SLEEP AND HEART DISEASES

Content Partner

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Coronary Artery disease (Angina patients): These patients have narrowed blood supply to the heart, predisposing them to low oxygen supply. If an Obstructive Sleep Apnea is simultaneously present, the chances of having low oxygen in blood for the heart are very high. This predisposes them to heart attacks at night and early morning hours. About 30% of patients with angina or coronary artery disease have OSA.

Stroke: Disruption of blood supply to brain is detrimental and leads to a condition called stroke. During a stroke, parts of the brain get damaged due to low blood and oxygen delivery. Stroke is usually associated with paralysis of limbs, difficulty in speaking etc. OSA may be responsible for increase in stroke numbers because stoppage of breathing in OSA causes blood levels of oxygen to decrease and predispose to stroke. About 60% of patients who have had a stroke have been found to have OSA.

Hypertension: OSA is known to cause uncontrolled blood pressure. Studies have found that around 40% of all hypertensive patients (BP >140/90) have Sleep Apnea also. OSA is seen in more than 70% of people with resistant Hypertension (where blood pressure is usually very high despite 3 or more different BP lowering medications). Treating OSA is important for their BP control.

Arrhythmia: Almost 50% of all Atrial fibrillation patients and a fraction of patients with heart blocks have co-existing OSA. Treating for OSA is essential for Arrhythmia control.

Heart Failure: 15-53% of Heart Failure patients have OSA. OSA causes oxygen crisis at night, further stresses and impairs the failing heart.

WHAT IS OSA?
OSA is a common breathing disorder where pauses in breathing occur during sleep. The common symptoms of OSA-

Night-time symptoms:
• Snoring
• Pauses in breath noticed by your bed partner
• Fragmented sleep
• Choking episodes

Daytime symptoms:
• Excessive daytime sleepiness
• Easy Fatigability
• Early morning headache
• Dry mouth at waking up

WHAT ARE THE CHANCES OF PATIENTS WITH HEART DISEASE HAVING OSA?
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WHAT TO CONFIRM THE DIAGNOSIS OF OSA?
Sleep study (Polysomnography) is the confirmatory test where you are asked to sleep in a comfortable bed either in a sleep lab or your home with some sensors attached to your body which will record your sleep events.

HOW TO CONFIRM THE DIAGNOSIS OF OSA?
Get yourself self-tested for the risk of OSA with the following questions.
• Do you snore?
• Has your partner noticed that you gasp or stop breathing during sleep?
• Do you have excessive daytime sleepiness or daytime fatigue?
• Are you overweight?
• Do you have poor or restless sleep?

If your answer to any of the above questions is yes, you may need to meet a sleep specialist for definite diagnosis.

WILL TREATING MY OBSTRUCTIVE SLEEP APNEA HELP MY HEART CONDITION?
YES.
• In Coronary Artery disease (Angina patients): Treating OSA reduces the risk of having heart attacks and stroke as it ensures uninterrupted oxygen supply to the brain and the heart. Treating for co-existing OSA doubles the survival of people with Arrhythmia or Heart Failure
• In Hypertension and Diabetes: Treating OSA has also been shown to lower blood pressure in most patients. Managing OSA and continuing BP lowering medicines will help otherwise uncontrolled blood pressure to be brought to normal.
• In Arrhythmia and Heart Failure: Treating for co-existing OSA doubles the survival of people with Arrhythmia or Heart Failure
• Other benefits: Managing OSA decreases daytime fatigue, sleepiness and may help overcome breathlessness and leg swelling associated with right heart failure by assuaging pulmonary hypertension.

Both quality and longevity of life improve with therapy in heart diseases once OSA is taken care of. To know more about sleep apnea and to get yourself diagnosed, please talk to your doctor today.