Sleep Apnoea

Habitual snoring is common in the general population, occurring in 44 percent of males and 28 percent of females who are between 30 and 60 years of age. Occasional snoring is almost universal.

However, snoring can be a serious health concern, disrupting family life, and adversely affecting one's feeling of well-being. It may also indicate the need for medical treatment.



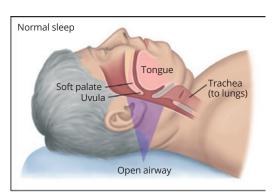
Sleep apnoea

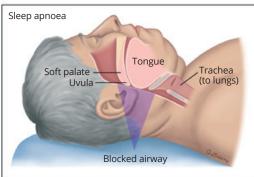
Sleep apnoea is a condition in which a person's breathing is interrupted during sleep, through obstruction of the airway or as a result of damage to the breathing centre in the brain.

Symptoms of sleep apnoea:

- · Habitual loud snoring
- · Waking up throughout the night choking or gasping
- Grogginess upon waking up
- Morning headache
- · Impaired memory and concentration
- Irritability
- · Decreased sexual ability in men

Some people with sleep apnoea do not have symptoms, or are unaware they have them. They might think that it is normal to be tired or to snore a lot.





Types of sleep apnoea

1. Obstructive Sleep Apnoea (OSA)

Obstructive sleep apnoea is the more common type of sleep apnoea. When OSA occurs, the airway is blocked, preventing normal airflow to the lungs. The oxygen level in the blood thus falls, and the brain, as well as other body parts, becomes oxygen-deprived.

Males and overweight people, as well as those born with a small lower face, a small mouth, and a tongue that seems too large for the mouth are more prone to suffer from this disorder. Tonsil enlargement can also be an important cause, especially in children. Current smokers (but not past smokers) are nearly three times more likely to have OSA than non smokers.

2. Central Sleep Apnoea (CSA)

In central sleep apnea, breathing is abnormal because of a change in the breathing control and rhythm. Generally, this is due to damage to the breathing centre in the brain as a result of trauma, stroke or other diseases, and the brain fails to send the right signals to the muscles to make a person breathe. Some reports indicated that CSA is also associated with severe heart failure.

3. Mixed Sleep Apnoea

People who suffer from obstructive and central types of sleep apnoea at the same time are sometimes referred to as having mixed sleep apnoea.

Complications of sleep apnoea

Sleep apnoea can become detrimental to health due to the complete obstruction to breathing. If left untreated, sufferers will become more vulnerable to the following ailments:

- Hypertension
- Heart attack
- Congestive heart failure (a condition in which the heart cannot pump enough blood to the body's other organs)
- Abnormal heart rhythms
- Stroke
- Headaches
- Impotence

Testing for sleep apnoea

There are standardised tests to detect excessive day time sleepiness — defined as sleepiness that occurs in day light hours when most people are awake and alert. The "Epworth sleepiness scale (ESS)" is one such test. It is a simple self-scoring system that can give a preliminary assessment from which the doctor can determine the most appropriate follow-up. The ESS is part of the regular lifestyle investigation in health assessments conducted at Matilda International Hospital (MIH) and Matilda Medical Centres.

The Epworth Sleepiness Scale (ESS)

0= Would never doze off 1= Slight chance of dozing off 2= Moderate chance of dozing off 3= High chance of dozing off

1. Sitting and reading	0	1	2	3
2. Watching TV	0	1	2	3
3. Sitting inactive in a public place (e.g. a theatre or a meeting)	0	1	2	3
4. As a passenger in a car for an hour without a break	0	1	2	3
5. Lying down to rest in the afternoon when circumstances permit	0	1	2	3
6. Sitting and talking to someone	0	1	2	3
7. Sitting quietly after a lunch without alcohol	0	1	2	3
8. In a car while stopped for a few minutes in traffic	0	1	2	3

If the score is greater than 10, further investigations may be indicated.

Sleep Study

The diagnosis of sleep apnoea is best made by a knowledgeable sleep medicine specialist who has an understanding of the individual's health issues. The study is usually performed in a sleep laboratory or a special purpose room, such as the one at MIH. A full sleep study is called a polysomnogram (PSG). The polysomnogram measures the breathing effort and airflow, blood oxygen level, heart rate and rhythm, duration of the various stages of sleep, body position, and movement of the arms and legs.

To prepare for the day of the PSG sleep study, patients should avoid any food and medicine that cause either sedation, such as sleep medicines, antihistamines or cough medicines or heighten alertness, such as caffeine-containing drinks. It is very important that patients let medical staff know what medications they are on.

The preliminary result will be ready on the next working day and it will be sent to the attending doctor for follow up.

Treatment

One of the most effective treatments for sleep apnoea uses a mechanical device to keep the upper airway open during sleep. A continuous positive airway pressure device (CPAP) uses an air-tight attachment to the nose, typically a mask, connected to a tube and a blower which generates the pressure. If CPAP treatment is advised following the sleep study a fitting will be scheduled. The CPAP should then be used during sleep, day or night.



Surgery is another option for people with mild to moderate sleep apnoea. One such surgical procedure reshapes structures in, and opens up, the upper airways.

A change in personal lifestyle will also improve general well-being through maintaining a healthy weight, smoking cessation and regular exercise. Alcohol and sedatives should be avoided before sleep, and sleeping on the side rather than on the back has been shown to reduce snoring.

















Matilda International Hospital and the Matilda Medical Centre will work with ENT (Ear Nose Throat) specialists, to provide an integrated solution, from assessment, diagnosis, to the appropriate treatment, of the below sleep-related breathing disorders:

- Obstructive Sleep Apnoea
- · Central Sleep Apnoea
- Mixed Sleep Apnoea

Medical Surgical Department, Matilda International Hospital

References from:

UpToDate health information source

Checked by:Dr Amos Lo, Otorhinolarynologist

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睡眠窒息症

在屆乎30至60歲的人士中,有百分之44的男性及百分之28的女性會經常性的打鼻鼾,這是一個常見的現象。然而,打鼻鼾可影響個人健康和生活質素,甚至打擾家人,嚴重的更須求醫治理。



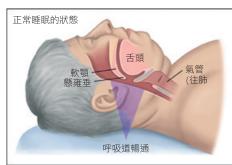
睡眠窒息症

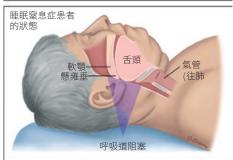
睡眠窒息症屬於與睡眠有關的呼吸失調疾病。患者會因呼吸道受阻,或因腦部控制呼吸功能的中樞受損,而不斷「扎」醒,不能好好睡眠。

睡眠窒息症的病徵:

- 經常性作吵耳的鼻鼾
- 整夜因間歇性停止呼吸而甦醒
- 起床後仍覺疲累
- 早上感到頭痛
- 記憶力衰退及不能集中精神
- 脾氣變得暴躁
- 男士性機能減退

不過,部份患上睡眠窒息症的人士並沒有明顯的病徵。有些人則誤以為經常感疲倦或打鼻鼾是正常的現象,從而忽視病徵。





睡眠窒息症的類別

1. 阻塞性睡眠窒息症 (Obstructive Sleep Apnoea)

阻塞性睡眠窒息症是較常見的睡眠窒息症類別。當呼吸道受阻 時,空氣不能暢通地進入肺部,導致血氧量下降,令腦部及其 他器官亦缺氧。

身為男性、過重、下臉及口部細小或舌頭比例上較口部為大的人士患上阻塞性睡眠窒息症的機會較高。此外扁桃腺脹大亦是主要因素之一,尤其在小童患者中較為顯著。另外,吸煙者(已戒煙的除外)患上阻塞性睡眠窒息症的機會,亦較非吸煙的人士高出3倍。

2. 中樞性睡眠窒息症(Central Sleep Apnoea)

中樞性睡眠窒息症發作時,呼吸會因呼吸功能及頻律受擾亂而變得不正常。這情況通常是由於腦部呼吸中樞受創傷、因中風或其他疾病所影嚮,令腦部無法維持正常呼吸的功能。另外,有醫學研究顯示,中樞性睡眠窒息症與嚴重心臟衰竭有連帶關係。

3. 混合性睡眠窒息症 (Mixed Sleep Apnoea)

混合性睡眠窒息症概指一些同時患有阻塞性及中樞性睡眠窒息症的人士。

睡眠窒息症可引致的併發症

由於睡眠窒息症患者在睡眠中呼吸道經常受阻,若不及時治理, 會增加患以下疾病的風險:

- 高血壓
- 心臟病
- 充血性心衰竭(心臟未能把血液壓送到體其他器官)
- 心律不正
- 中風
- 頭痛
- 性功能減退

如何辨別是否患有睡眠窒息症

市面上有不同的基準測試,可確認出一個人有沒有出現過度的 睡意 - 即在一般人能保持精神奕奕及醒覺的情況下,仍感睡意。 「Epworth嗜睡計算表」(ESS) 是其中一個常用的簡單自我評估 表,能提供醫生一個初步參考,以便再作適切跟進。「Epworth嗜 睡計算表」是明德國際醫院及明德醫療中心例行身體檢驗的指定 項目之一。

Epworth 嗜睡計算表 (ESS)

 0= 未曾發生
 1= 很少機會

 2= 中等機會
 3= 很大機會

1. 坐著和看書時	0	1	2	3
2. 看電視時	0	1	2	3
3. 在公眾場合安靜坐著時 (如在戲院裡或開會中)	0	1	2	3
4. 坐車連續超過一小時	0	1	2	3
5. 下午可以躺下休息時	0	1	2	3
6. 坐著與別人交談時	0	1	2	3
7. 午後安靜坐著時(沒有喝酒)	0	1	2	3
8. 坐車時當交通停頓數分鐘時	0	1	2	3

如總分超過10分,便應求醫並作更深入的跟進。

睡眠監察

欲得到更精準的診斷,就須向醫生求助。醫生可能會建議求診者於「睡眠室」或特別功能病房中接受整夜的仔細睡眠監察 (Polysomnography [PSG])。明德國際醫院備有此專門用作睡眠觀察的病房,供全面PSG睡眠測試用。PSG測試會量度睡眠時呼吸的力度及流通量、血氧度、心跳及心律、處於不同睡眠階段的時間、睡眠時的姿勢以及四肢的活動。

為預先妥善準備進行PSG測試,病人須於測試當日停止服用提神的食品,如含咖啡因的飲料,或助眠的藥物,如帶睡意的防敏感藥或咳藥。另外,病人必須讓主診醫生事先得悉日常服用的所有藥物。

初步的報告會於測試後的首個工作天得出,並會交予主診醫生作 分析及跟進。

治療方案

保持上呼吸道暢通是治療睡眠窒息症最有效的方法之一。「正氣壓睡眠呼吸機」(或CPAP - Continuous Positive Airway Pressure)便是常用的治理儀器。醫生參考PSG測試結果後可能會建議在家中以「正氣壓睡眠呼吸機」作跟進。此儀器每逢睡眠便應使用。使用時,患者須配載一個連接著正氣壓吹氣機的鼻罩。



至於患有輕度至中度睡眠窒息症的人士,醫生會考慮動手術來開通呼吸道。

其實, 祇要保持健康的生活習慣, 例如戒煙、保持適當的體重及 多做運動, 便可改善睡眠質素。另外, 有研究指出, 睡前若能分 別避免喝酒及服用鎮定藥品, 並且打側身體睡眠, 可減少受鼻鼾 困擾。



明德國際醫院及旗下明德醫療中心與耳鼻喉專科醫生,為患者提供全面性評估、診斷及治療方案,以針對以下不同睡眠窒息症:

- 阻塞性睡眠窒息症
- 中樞性睡眠窒息症
- 混合性睡眠窒息症

撰寫:

明德國際醫院內外科

參考資料:

UpToDate 網站

核對:

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