Dr. Hendler: Hello and welcome to KP Healthcast. I’m your host today, Dr. Peter Hendler, and our guest is Dr. Douglas Tapper who is the chief of Pulmonary Medicine at Kaiser Hayward and Fremont. Dr. Tapper did his medical training at Stanford and has been with Kaiser Permanente since 1987. Welcome Dr. Tapper.

Dr. Tapper: Thank you Peter.

Dr. Hendler: Today we’re going to be talking and asking Dr. Tapper about sleep apnea. So first, what is sleep apnea?

Dr. Tapper: Well Peter, sleep apnea is a process where a person ceases to breathe during sleep. This can result in a drop in oxygen saturation which is the level of oxygen in the blood and can result in a diverse array of symptoms. Most people associate sleep apnea with snoring since most patients with sleep apnea do snore. In fact, most patients come to our attention because of snoring. But other things bring patients to our attention, and the most common other than snoring is actually somebody (their bed partner usually) observing the lack of breathing while the patient is sleeping. As you could imagine, seeing your bed partner stop breathing can be a pretty frightening event, and this very often precipitates a visit to the primary care physician.

Dr. Hendler: How would I know if I have sleep apnea?

Dr. Tapper: Well, that’s a good question, Peter.

Dr. Hendler: In fact, I’ll make it more difficult. If I don’t have my wife tell me that I have it?

Dr. Tapper: Well, that’s another good question because many people do self refer themselves. Internet, news magazines, newspapers, there’s been a lot of information in the last few years in the incidents of sleep apnea, so many people do understand that some of their symptoms could be related to sleep apnea. Those symptoms namely would be daytime somnolence, sleepiness during the day. Depression and irritability can also be symptoms of sleep apnea. One of the most common symptoms related to sleep apnea is waking up still feeling tired so we see a lot of patients come in. In particular, overweight obese patients come into our clinics complaining of daytime somnolence, sleepiness, as well as feeling fatigued when they wake up in the morning even without being observed to be snoring.

Dr. Hendler: Those are very common complaints that people have. Very often people, many people are depressed and have poor energy. Is there anything that would make them suspect that this was sleep apnea as opposed to other more common problems?
**Dr. Tapper:** Well, I think sleep apnea in the patient population of depressed patients is probably unrecognized quite a bit, and I would think anybody who is overweight with an elevated body mass index which is a measure we use to look at obesity which is actually one of the vital signs we now use when you see your primary care physician. It should be a sign that you may be a candidate for tests to see if you do have sleep apnea. Obesity in and of itself is not the only risk factor. In fact, we see a number of patients with sleep apnea who have ideal body weight so it cannot be completely ruled out in the patient population that is not obese.

**Dr. Hendler:** That brings up two questions. The first question would be if I snored, does that mean I have sleep apnea? And then another related question I’d tack onto that would be if you have sleep apnea, then does that mean necessarily that you do snore or is it possible to have sleep apnea and not snore?

**Dr. Tapper:** Well, Peter, those are good questions as well. If you do snore, the chances of you having sleep apnea are greater, but that in and of itself does not make you a candidate or necessarily a person suffering from a sleep related breathing disorder which is another name we use for sleep apnea. Snoring in itself can be a very big problem as far as a social problem. I like to say that if somebody comes in and their problem is snoring and they have none of the symptoms of sleep apnea, that maybe the other members of the household would be candidates for earplugs rather than trying to put the patient through a treatment for snoring. Now on the other hand I think it is important if somebody does snore and have symptoms that one could attribute to sleep apnea, that they should be tested. But you can snore and not have sleep apnea.

**Dr. Hendler:** And I have some children which are in college and we’re talking about people, families at home, and we’re imagining married couples, but in a crowded dorm where they nowadays have up to three or four people living in the same room, if one of the student snores, that can be a big problem for the other students.

**Dr. Tapper:** Well, this is. I’ve heard of patients, Peter, being asked to come in by their neighbors because they could be heard either in the next apartment, upstairs, downstairs, or next door so that sometime has generated referrals to sleep tests.

**Dr. Hendler:** Now my next question is, is there anything I can do for myself about sleep apnea, and I want to add to that that I see these things that football players wear on television, these Breathe Right things that go on your nose that are supposed to be for something like that. Is there anything I can do for myself, and could you comment on those Breathe Right things?

**Dr. Tapper:** Well, Peter, the best thing you can do in many cases is to be tested and undergo treatment if we do diagnose you with sleep apnea. We will go into that in a little bit but certainly if somebody is overweight and does snore, losing weight could be a positive factor in decreasing snoring and also the possibility of having sleep apnea. So weight loss is very important. On the other hand these Breathe Right strips do have a roll
in treatment, but they have an ancillary roll in treatment in that the treatments that we use (and we will be talking about something called CPAP), people who have nasal congestion can benefit by a Breathe Right strip to help the CPAP therapy work more efficiently. But in and of itself it is not a therapy for sleep apnea.

**Dr. Hendler:** Which brings is to the next question. Could you describe for us some of the actual treatments that are used nowadays for sleep apnea.

**Dr. Tapper:** Well, Peter, the gold standard for treatment is something called CPAP. That stands for continuous positive airway pressure. It’s been around now since about 1980, and it’s a treatment where positive pressure is applied generally to the nose and that opens up the airway to prevent the obstruction to airflow that occurs during sleep apnea. Not only is it the best treatment for sleep apnea, but it also is a good treatment for snoring. So I have seen some patients who just snore and don’t have sleep apnea use CPAP to deal with their snoring even though it is not necessarily causing them to have sleep apnea. CPAP is a very effective therapy, and it is, like I said earlier, the gold standard. It is the treatment that we recommend as the primary treatment. The reason for that is that we know it is 100% effective. I have classes where I see patients every week, and we start them on CPAP therapy, and I explain to them that if I can put a CPAP mask on them and apply the correct amount of pressure and then we did a sleep test, that we would not be able to detect any sleep apnea during the sleep test. In addition, it is very safe. It is not a medicine. It is not a surgery. It does not require any trips to the pharmacy or to the hospital. I’ve never had a patient come into the emergency room because of any severe side effects due to CPAP. On the other hand if we give people medications or surgery, there’s always a possibility of a side effect that can be very significant. The worst side effects we see with CPAP are stuffy nose, nasal congestion, dry airway, many things that we can easily overcome with working with the patient and our respiratory therapists.

**Dr. Hendler:** As you were talking I was remembering something that I heard about sleep apnea long ago. I was thinking that this CPAP is something relatively new in the history of mankind. And long ago there were no CPAP machines, but there certainly must have been sleep apnea.

**Dr. Tapper:** Oh, Peter, there certainly was and years ago when I had a little bit more time, I used to read Charles Dickens and Joe the fat boy was probably in, you’ll have to remind me.

**Dr. Hendler:** It’s the Pickwick Papers I think. They call it a pickwickian syndrome.

**Dr. Tapper:** A pickwickian syndrome. Exactly. So it was in the Pickwick Papers, and we have a description of the pickwickian syndrome because Joe the fat boy would sit at the dinner table. He would fall asleep at the dinner table and somebody would wake him up. He would take a few more bites of food and fall asleep again. Now Joe the fat boy was a relatively young man, and I’m sure he did not reach a ripe old age because of his severe sleep apnea.
**Dr. Hendler:** But it was interesting that before this syndrome was medically described, it was very accurately described and therefore known to exist from that book.

**Dr. Tapper:** You’re absolutely right, and even before 1980 when CPAP came along people did have sleep apnea, and the treatment at that point for severe sleep apnea was tracheostomy. Still there are rare cases where people come to our attention by being hospitalized who require tracheostomy for treatment of severe sleep apnea. Luckily with the advent of CPAP and much more sophisticated machines and masks, this is a very unusual occurrence these days.

**Dr. Hendler:** Yeah, I can imagine, but I see how that would also bypass the problem.

**Dr. Tapper:** It certainly will.

**Dr. Hendler:** Now, assuming that I have to sleep with a mask, is that hard, is that uncomfortable?

**Dr. Tapper:** Well, Peter, some people, and should preface this by saying there are all different levels of sleep apnea. When we have people come in, I’d like to back track a little bit and explain how we do the testing when somebody comes to our department. These days we’re in somewhat of a transition, but since we’ve been doing this for the last 15 years, we use a procedure called a pulse oximetry test. This is a test where we measure the oxygen level continuously through the night, and in most cases (I would say 75% of the cases), we can make a diagnosis of whether or not somebody has sleep apnea on the basis of that one test. Some patients have to come in and have a test we call a polysomnogram. That is a multichannel recorder that measures not only oxygen but listens to snoring, listens to chest movement and abdominal movement during sleep, and can be the definitive test to tell us whether or not somebody has sleep apnea or not. With both of these tests we break down sleep apnea into three general categories whether somebody has mild sleep apnea, moderate sleep apnea, or severe sleep apnea. And that’s important. The reason being is that somebody who has moderate or severe sleep apnea certainly will have some symptoms, we think. It’s a rare case where we would diagnose somebody with at least moderate sleep apnea and they wouldn’t have some of the symptoms we talked about earlier – daytime somnolence, irritability, even falling asleep behind the wheel of a car which is a very serious problem. And you move up the scale to severe sleep apnea, these are people who are at risk for severe cardiovascular consequences in the future of untreated sleep apnea. Patient’s can have heart arrhythmias related to sleep apnea. Hypertension is more difficult to treat for patients with sleep apnea, and we do know from studies the incidence of stroke is greater in the population of patients with sleep apnea who are not treated.

**Dr. Hendler:** Okay, assuming that I have sleep apnea and the mask is doing a very good job for me. What if I want to go on vacation?
Dr. Tapper: That’s another good question. And I don’t think I answered your previous question though about how easy it is to use the mask, and I think this is a good segue into talking about travel. The mask generally that we use for people is something called a nasal mask. It fits over the nose, and the masks have really improved over the last few years, and the comfort level is much better than they were initially. There are alternatives to a nasal mask. One is something called nasal pillows which is a smaller device that just fits into the nostrils directly, and this is for people who have some problems having something covering their face. On the other hand we have some people who are definitely mouth breathers and cannot tolerate just having the nasal mask on and need a full face mask. Now whether you have a nasal mask, face mask, or nasal pillows, if we can get the pressure right and a mask to fit you correctly, generally we can get most people through the night without any problem. I would say our compliance these days is upwards to 90% in people being able to use these devices for at least four hours a night, and if you can use these for four hours a night and you have moderate or severe sleep apnea, it will definitely result in positive benefits to your health and overall quality of life. Now as you mentioned, asked about travel, the fact is, is these machines are very portable. I have a number of patients who travel. Some patients have bought second machines so one will be at home and one they use to travel. These days it’s difficult obviously bringing things onto airplanes, but the airplane screeners know what CPAP machines look like, and it is very common for people to travel with these things without any difficulty. In fact, I have a number of patients who won’t even think about going anywhere, going on vacation, even going away for a weekend or an overnight trip without taking their CPAP machine. The other interesting thing is that these are portable enough to run on batteries so we have people go camping and take their CPAP machines with them. So you could see that we have a number of, we’ve had over the years a number of patients who have done very well with this and consider it an important part of their life. In fact, one question that I am going to answer without you asking is a lot of people ask me at our class, do I have to use this for the rest of my life? Well, I look at it as some people need eyeglasses. You take your eyeglasses off, you can’t see. You put your eyeglasses on, you can see. You use CPAP, you’re going to sleep well and feel better. You don’t use CPAP, you’re going to have sleep apnea.

Dr. Hendler: Thank you Dr. Tapper. Do you have any closing thoughts?

Dr. Tapper: Yes, Peter. I think it’s important to know that sleep apnea is a major public health problem. The treatment of sleep apnea has improved the quality of life for a great number of people. In fact, as I mentioned earlier I think, in the Hayward/Fremont area we’ve diagnosed well over 1200 people with sleep apnea a year, and I think that can only have a positive affect on our population’s overall health and well being. The one important note I would like to add to this is that it’s important for patients once diagnosed with sleep apnea to stick with the treatment. It may in some cases be immediate as far as the positive effects. For some people it may take quite a bit longer up to weeks to months. But I think overall sticking with the therapy will certainly be beneficial in the long run. Some people do ask, once I start CPAP for sleep apnea, is this something I will need to be on for the rest of my life? And I like to use the analogy that for some people they have to wear eyeglasses. If they take the eyeglasses off, they do not see very well.
They put them on, they can see and function normally. I like to use the same analogy with CPAP. In addition, I would like to mention that the Sleep Apnea Program in Hayward and Fremont is here to help everybody who has been diagnosed with sleep apnea continue with therapy, not just initially start CPAP therapy. Our department’s phone number in the Hayward/Fremont area is 785-2864, and we feel that anybody who is having a problem either with their equipment, having a problem tolerating CPAP therapy, or have any questions, give us a call, and we will always be there to try to do the best we can to help you treat sleep apnea.

Dr. Hendler: Thank you Dr. Tapper for that interesting show and telling us all about sleep apnea. I’d also like to thank our audience for listening to our podcast today on sleep apnea. KP Healthcast is created by the people at Kaiser Permanente in Fremont, Hayward, and Union City, California. These podcasts are for general information only. They’re not intended to be used as a substitute for medical advice given to you by your personal physician. If you or a family member have any of the conditions discussed in our podcast, we encourage you to discuss your individual case with your personal physician, as every case is different and your physician is in the best position to know what’s best for you. You can find all of our podcasts on our home page at http://www.kphealthcast.org. You can e-mail us at castmaster@kphealthcast.org. We’d love to hear from you. Check our home page regularly for new topics and, as usual, be on the lookout for new ways to THRIVE.