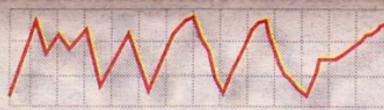


THE HEART BEAT



By Dr. Omid Kohani

Dr. Kohani is a clinical cardiologist with advanced training in diagnostic cardiac imaging practicing in Lake Success, and has active affiliation with Long Island Jewish Hospital and North Shore University Hospital of Manhasset.

What you need to know if you snore!

We fall sleep at night when we are tired from our daily activities.

For many of us we fall sleep as we think about our past, present, or future.

We close our eyes and sooner or later, we are in a different state of being; a state of unconsciousness, hibernation and restoration. But what if, every 15 to 30 minutes our body wakes up without actually waking us up from sleep? Would this natural pattern of restoration be disturbed frequently? Yes, it would.

Sleep apnea in essence is disruption of body's restoration particularly affecting the respiratory and cardiovascular system. Sleep apnea, as the name refers is frequent cessation of breathing or apnea for seconds during sleep without wakefulness.

The effect of such phenomenon has been noted and researched recently and awareness of it among healthcare providers to screen patients has increased. Sleep apnea has detrimental consequences however if diagnosed properly it is treatable and in some patients, curable.

Sleep apnea in medical literature is basically divided in two types, namely Obstructive Sleep Apnea (OSA) and Central Sleep Apnea (CSA). Normally the body muscles and tone relaxes during the sleep. The tissue around the airway system in our neck relaxes and it may obstruct breathing during sleep. This usually happens in patients who are obese and have thick necks.

The signs of OSA are loud snoring, daytime sleepiness, and frequent napping while sitting, irritability/mood swings, and sexual dysfunction.

CSA has to do with brain malfunction of breathing during sleep. Such individuals may not be obese and snore at night but eventually would manifest the consequence of sleep apnea. OSA is much more common than CSA.

Cessation of breathing decreases oxygen in our circulation to our vital organs.

Two main cardiovascular consequence of such events are elevated

blood pressure, elevated pressure in the lung circulation causing what's called pulmonary hypertension, and namely congestive heart failure and weakening of the heart muscle to pump adequate blood supply to the body.

Other associate risks of OSA include strokes, diabetes, and abnormal heart rhythms. These symptoms may take years to develop but if caught and screened early, they can be prevented.

Diagnostic work up includes sleep study, which an individual is monitored overnight in a sleep center and frequency and timing of each episode of apnea is recorded and severity of sleep apnea is measured. An echocardiogram is needed to evaluate heart function and evaluation for pulmonary hypertension. Blood work and referral to a sleep specialist is generally recommended.

The first line of treatment is lifestyle modification, which include weight loss, avoidance of sedatives, alcohol intake, smoking, and muscle relaxants. In many patients, significant optimal weight loss may cure the problem.

While these measures are in process, a Continuous Positive Airway Pressure (CPAP) machine should be used which has a mask and is worn at night to keep airways open. This device is crucial to delay and halt the awful outcomes of untreated sleep apnea. Surgery involving the neck tissues has been shown in selected patients to cure the disease in 95 percent.

So next time, if your spouse or family member annoys you or ridicules you about loud snoring, you may want to thank them to alert you to seek help, prevent cardiovascular disease and improve lifestyle.

As obesity is increasing, we have come to learn more of its effects on the body, notably sleep apnea. Sleep is important for our body to heal, recover and restore.

If you have any signs of sleep apnea as outlined above, speak to your doctor for further evaluation and appropriate treatments.