

# You've Received Your Sleep Apnea Diagnosis—Now What?

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If you or a loved one has received a sleep apnea diagnosis, you are not alone: sleep apnea affects nearly 1 billion people globally. Thanks to technological advances, both the diagnosis and treatment of sleep apnea have become a lot easier and more accessible for people at risk. We created Lunella to allow those at risk to both take the test and get a diagnosis from a board-certified sleep physician from the comfort of their own home, rather than undergoing an overnight study in a sleep lab.

In order to empower you with information about sleep apnea—what it is, diagnosis and treatment—we asked sleep expert Dr. Robert Rosenberg, D.O., FCCP to share some of the most commonly asked questions and answers he gets after evaluating a patient's sleep data and delivering a sleep apnea diagnosis.

## What is sleep apnea?

If you have made it this far, you likely have an idea of what sleep apnea is but may want to know more about the condition. Sleep apnea is a common sleep disorder in which breathing starts and stops multiple times throughout the night. The number of times an individual stops breathing in a given amount of time can vary, which is why there are different severities of sleep apnea: mild, moderate and severe.

## You may have been diagnosed with one of two types of sleep apnea:

1. **Obstructive sleep apnea:** OSA occurs when the muscles in the back of your throat relax. These muscles support the soft palate, the uvula (the triangular piece of tissue hanging from the soft palate), the tonsils, the side walls of the throat and the tongue. When the throat muscles relax, your airway narrows or closes as you breathe in. This closure may be complete or partial. As a result, you can't get enough air, which can lower the oxygen level in your blood. Your brain senses your inability to breathe and briefly rouses you from sleep so you can reopen your airway. This awakening is usually so brief that you don't remember it, but it fragments and negatively impacts your quality of sleep. You might snort, choke or gasp. This pattern can repeat itself five to 30 times or more each hour all night, impairing your ability to reach the deep, restful phases of sleep.
2. **Central sleep apnea:** In central sleep apnea, which is less common than obstructive sleep apnea, the airway is open, but the brain fails to signal the muscles of the respiratory system to breathe, usually due to an unstable respiratory control system in the brainstem. In this form of sleep apnea, there is no effort made to breathe for prolonged periods of time. This results in a drop in oxygen and numerous awakenings from sleep, leaving you sleepy and fatigued during the day.

## **I've been diagnosed with mild sleep apnea; does it still need to be treated?**

Sleep apnea severity is defined by the number of times an hour you stop breathing. Mild is five to nine, moderate is 10 to 29, and severe is 30 or more. If you have mild sleep apnea, it is typically recommended that you treat it. In fact, one study demonstrated that people with MCI (mild cognitive impairment) and mild sleep apnea benefited greatly when their sleep apnea was treated. Another study showed that even in mild sleep apnea, hypertension was more likely to occur. Sometimes treating mild sleep apnea is simply a matter of implementing lifestyle changes, such as losing weight, changing sleep position, getting more exercise or quitting smoking. Regardless, you should always consult your physician for a recommendation tailored to your specific health needs.

## **I've been diagnosed with sleep apnea and have been prescribed CPAP therapy. What is CPAP therapy?**

If diagnosed with sleep apnea, you were most likely prescribed a device called a continuous positive airway pressure (CPAP) machine. A CPAP machine requires a prescription from a board-certified sleep physician and works by providing a gentle flow of pressurized air that prevents your airway from collapsing while you sleep. The air is delivered through an air hose and mask worn throughout the night.

## **Where do I get my CPAP machine?**

If you have been prescribed a CPAP device, you will need to fill that prescription through a durable medical equipment (DME) supplier. Your first step will be to locate your local brick-and-mortar DME, who can guide you toward the best CPAP to address the type and severity of your sleep apnea. If you're insured, CPAPs are covered under the DME provision in most policies. Unless you are paying out-of-pocket for your CPAP, health insurance will usually dictate which CPAP you get, based on the results of your sleep study; check with your insurance company on which devices and DME providers are covered under your plan.

It is the DME supplier's job to walk you through how to calibrate your CPAP and how to fit your mask and equipment to ensure that you're comfortable. They will also supply you with CPAP accessories, such as masks, hoses and filters. In addition, it is their responsibility to make sure your CPAP pressure is set appropriately and take care of any mechanical problems you might have with your machine.

You also have the option of going online to obtain your CPAP. Many CPAP suppliers service sleep apnea sufferers through this channel. And if you'd like to do your own research, Sleep Review magazine publishes a "PAP matrix" that compares the features of leading CPAP devices, weighing considerations, such as warranty, operating modes, pressure relief, dimensions, weight, noise level, ramp time, operating pressure range and data recorded.

## What is CPAP therapy like?

It's true that many people struggle with getting comfortable with their CPAP equipment at night. But keeping a positive attitude can help you get over initial hurdles and make the necessary adjustments to get to the inevitable reward: better sleep and a better quality of life. It's important to give yourself time to warm up to the therapy and troubleshoot accordingly in order to get used to a new sleep experience that can make a world of difference over time. Remember, if you've just been diagnosed with sleep apnea, you're certainly not expected to be an expert on CPAP therapy. Surround yourself with a supportive team to help encourage you and provide advice during the adjustment period. This team should include your doctor or sleep specialist, your CPAP machine provider, and friends and family.

## How can I ensure that CPAP therapy is comfortable?

Since CPAP therapy is, for most people, something you may need to do for the rest of your life, comfort and ease of use is tantamount when it comes to ensuring that you successfully incorporate your CPAP machine into your nightly routine.

There are a variety of reasons why sleep apnea patients say they got off to a rough start with CPAP therapy, including insomnia, claustrophobia, and/or a runny nose or dry mouth. However, most of these issues can be corrected, either simply by getting used to therapy (practice really does make perfect) or by using a CPAP machine with a "ramp" feature that allows you to start your therapy with a lower air pressure that slowly increases as you fall asleep. You can also take steps to address the specific problem you're having. For example, if you're waking up with a dry mouth in the morning or find yourself removing the mask during sleep, it may be beneficial to wear a chin strap at night. Or if you're having trouble falling asleep, try making lifestyle adjustments, such as avoiding caffeine and alcohol before bed and doing relaxation exercises.

A mask that fits well is the most important ingredient for a comfortable night's sleep with your CPAP machine. Your mask should never feel uncomfortable, cause pain or irritate your skin. Be sure to try out different masks, as there are numerous options available and ways to make the fit more comfortable. CPAP masks come in different sizes and can be adjusted. It's important to work with your DME supplier to make sure your mask is comfortable and fits properly.

## What other options do I have for treating sleep apnea?

CPAP therapy has been shown to be the most effective treatment for sleep apnea. However, you may have been prescribed bilevel positive airway pressure (BiPAP or BPAP) instead, which is very similar in function and design to a CPAP machine. Surgery may also be an option, and oral appliances and diet and lifestyle modifications can also ease sleep apnea symptoms.

## I received my diagnosis and don't have sleep apnea at all. What could it be?

Some disorders that have similar signs and symptoms include:

- Insomnia can cause middle-of-the-night or early-morning awakening, as well as lethargy during the day; learn more here.
- Narcolepsy can cause disturbing dreams, daytime sleepiness and frequent awakenings; learn more here.
- Sleep deprivation is the cumulative effect of not getting enough sleep for any reason and can cause moodiness, accidents and other problems; learn more here.
- Depression and sleep are strongly linked and daytime lethargy or sleep that's not restorative could be caused by a mood disorder; learn more here.
- Circadian rhythm disorder causes disruption to your natural sleep-wake cycles; learn more here.

If you tested either positive or negative for sleep apnea and would like to speak to a sleep specialist about your test results, call [Lunella at 1-833-586-3552](tel:1-833-586-3552) and we will help you schedule a consultation for \$99.

This blog post contains general information about medical conditions and potential treatments. It is not medical advice. If you have any medical questions, please consult your doctor.

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