

RUA: Sleep Apnea

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Introduction

Snoring, it is loud, disturbs sleep, and is constantly a nuisance for anyone sleeping next to that person. Abruptly, the snoring finally stops, you are relieved that you can get some peace and quiet, but the snoring will almost always start back up again. The snoring will continue through the night, coming and going. The person that has stopped snoring abruptly, is not stopping their snoring, they are not breathing, and are completely unaware that this has happened; they are experiencing sleep apnea. Sleep apnea (SA), “is the most common sleep disordered breathing condition, and is characterized by periodic pauses in breathing during sleep (Jaffe and Schub, 2018)”. There are three different types of sleep apnea; the first being obstructive sleep apnea, which “affects 2%-4% of women and 4%-9% of men and is 2-3 times more common in older adults than in individuals 30-64 years of age (Jaffe and Schub, 2018)”. The second type is called central sleep apnea, which “affects <1% of the general population and <10% of patients presenting for polysomnography but is more common in patients with heart failure (25%-40%) and stroke (10%) (Jaffe and Schub, 2018)”. The final type is called mixed sleep apnea, which “occurs in 4%-19% of individuals with clinical and polysomnographic features of obstructive sleep apnea (Jaffe and Schub, 2018)”.

Etiology and Risk Factors

Sleep apnea is “more common in men and adults over the age of 40 (Scholten, 2020)”. Men are more often affected than women, and the incidence increases with age and obesity (body mass index [BMI] >30). Current estimates suggest that 3% to 5% of the adult population is affected (Hubert and VanMeter, 2017)”. Risk factors for sleep apnea include