

睡眠窒息症

甚麼是睡眠窒息症？

患者在睡眠時會短暫性停止呼吸。停止的次數每晚可是數十次，甚至數百次；每次時間可長達十秒或以上。頻繁的窒息會令患者徹夜不能進入熟睡狀態，身體機能因此產生各種不良的反應，如血氧下降。

主要分類：

阻塞性睡眠窒息症 (Obstructive Sleep Apnea)

這是最常見的一種睡眠窒息。根據統計，不同種族的人士中，約有百分之四或以上的中年男士，以及百分之二或以上的中年女士，患有不同程度的窒息症。其實，任何年齡都有機會患上，包括兒童及老人；特別是過胖的人士。

患者的上呼吸道在睡眠時受阻，導致呼吸不暢順。成因包括頸部有過多的脂肪，或者是面部結構有問題，導致上呼吸道較狹窄；加上睡眠時，喉部肌肉鬆弛，引致上呼吸道出現阻塞及停止呼吸。

有醫學文獻指出：阻塞性睡眠窒息症與其他常見的疾病有著密切關係，例

如高血壓、糖尿病、心臟病及中風等。窒息症可能令病情變得更為嚴重。

駕車司機或從事機械操作的患者，假如徹夜不能進入熟睡狀態，加上日間不能集中精神或者打瞌睡，會較易引致交通或工業意外，結果導致自己或他人傷亡。

中樞性睡眠窒息症 (Central Sleep Apnea)

患者的氣道基本是暢通無阻，但呼吸的訊息卻未能正常地由大腦傳送到橫隔膜，呼吸便會間歇性停止，造成睡眠窒息。常見於患有其他疾病的人仕，如心臟衰竭、中風的患者，他們都有不均等的呼吸的徵狀。

病徵

- ◆ 大鼻鼾聲
- ◆ 睡醒後仍然疲倦
- ◆ 早晨起床有頭痛
- ◆ 日間打瞌睡
- ◆ 反應緩慢、不能集中精神
- ◆ 脾氣暴躁或低落
- ◆ 性慾減退

睡眠窒息症病患者可能只有一項或多項的病徵。如果有上述部分或全部徵狀，請及早諮詢醫生的意見，看是否需要做檢查或進一步的治療。

診斷

醫生會根據個別情況安排睡眠檢查。一般的檢查需利用睡眠紀錄分析儀。

治療

睡眠窒息症的成因與體重，及上呼吸道的構造有密切的關係，因此控制或改善有關的因素是非常重要的。

◆ 控制體重

肥胖不但令身體脂肪積聚，也可導致高血壓和心臟病，因此注意飲食和配合運動，並持之以恆，才能保持理想體重。請諮詢醫生及營養師的意見。

◆ 連續正氣壓呼吸機 (CPAP)

正氣壓呼吸機的原理是持續地把正氣壓通過鼻罩，輸送到患者的上呼吸道，使已狹窄的呼吸道重新暢通，消除鼻鼾和窒息，睡眠質素得以改善；日間便不會有渴睡的情況。若每晚使用，效果會更顯著。

◆ 口腔儀

口腔儀是塑料製品，於睡覺時放入口腔，可以改變上呼吸道的形狀及肌肉張力，使空氣順利進出，不受阻塞。適用於部分睡眠窒息症病患者，但須在醫生指導下使用。

◆ 手術

根據個別病例的需要，利用外科手術擴闊上呼吸道，消除或減輕窒息的症狀。由於療效未受廣泛確認，因此現階段只適用於個別案例。扁桃體切除術對小兒因扁桃腺過大所造成的睡眠窒息成效很好。

◆ 不論選擇任何治療，請注意以下提示：

- 睡前不要飲酒
- 儘量側睡
- 停止吸煙
- 控制鼻塞
- 切勿服用安眠藥或鎮靜藥物


如有任何查詢，請聯絡你的主診醫生

以上資料由瑪麗醫院睡眠檢查中心提供



瑪麗醫院
Queen Mary Hospital

睡眠窒息症 SLEEP APNEA

 瑪麗醫院 Queen Mary Hospital	Pamphlet Topic & Department Code
Ownership	QMH/Medicine-43
Last review/revision	May/2023
Approval	HKWC Information Pamphlet Working Group
Distribution	As requested

SLEEP APNEA

What is sleep apnea?

People who suffer from sleep apnea have pauses in breathing while sleeping. Each episode may last for 10 or more seconds and this happens many times during the night. This results in poor sleep and recurrent transient falls in blood oxygen levels with many subsequent adverse physiologic responses, as well as symptoms in the daytime such as fatigue and sleepiness.

Two major types of sleep apnea:

Obstructive Sleep Apnea (OSA)

This is the most common form of sleep apnea seen in the general population, affecting about 4% of middle-aged men and 2% of middle-aged women worldwide. Children and elderly people may also be affected. A major risk factor for developing OSA is being overweight or obese although it can be seen in non-obese people.

During deep sleep, the throat muscles relax, predisposing the upper airway to closure. Narrowing at the back of the

throat relating to facial anatomy, or short fat neck with excess fatty tissue around the neck are important factors promoting upper airway collapse, hence the risk of developing OSA.

There is evidence that OSA is highly associated with high blood pressure, diabetes, heart attacks and stroke. OSA may aggravate these conditions.

Disrupted sleep from disturbed breathing makes the person feel tired and sleepy during the day. This can have dangerous consequences as you may fall asleep or lose concentration while driving or using machinery, leading to accidents.

Central Sleep Apnea (CSA)

There is no obstruction in the upper airway but apnea is caused by a disruption of the brain signal to the respiratory muscles. CSA is often seen in patients with congestive heart failure or stroke.

Symptoms of OSA

- ◆ Snoring

- ◆ Feels unrefreshed on waking
- ◆ Morning headache
- ◆ Daytime sleepiness
- ◆ Poor concentration
- ◆ Cognitive impairment and intellectual deterioration
- ◆ Behavioral and personality change
- ◆ Loss of libido

People who suffer from OSA may have one or more symptoms. If you suspect that you or someone whom you know may be having OSA, one should seek medical advice early.

Diagnosis

Your doctor will arrange different tests based on your symptoms. A sleep study will be needed to confirm the diagnosis of sleep apnea.

Treatment

OSA is closely related to obesity and upper airway collapsibility, therefore, it is important to improve or control these factors.

- ◆ Weight reduction

Appropriate dieting and exercises are both important to maintain ideal body weight. This would help not only OSA, but also other obesity related diseases.

- ◆ Continuous Positive Airway Pressure (CPAP)

This therapy utilizes a small machine that delivers low positive pressure continuously to the upper airways via a plastic tube attached to a close-fitting mask worn over the nose. During sleep, this keeps the upper airway open, abolishes apnea and snoring. Control of the disturbed breathing would improve sleep quality and reduce daytime sleepiness.

- ◆ Oral appliances

These are small plastic devices placed in the mouth during sleep. They are made and fitted by orthodontists. They hold the lower jaw forward in relation to the upper jaw, so that the upper airway will get opened up to a bigger size for better breathing without obstruction during

sleep. These devices are only suitable for some people who suffer from OSA. They should only be used with medical advice.

- ◆ Surgery

Surgery aims at removing redundant tissues to widen the upper airway. The success rate and especially the long term outcome of this treatment option are controversial in adults and its effectiveness varies among individuals. Hence, it should only be used in highly selected subjects. However, tonsillectomy is a very successful treatment in children with big tonsils causing OSA.

- ◆ Other than the specific treatments of OSA, you should also,

- Avoid alcohol before going to sleep
- Sleep on the sides
- Stop smoking
- Control rhinitis symptoms or nasal obstruction
- Avoid sleeping pills or tranquilizers

Should you have any queries, please consult your doctor-in-charge

Information provided by Department of Medicine, Queen Mary Hospital