

Sleep Apnea

“Sleep Apnea” is a term that refers to diminished breathing during sleep. It is a condition associated with a variety of factors and can be very significant to patients with chronic pain. There are two types of sleep apnea: “Central Sleep Apnea” and “Obstructive Sleep Apnea” as well as a combination of the two, termed “Mixed Sleep Apnea.”

“Central sleep apnea” is diminished breathing during sleep that occurs when medications suppress the brain’s drive to make one breathe. There are many medications that suppress the brain’s drive to breathe during sleep including opiates (pain medications like Lorcet, oxycodone, morphine and methadone), benzodiazepines (like Xanax, Valium and Klonopin), sedatives (sleeping pills) and many psychiatric medications (such as antidepressants), muscle relaxers (especially Soma) and, most importantly, alcohol. It is this suppression of breathing associated with use of these medications and/or alcohol that is why overdosing with these medications causes death.

“Obstructive sleep apnea” is diminished breathing during sleep related to airway obstruction that may result from nasal obstruction (such as with deviated nasal septums) and/or throat obstruction (generally manifested as snoring). When a person has significant airway obstruction during sleep, it results in reduced air flow and reduced oxygen in their blood. Snoring generally becomes worse during the deep stages of sleep when muscles become most relaxed. When the oxygen levels drop, the brain signals the sleeper to arouse from their deep sleep to light sleep so that breathing becomes more effective and the oxygen levels increase again. After awhile, the person returns from their light sleep back again to deep sleep until their oxygen levels drop again and they are driven back to light sleep.

If a person has significant airway obstruction, this cycling back and forth between deep sleep to light sleep can occur literally hundreds of times during a night’s sleep. The end result is that the person never actually gets enough deep sleep. Deep sleep is the time during which we get the most benefits from sleep. Without enough deep sleep we do not feel well rested and we are considered sleep deprived. Those with sleep deprivation tend to suffer from fatigue, daytime drowsiness, irritability, depression, weight gain, increased risk for high blood pressure and diabetes and poor pain control. So it is important to identify those who have significant airway obstruction because it is treatable and those who get treatment will have more energy and less fatigue, better moods, and better pain control.

Risk factors for obstructive sleep apnea include: loud snoring, observed periods when breathing stops momentarily during sleep, obesity, males>females, thick necks and age >50 y/o.

Identifying and treating obstructive sleep apnea in patients with chronic pain is especially important. First, to improve pain control by treating the obstructive sleep apnea. But patients with chronic pain who take opiates and other medications that suppress breathing also may suffer from central sleep apnea and may be less responsive to the drop in oxygen associated with their obstructive sleep apnea. This can result in prolonged drops of oxygen resulting in a heart attack or simply not waking up. This is the mechanism believed to be a contributing factor to the recent increased accidental deaths related to increased use of prescription pain medications.

Now, don’t be afraid to go to sleep, These problems are not likely to affect patients on steady doses of usual medications. They have developed tolerance to their medications and do not appear to be at high risk. However, if one takes extra doses of their medications, adds new medications that may suppress breathing or if they drink alcohol, they may tip into a dangerous situation. Or if their obstructive sleep apnea goes untreated and worsens, they may get into a dangerous situation. This risk is most worrisome if a patient has surgery and takes more pain medications in their post-operative period.

Your physician can screen for patients at high risk for obstructive apnea and can refer you for a sleep study to determine if there is a problem. The condition can be treated with medications, sleep aids (including CPAP or BiPAP, which are pressurized breathing masks worn during sleep) or surgery. Treatment generally results in marked improvement in symptoms, including improved energy, better mood, reduced pain and reduced risk of accidental death.

Please discuss any concerns with your physician and seek further assessment when advised.