

# Did you know?

*The latest from the field of otolaryngology*

**Sleep disorders** have become a “hot topic” in medical circles.

In the last three decades clinicians have recognized the need to distinguish between benign snoring (a sleep disturbance) and snoring as a symptom of sleep-disordered breathing. The most common condition within the spectrum of sleep-disordered breathing is **obstructive sleep apnea syndrome (OSAS)**.

In fact, OSAS is the second most common sleep disorder seen in the primary care provider’s office after insomnia. Studies have shown OSAS prevalence is up 4% in the US population. Men are twice as likely to have the diagnosis of OSAS as women. Surprisingly, prevalence in children is similar to that in adults even though the distribution of this condition before puberty is the same in boys and girls. Obesity that plagues our society appears to play an important role in the high prevalence of OSAS.

OSAS also presents other much greater health risks to it’s suffers. Life threatening consequences of poorly controlled hypertension, cardiovascular disease, and insulin resistance that ultimately lead to diabetes are all much more prevalent in OSAS patients than their counterparts without sleep disorder breathing.

When a patient is suspected of having a sleep disorder, an overnight polysomnogram in an attended sleep laboratory setting is performed. In the US, standard monitored overnight polysomnogram is the only approved method of diagnosis and justification for treatment of OSAS. In other western countries, ambulatory home monitoring is recognized as an acceptable diagnostic tool.

**Since its discovery 25 years ago, continuous positive airway pressure (CPAP) delivered via a variety of masks and devices has become the gold standard of treatment of OSAS.** Patients unable to comply with CPAP have other treatment choices. Oral appliances (essentially mandibular advancement devices) may be quite effective in the treatment of mild to moderate OSAS. Numerous surgical procedures that address obstructive sites in the oropharynx have also been developed over the years. With much less morbidity than their predecessors, these newer techniques that enlarge the oropharyngeal airway may prove to be a viable option in the future treatments of mainstream OSAS.



As world-wide research in the area progresses, other potentially exciting therapies may soon be on the horizon. Hopefully, we can successfully combat this condition in the near future and eliminate the social and economic costs to our society.

During the Pillar® Procedure, three tiny woven inserts are placed in the soft palate to help reduce the vibration that causes snoring and the ability of the soft palate to obstruct the airway.

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