

# Women more at risk for sleep apnea than first thought

BY CLINT COOPER  
STAFF WRITER

Younger women have a greater risk now of developing obstructive sleep apnea than physicians once thought, a local board-certified sleep-medicine specialist said.

"Until recently, it was thought that sleep apnea was more a disease of men and old men," said Dr. Anuj Chandra, chairman of the Advanced Center for Sleep Disorders on East Brainerd Road, the medical director of the Sleep Well Center at Parkridge Hospital and a fellow in the American Academy of Sleep Medicine. "We know from recent data that's not true."

A study in the August edition of the journal *Annals of Allergy, Asthma and Immunology*, for example, noted that 21 percent of the 677 participating young adults with asthma experienced habitual snoring, the primary symptom of obstructive sleep apnea.

The mean age of the study participants was 29.6 years.

More than 18 million people in the United States suffer from sleep apnea, a condition that causes people to stop breathing while they are sleeping, according to the American Sleep Apnea Association. Of those, around 90 percent are undiagnosed, the association says.

The risks of women going untreated are similar to those of men, Dr. Chandra said.

Obstructive sleep apnea is linked to fatigue, strokes, diabetes, cardiac arrhythmia and other conditions, he said. In

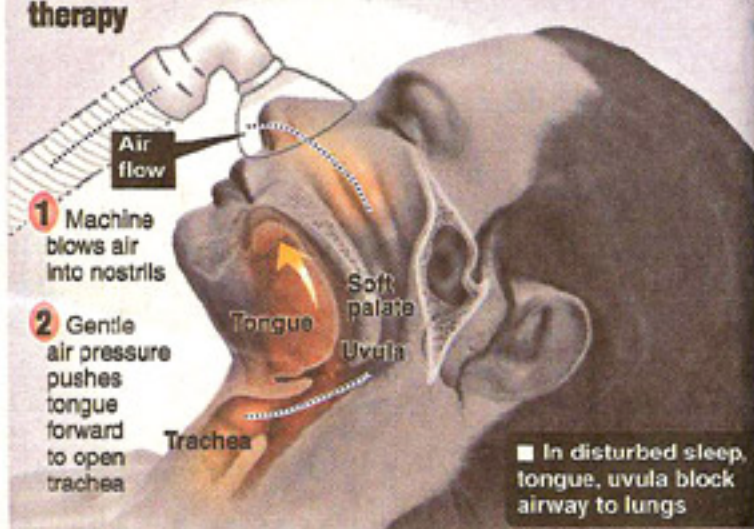
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## Women's Health

### Treatment for sleep disorder

People with obstructive sleep apnea can get relief from disturbed sleep by using a machine to regulate nighttime breathing.

**CPAP** (continuous positive airway pressure) therapy



### Face masks

#### Full-face

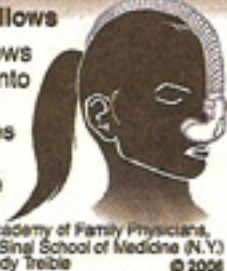
■ Air pressure through nose, mouth or both



### Nasal pillows

#### Nasal pillows

■ Air blows directly into nostrils; minimizes contact with face



Source: American Academy of Family Physicians, CPAP World, Mount Sinai School of Medicine (N.Y.)  
Graphic: T.G. Tao, Judy Treble  
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# Sleep

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women, it is also linked to fibromyalgia, chronic fatigue syndrome and depression, he said.

"In younger women, sleep is as important as in older ages," Dr. Chandra said. "Many younger women are burdened with taking care of a child and working. If sleep suffers, the whole body suffers. And that can have a negative impact on the whole family."

All people who may have

sleep apnea — especially young women — should be screened, he said.

Dr. Chandra said he started the first campaign in the country for screening for obstructive sleep apnea to be done at all wellness exams and at all physicals. He said he has made headway with some doctors and some medical societies, but there is more to be done.

"We need much more of a concerted effort, an organized campaign," he said.

Too many women, according to Dr. Chandra, ignore their

symptoms for 10 or more years, don't get a "test that doesn't hurt" and turn up their noses at "very benign treatment."

"If you snore at night and are tired during the day, bring that to the attention of your health care provider or seek out a sleep clinic, but don't push it to the back burner," he said.

Often, treatment of what he refers to as "the not so silent killer" has "changed their life around," Dr. Chandra said.

## FACES OF SLEEP APNEA

■ Alberta Johnson, 55, said she was having trouble sleeping, was restless, anxious and tired. "I had no energy, and I was sluggish," the retired Chattanooga teacher said. After Ms. Johnson visited a local sleep center for an evaluation in January, experts recommended she begin using a continuous positive airway pressure (CPAP) device. Nine months later, "I feel less tired and have a little bit more energy," she said. "I don't have as much anxiety."

■ Linda Floyd, 45, of Trenton, Ga., already took several medications and required oxygen from a disabling lung disease, but she found herself at the point of being narcoleptic and falling asleep

at inappropriate times. "I was not aware I had it," she said. "I would say I was just tired and needed rest."

However, Ms. Floyd's mother alerted her to the likelihood she had sleep apnea and should see a professional. Once she went to the Center for Family Medicine in Trenton and was told she had "one of the worst cases" in the area, she was put on a continuous positive airway pressure (CPAP) device and now leads a "healthy and productive life." She said her sleeping patterns are normal as long as she uses the device. "It's given me freedom that is amazing," said Ms. Floyd, whose mother and sister are now seeking the same treatment.

## RISK FACTORS

- Obesity
- Family history of apnea
- Structural abnormalities of the nose, throat or other part of the respiratory tract such as polyps, severely enlarged tonsils, deviated nasal septum
- Hypothyroidism
- Sedatives and sleeping aids
- Alcohol consumption
- Smoking

## SYMPTOMS

- Fatigue and sleepiness during waking hours
- Loud snoring
- Breathing that stops during the night (noticed by the sleeping partner)
- Repeated waking at night
- Unrefreshing sleep
- Morning headaches
- Poor concentration or problems with memory
- Irritability or short temper
- Depression

## TREATMENT

- Weight loss, "a huge factor in this disease," can cause the symptoms to go away completely or at least regress, Dr. Anuj Chandra said.
- The standard of care for sleep apnea is continuous positive airway pressure (CPAP) treatment, in which patients wear masks that provide continuous air while they sleep, he said. While the treatment has gotten a bad rap, the technology has evolved, Dr. Chandra said. The masks are increasingly more comfortable, and the attached machine is around the size of a CD case. "Given time," he said, "most will get used to it, with the right support."
- The American Academy of Sleep Medicine has approved oral dental devices.
- Surgery can be done, though it exposes the patient to more risks, Dr. Chandra said.

Source: Parkridge East Hospital Sleep/Wake Center