

Obstructive sleep apnea common among older men



ASK THE DOCTORS DR. ROBERT ASHLEY

Dear Doctor: My wife's uncle, who lives with us, is 76 and obese. I have noticed he sleeps an awful lot — to me, anyway. He sleeps approximately five or six hours a night and then later while sitting on the couch. He frequently takes afternoon naps or will fall asleep while reading and will also fall asleep while watching TV at night. My wife doesn't seem to be concerned. Should we be?

Dear Reader: The quick answer is yes, you should be worried. I wouldn't assume that your wife's uncle's sleepiness is a function of age. I don't know the specifics about his past medical conditions or other aspects of his overall health, but the details you provide make me suspect sleep apnea.

Obstructive sleep apnea is a common disorder, affecting 15 percent of adult males, that occurs when people are sleeping. The biggest risk factors are obesity, being male and older age. Your wife's uncle has all three of these. In a 2000 study of 700 adults, published in the *Journal of the American Medical Association*, every 10 percent increase in weight is associated with a sixfold increase in the rate of sleep apnea. With the rates of obesity increasing over the last 30 years, the rates of sleep apnea have also increased.

In sleep apnea, lying flat creates an obstruction of the airway, so much so that the person stops breathing. This is noted as a pause in breathing that can last for a few seconds to longer than a minute. What the partners of sleep apnea patients typically hear is snoring that stops when the patient's airway obstructs. This is followed by a lack of breathing sounds, then a gasping of air as the patient tries to recover his or her breathing. Patients themselves don't notice this pattern.

Because sleep apnea interferes with deep sleep (stages 3 and 4), sleepiness and fatigue are the most common signs of sleep apnea. But the risks go be-

yond sleepiness. Chronic sleep apnea in men leads to a higher risk of hypertension and diabetes and lower testosterone levels. Over the years, sleep apnea places stress upon the heart, increasing the risk of heart attacks and strokes. Further, sleep apnea increases the risk of abnormal heart rhythms in the middle of the night, which can lead to sudden death. Considering the degree of your wife's uncle's daytime sleepiness, he may have severe sleep apnea.

I would voice these concerns to your wife's family members, and urge them to enroll him in a sleep study for a definitive diagnosis. I have many patients whom I suspect of having sleep apnea, but who are reluctant to take part in a sleep study because they don't want to sleep in a lab, even one designed for sleep. If your uncle shares that fear, tell him — as I tell my patients — that a sleep study can also be done in the comfort of their own home with a monitor hooked up in the house.

After diagnosis comes treatment. Sleep apnea is correctable with use of a pressure mask that keeps the airway open, called CPAP, for continuous positive airway pressure.

That's not to say CPAP is an easy cure. Many people have difficulty using this mask at night, and still others don't want to investigate the possibility of sleep apnea for fear of having to wear a mask over their face all night.

For those who have difficulty with CPAP, a device called a mandibular advancement device is also an option. This device acts like a rigid retainer to push the lower jaw forward and open up the airway.

Despite the unpleasantness of the remedies, your wife's uncle and family should be made aware that sleeping all day isn't normal and that a sleep study is vital. The health risks are too great to ignore.

Robert Ashley, M.D., is an internist and assistant professor of medicine at the University of California, Los Angeles. Send your questions to askthedoctors@mednet.ucla.edu, or write: Ask the Doctors, c/o Media Relations, UCLA Health, 924 Westwood Blvd., Suite 350, Los Angeles, CA, 90095.