

Risk factors for Sleep Apnoea

Obesity - Fatty cells infiltrate the throat tissue, possibly narrowing the airways. Some research also indicates that Sleep Apnoea disrupts rapid-eye movement (REM) sleep, which in turn increases the risk for obesity.

Habitual snoring - Many, but not all individuals with Sleep Apnoea experience symptoms of snoring, gasping, and choking during sleep. Over time, however, the vibrations from habitual snoring may in turn cause the soft palate to lengthen. Snoring may actually be a *cause* of changes that trigger some cases of Sleep Apnoea, and not a consequence of it.

Family history - Inherited characteristics in the face and neck can cause breathing abnormalities.

Immune abnormalities - High levels of certain immune factors are present in people with Sleep Apnoea, causing shortness of breath, and weakness in the heart's pumping action.

Other medical conditions - Individuals with severe heartburn (Gastroesophageal reflux disease, or GERD) appear to be at higher risk of Sleep Apnoea. Sleep Apnoea is also associated with higher rates of heart failure.

If you feel you may be at risk, seeking an early diagnosis and appropriate treatment is strongly recommended.

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Information for Patients Sleep Apnoea



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This leaflet provides information on Sleep Apnoea, an under - diagnosed condition which probably affects up to one third of the population

Introduction

Does your bedroom reverberate with sounds like a revving motor cycle?

Have you heard of Sleep Apnoea?

Sleep Apnoea is a medical condition, possibly inherited, which must have existed since time immemorial, but is actually a fairly recent science in western medicine, dating back to 1965.

It is also an under - diagnosed condition which probably affects up to one third of the population with men more likely than women to be at risk.

There is a classic profile, but don't be fooled, research points to the need for proper diagnosis. Most people (but not all) who have Sleep Apnoea snore - but not all snorers have Sleep Apnoea.

The syndrome is characterised by brief interruptions of breathing (ten seconds or more) during sleep which results in a lowering of the oxygen content of the blood. The brain registers this reduction and briefly wakes the subject up in order to restore breathing.

This breaks the deep sleep patterns which are necessary for relaxation and truly restorative sleep.

The results may exhibit themselves in the form of headaches, tension, sore throat, sleepiness during the day and difficulties in concentrating.

One's partner may also suffer from loss of sleep as a result of this condition.

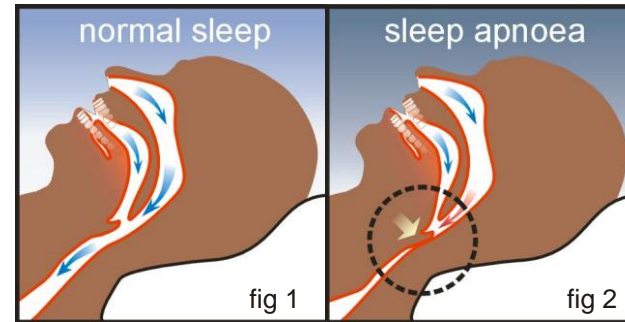
If you feel these symptoms apply, seeking an early diagnosis and appropriate treatment is strongly recommended.

Types of Sleep Apnoea

There are two types of Apnoea. Some people may have a combination of both.

Type one:- Obstructive Sleep Apnoea

In normal sleep air passes freely along the nasal and oral passages as shown in fig.1.



Obstructive Sleep Apnoea is a phenomenon of the palate which relaxes, vibrates and then presses on the airway, obstructing the normal passage of gas exchange from the lungs, see fig.2.

It is also possible that the patient may suffer from nasal polyps or other disorders of the septum which can obstruct breathing and becomes more obvious at night because of the relaxation of the palate. In extreme cases sufferers can stop breathing for up to sixty seconds.

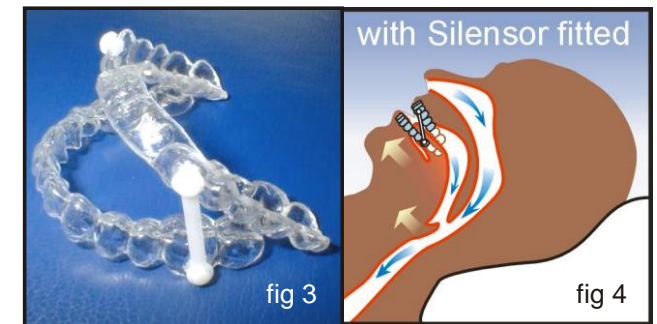
This recurrent syndrome leads to; asphyxia, hypertension, depression and daytime fatigue. Most sufferers do not realise the cause of these distressing and serious symptoms, however their partners do! More seriously, there is also a 700% increase in the risk of road traffic accidents occurring, and a steep increase in cardiac events. This is not a condition to be trifled with; indeed it can have a profound effect on the patient's health and family life.

Type two:- Central Apnoea

The definition of central Apnoea is of a problem in the central nervous system (most particularly in the brainstem) which restricts the passage of the normal messages which are sent to our respiratory system to control breathing.

Many researchers believe that Central and Obstructive Apnoea may be caused by a neurological condition. However, the consequences of both types can be equally serious.

First obtain a diagnosis, it may be that something simple like changing your sleeping position will help. Some cases will respond to a device called a Mandibular Advancement Splint, eg the Silensor which can be supplied by PHOENIX , see fig 3 below.



This device, which is worn at night, has the effect of pulling your lower jaw forward which then allows the airways to remain open as shown in fig 4.

Your dentist will be able to help you here. These devices are well tolerated and efficient in at least 60% of cases, closer to 80% in some studies. It may be necessary to be fitted with a specially designed mask to restore normal breathing patterns at night. This method is very effective and is more comfortable than it sounds! In some cases surgical intervention may be required.