characterized by upper airway resistance to breathing during sleep.

Snoring: causes of snorting, gasping or other noises during sleep, including: Sleep-Breathing Disorders, Dental Problems, and Enlarged Tonsils which may or may not be related to a sleep-breathing disorder

Sleep-Breathing Disorders

Sleep-Breathing Disorders: a group of sleep disorders characterized by breathing difficulties during sleep. The millions of Americans with untreated Obstructive Sleep Apnea and other sleep-breathing disorders are at risk for heart disease, hypertension, and automobile accidents. Because lapses in breathing only occur during sleep, people with these disorders are usually not aware of their problem until a bed partner or other observer points it out.



Need more information?

Visit the SleepMedicine Education web site at: sleepmedicineeducation.com for additional publications. See also:

SleepIssues: "Sleep-Breathing Disorders"

SleepGuides: "Treating Sleep Disorders"

To schedule an appointment at any Sleep Medicine Centers location, visit

www.sleepmedicinecenters.com

or call:

(716)92-DREAM

(877)53-SNORE



Of the estimated 18 million Americans with sleep apnea, the largest incidence occurs among middle-aged men.

A 2000 study by the Walter Reed Army Medical Center (in which 44 of 527 patients were found to have UARS) found that UARS may occur in the absence of snoring and may be a cause of excessive daytime sleepiness.

Did You Know?

A number of studies have revealed a correlation between Sleep-Breathing Disorders and increased weight and age.

According to a study in the American Journal of Respiratory and Critical Medicine, even mild Obstructive Sleep Apnea (OSA) increases the risk of cardiovascular disease.