SHAW AMERICAN FINANCIAL CORPORATION

Obstructive Sleep Apnea (OSA)

Obstructive sleep apnea (OSA) is common and under-diagnosed. Symptoms often include excessive daytime sleepiness (*EDS*) and loud snoring. In addition, the sleep partner may report cessation of breathing. Complete cessation of breathing is known as **apnea** while **hypopnea** is partial cessation of breathing. Dangers associated with untreated sleep apnea include hypertension, lung damage, right heart failure, and heart rhythm irregularities. There may be dulling of memory and intellect, depression, and a high risk of motor vehicle accidents. When sleep apnea is combined with other disorders (such as cardiac, cerebrovascular, or pulmonary diseases), mortality risk increases. Obesity is a strong risk factor because there is excess tissue in the throat that leads to airway collapse (*thereby causing the obstruction and resulting apnea*) in the lying position. Alcohol and sedatives can exacerbate tissue collapse in the upper airway by further relaxing the body. Severity is determined through an overnight polysomnography (*sleep study or PSG*). Success of treatment is documented by follow-up sleep studies.

Basic treatment includes weight loss, avoidance of stimulants and alcohol prior to bedtime, adjustment of sleep position to avoid sleeping on the back, and so on. Significant weight loss is seldom maintained long term. Treatment usually requires CPAP (*continuous positive airway pressure*) or BiPAP (*bilevel positive airway pressure*). These are mechanical devices that use a mask and air pump to provide airflow during inhalation of breath and thus preventing collapse of the airway. Successful treatment depends on compliance of the individual in using the device every night for several hours, but some people are unable to adjust to the mask and machine noise. A surgical procedure, known as uvulopalatopharyngoplasty (*UPPP*), involves the removal of excess tissue of the soft palateand relieves most snoring problems. Oral devices for the mouth also reduce snoring, but often, neither UPPP nor devices prevent apnea. More aggressive surgical treatment may be necessary. Tracheotomy, which is curative, involves permanent placement of a tube into the neck. Surgery to change the shape of the jaw or the tongue helps in some cases. Rating for OSA is determined by the severity of the disease – as measured by the number of apnea and hypopnea episodes per hour (*apnea-hypopnea index or AHI*) and by the degree of hypoxia (*low blood oxygen level*). Favorable features include mild disease (*low AHI and minimal hypoxia*), consistent use of CPAP/BiPAP, controlled blood pressure, no risky driving events, and no co-existing heart or lung disease. Favorable cases are generally not rated. For example, a client compliant with CPAP and normal blood pressure would not be rated and would be eligible for preferred classifications. Other cases range from Table B to rejection.

If your client has sleep apnea, please answer the following:

1. Please list date of diagnosis:

_____

2. Please note date of most recent sleep study and attach a copy of the report.
_____ (date)

3. Was the sleep apnea diagnosed as:
Obstructive ___
Central ___
Unknown ___

4. How is the sleep apnea being treated?
Observation alone Weight loss ____
C PAP/BiPAP mask Surgery ____
Other ____
Please give details
_____

5. Is your client on any medications?
Yes, please give details
_____

6. What is your client's weight and blood pressure?
_____

7. Please check if your client has had any of the following:
Lung disease Accidents such as motor vehicle accidents ___
Heart disease Arrhythmia ___
Stroke Depression ___

8. Has your client smoked cigarettes or any other tobacco product in the last 5 years?
Yes, please give details
_____

9. Does your client have any other major health problems (*ex: cancer, etc.*)?
Yes, please give details
_____