



PARTNER UPDATE

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Obstructive Sleep Apnea

Leah Merrin, MPAP, PA-C

Physician Assistant

WorkPartners Occupational Health Specialists

Obstructive sleep apnea (OSA) is a chronic, sleep-related breathing disorder, caused by complete or partial obstructions of the upper airway. Characteristic features of this disorder include:

- Periods of pauses/suspension in breathing or shallow breathing while asleep, also known as apneas and hypoapneas.
- Disturbed sleep as evidenced by brief episodes of waking, snoring, restlessness, choking, gasping, or resuscitative snorts.
- Excessive daytime sleepiness, fatigue, poor concentration, and morning headaches.

Individuals with OSA typically are unaware of their difficulties with breathing, even after multiple episodes of awakening during sleep. Instead, OSA is often discovered as a problem by others who observe the individual during the episodes of apneas and hypoapneas, or is suspected because of its detrimental effects on one's health.

OSA affects an estimated 20% to 30% in males and 10% to 15% in females, with these estimates increasing along with rising obesity rates in the United States in recent years. Risk factors for OSA include elevated body mass index (BMI), large neck and/or waist circumference, upper airway anatomy, older age, male gender, family history, high blood pressure, and other cardiovascular disease.

While there are a multitude of harmful effects OSA can have on one's personal health, a specific area of concern as it relates to the workplace is the increased risk for poor neurocognitive performance. At the extreme, this condition also possesses the highly alarming risk for incapacitation. Because OSA may lead to increased sleepiness during the daytime and ultimately inattention and impaired concentration, the possibility that an employee may have this condition arouses rightful concern. Particularly when an employee is in a position requiring alertness and quick decision-making, such as a commercial motor vehicle (CMV) driver.

Many studies have looked at the negative consequences OSA has on performance. Repeatedly it has been shown that these individuals exhibit traits such as attention deficits and slowed cognitive functions and reaction times.

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Interestingly, with regard to impact on concentration, attention, reflexes, perceptiveness and accuracy of task performance, one study found that the results were worse in individuals with OSA than in subjects with a blood alcohol concentration of 0.057%. This compared to the legal blood alcohol limit of 0.08% for the general population and 0.04% for CMV drivers helps to portray the level of impairment these individuals can reach and the associated risk of motor vehicle accidents (MVs). This reinforces the contention that this issue is necessary to address when examining the employee – taking into consideration the safety of the employee and the general population.

When an employee presents to clinic and meets sufficient risk criteria on exam for OSA, it is necessary for the patient to be further evaluated and undergo a diagnostic study called polysomnography, also known as a sleep study. This is a test used to diagnose and determine the severity of OSA and other sleep disorders by recording brain waves, blood oxygen levels, heart rate and breathing, as well as eye and leg movements throughout the duration of the study. If it is determined that the employee has OSA a treatment plan must next be formulated. Treatment efforts are aimed at reducing or eliminating apneas and hypoapneas during sleep, and in turn improving sleep quality and daytime functioning. In the example of CMV drivers, this ideally reduces the risk of MVAs.

The most common, effective treatment plan is weight loss and healthy life changes combined with use of continuous positive airway pressure (CPAP) therapy. Only when CPAP devices are used regularly during sleep are the full benefits seen and felt. For this reason, healthcare providers monitor compliance with the CPAP devices closely.

If properly treated, the patient will begin to see and feel the benefits of effective treatment, health risks will be reduced, and the employee may safely return to their usual duties at work, including operating CMVs.

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