

# American College of Physicians releases new recommendations for treating obstructive sleep apnea

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People diagnosed with obstructive sleep apnea (OSA) should lose weight and use continuous positive airway pressure (CPAP) as initial therapy, according to new recommendations from the American College of Physicians (ACP) published today in *Annals of Internal Medicine*, ACP's flagship journal.

More than 18 million American adults have [sleep apnea](#), which increases the risk of [high blood pressure](#), heart attack, stroke, [heart failure](#), and diabetes and increases the chance of driving or other accidents. Sleep apnea is a leading cause of excessive [daytime sleepiness](#).

The most common type of sleep apnea is OSA, a condition in which the airway collapses or becomes blocked during sleep causing shallow breathing or breathing pauses lasting from a few seconds to minutes. The evidence shows that the incidence of OSA is rising, likely because of the increasing rates of obesity.

"Obesity is a risk factor for obstructive sleep apnea and the evidence indicates that intensive weight loss interventions help improve sleep study results and symptoms of OSA," said Molly Cooke, MD, FACP, president, ACP. Dr. Cooke is also a member of ACP's Clinical Guidelines Committee. "Plus, losing extra weight is associated with many other health benefits."

ACP recommends a mandibular advancement device (MAD) as an alternative therapy for patients who prefer it or who do not tolerate or comply with CPAP treatment.

"The evidence shows that a mandibular advancement device can effectively improve sleep study results and sleepiness," Dr. Cooke said. "However, CPAP more effectively raised the minimum [oxygen saturation](#) compared to MAD."

ACP's guideline, "Management of Obstructive Sleep Apnea in Adults," also includes advice to help physicians practice high value care.

"Physicians should stress the importance of compliance with treatments, especially CPAP," said Dr. Cooke. "Doctors should weigh patient preferences and the likelihood of therapy adherence against costs before initiating CPAP treatment."

The available evidence was limited on treating OSA with surgery, which is associated with serious adverse events and should not be used as initial treatment.

ACP developed the guideline based on a systematic evidence review sponsored by the Agency for Healthcare Research and Quality.

## **Risk Factors and Signs of Sleep Apnea**

Although OSA is more common in people who are overweight, the condition can affect anyone at any age. The risk increases as people get older. Men are more likely than women to have sleep apnea. A family history of sleep apnea also increases risk for the condition.

One of the most common signs of OSA is loud and chronic snoring. Others signs and symptoms of sleep apnea include morning headaches; memory or learning problems; inability to concentrate; feeling irritable,

depressed, or having mood swings or personality changes; waking up frequently to urinate; and waking up with dry mouth or a sore throat.

Provided by American College of Physicians

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