

Sleep Disorders

Obstructive Sleep Apnea (OSA)

People who have OSA stop breathing repeatedly during sleep because the airway collapses. Airway collapse may be due to such factors as a large tongue, extra tissue in the airway, or decreased muscle tone holding the airway open. As a result, air is prevented from getting into the lungs. These pauses in breathing can happen 30 or more times per hour. Symptoms include excessive daytime sleepiness, loud or disruptive snoring, and gasping or choking during sleep.

The most common treatment for OSA is continuous positive airway pressure (CPAP). Other less common treatments include surgery and oral appliances, which may be effective in certain individuals. All treatments should include exercise, avoidance of alcohol, sedatives and hypnotics, and weight loss (if needed).

Periodic Leg Movement Disorder (PLMD)

While primary care physicians may diagnose PLMD infrequently, the disorder is all too common among the elderly. In one study, approximately 45 percent of the elderly had at least a mild form of PLMD. As with sleep apnea, evaluation at a sleep disorders center is the first step. Drug treatment can be very successful, with anti-Parkinsonian drugs (e.g., carbidopa-levodopa) controlling the majority of cases. Other medications include dopamine agonists and sedative-hypnotics (calming, sleep-inducing medications). Patients should be monitored closely during treatment for side effects or adverse reactions. Achieving the proper dose of the most effective medication may take time.

Restless Leg Syndrome (RLS)

RLS is less common than PLMD. The distinction between the two disorders is that in RLS, the leg movements occur continually when the body is at rest. The movements of PLMD occur in sleep. RLS symptoms include an uncomfortable sensation in the foot, calf or upper leg that feels like something is crawling or moving inside the limbs, or tickling or aching deep inside them. This sensation is yoked with a compulsion to move the legs. Movement resolves the symptoms, but the syndrome is unrelenting. Within seconds or minutes, the sensations return. If the legs are not moved, they frequently jump involuntarily. Since rest brings on symptoms, and walking offers relief, sufferers are often called nightwalkers.

Symptoms are always worse at night and sometimes only present nocturnally. If individuals do manage to fall asleep, leg movements lead to frequent awakenings or near awakenings. Next-day fatigue is endemic.

Although the precise cause of RLS remains a mystery, in some cases, RLS may be due to iron deficiency, dialysis, pregnancy or peripheral neuropathy. Iron deficiency is a common and eminently treatable cause. Pregnancy, of course, is time-limited. In some cases, polysomnographic evaluations may not be indicated. However, there are other cases, particularly if there is accompanying neurological disease, or if the movements have an aggressive or generalized quality to them, that may require a polysomnographic evaluation. Treatment can begin immediately with the same range of medications as indicated for PLMD.