Obstructive Sleep Apnea and Obesity
William R. Pistone, DO, neurologist
Medical Director, St. Luke’s Allentown Sleep Center

Obstructive Sleep Apnea (OSA) is characterized by recurrent episodes of narrowing or collapse of the upper airway during sleep. The typical complaints of patients with this condition include loud snoring, daytime sleepiness and episodes of nocturnal awakenings caused by choking or gagging.

Long-term medical consequences of untreated OSA may include poorly controlled hypertension, increased risk of cardiac disease, increased risk of stroke and various forms of lung disease.

Several studies have confirmed that obesity is the single greatest risk factor for OSA. About 70 percent of patients with OSA are obese. Changes in your weight affect this number greatly. When we use a weight measurement called Body Mass Index (BMI), it’s been found that an increase of only 10 percent can increase your risk of developing OSA by almost 500 percent! On the other hand, weight loss leads to a significant reduction of that risk.

The diagnosis of OSA is confirmed by an overnight study called a polysomnogram. During this time, monitors are applied to you that measure breathing and blood oxygen levels while you are sleeping. The diagnosis is based on the number of abnormal breathing events recorded through the night.

Weight loss is one of the most important methods of treatment for OSA. Patients with severe OSA may need to use nasal CPAP (Continuous Positive Airway Pressure) before surgery and post operatively as you lose weight. After significant weight loss, you may need a repeat polysomnogram to be sure that OSA is no longer a problem.

Treatment of OSA leads to an improved life style and decreases the risk of cardiac disease, lung disease and stroke. Bariatric surgery with sustained weight loss is one of the ways to permanently cure OSA.

“Obstructive Sleep Apnea and Obesity”
by William R. Pistone, DO, neurologist and Medical Director, St. Luke’s Allentown Sleep Center