

# WOMEN & SLEEP APNEA

Nearly 1 in 5 women have sleep apnea, a disorder that affects daytime functioning. But about 9 in 10 women with sleep apnea don't know they have it. Here's what you need to know:

1

**The signs of sleep apnea in women may not be the same as those in men.** For women, signs may be mistaken for depression or menopause. Or they may have no obvious symptoms at all.

2

**Sleep apnea is treatable.** It is important to start a conversation with your healthcare provider to discuss whether you are at risk for sleep apnea or another sleep disorder.

3

**Treatment can improve your life.** From your overall well-being to cognition, mental, and physical health, the benefits of treatment can be life-changing.



## NIGHTTIME CLUES\*

- Frequent or loud snoring, gasping, or snorting sounds
- Difficulty falling asleep, frequent awakenings
- Restless sleep, changes in dreaming
- Frequent bathroom visits at night
- Nighttime heartburn

\*some of which could be observed by a bed partner or roommate

## DAYTIME CLUES

- Feeling depressed, anxious, irritable, or impatient
- Feeling tired, drained, or lacking energy
- Feeling sleepy or falling asleep at the wrong time or place
- Forgetfulness, foggy or fuzzy thinking, trouble with focus and concentration
- Accident proneness

### WHY DOES IT MATTER?

Untreated sleep apnea can lead to:

High blood pressure, diabetes, heart disease, and stroke

Depression and other mood problems

Missing out on the joys of life: fun, laughter, relationships, intimacy

Fatigue, daytime sleepiness, and accidents

Problems with alertness, memory and learning

Increased sensitivity to pain

Overtreatment or mistreatment for other disorders

### EVEN WITHOUT THESE SYMPTOMS, YOU MAY STILL BE AT RISK.

These conditions can make you more likely to develop sleep apnea:

- Overweight
- Polycystic ovary syndrome
- Hypothyroidism (low thyroid function)
- Menopause or older age
- A family member with sleep apnea



### DOES THIS DESCRIBE YOU?

If you recognize any of these symptoms, share this document with your healthcare provider. It's a great opportunity to begin what could be a life-changing conversation. Together, you can develop a plan for further evaluation, and if necessary, effective treatment.

# PROVIDER DIAGNOSTIC CHALLENGE

## Identifying your female patients suffering from undiagnosed sleep apnea

### SLEEP APNEA AFFECTS AROUND 17% OF WOMEN<sup>1</sup>.

The signs and symptoms of sleep apnea in women can be different than those in men. Women with sleep apnea may not report the typical symptom of sleepiness commonly reported by men with sleep apnea. The reverse page lists frequently-reported symptoms.

The prevalence of sleep apnea is 30–80% in people with:

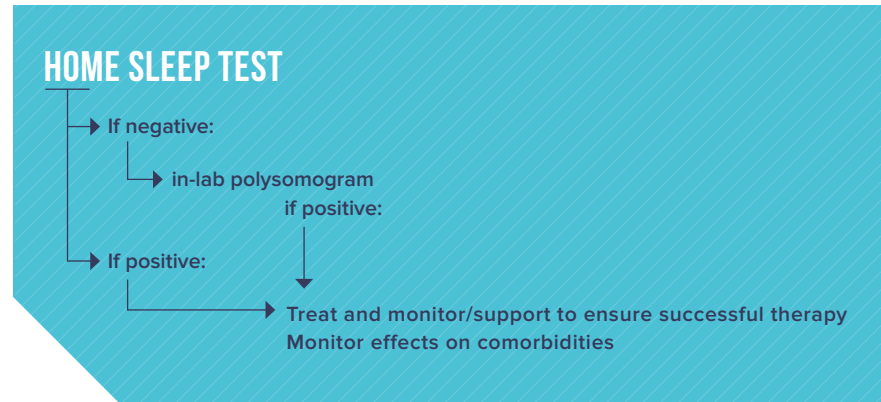
- Hypertension
- Depression
- Diabetes
- Heart failure
- Insomnia
- Polycystic ovary disease
- Atrial fibrillation
- Mild cognitive impairment
- Anxiety and/or depression

These conditions should trigger concern regarding sleep apnea, either as a co-morbidity or a consequence of untreated sleep apnea. There is evidence suggesting some comorbidities can improve with successful apnea treatment.<sup>2,3</sup>

In caring for your female patient, take care to also note:

- Polycystic ovary syndrome in young women with severe sleep apnea is under-recognized, and vice versa
- Pregnancy: sleep apnea during pregnancy is a risk factor for:
  - Adverse fetal health outcomes
  - Pre-eclampsia and gestational hypertension
  - Gestational diabetes
  - Maternal death
- Menopause can precipitate, or worsen existing sleep apnea

### TESTING & TREATMENT



The most common diagnostic test is the Home Sleep Test (HST); however, HSTs may give “false negative” readings. Rates of false negative readings can vary widely from 10% to over 20%.<sup>4</sup> Since respiratory disturbances during sleep in women are frequently associated with arousals rather than oxygen desaturation, HSTs often underestimate sleep apnea in women. A negative HST should be followed by a laboratory sleep study (polysomnography) if the clinical suspicion for sleep apnea is high. In women, the common co-occurrence of insomnia and sleep apnea may increase the likelihood of a false negative home sleep study.

**For more resources, please visit:** MyApnea.org: <https://myapnea.org/> and Society for Women’s Health Research: <http://swhr.org>



The Society for Women’s Health Research (SWHR®) is the thought leader in research on biological differences in disease and is dedicated to improving women’s health through science, advocacy, and education.



**MyApnea.org** aims to improve the diagnosis and treatment of sleep apnea through the active engagement of patients, families, researchers, and healthcare providers.



Alliance of Sleep Apnea Partners produced this information in collaboration with the Society for Women’s Health Research. ASAP is committed to promoting diagnosis, treatment, and prevention of sleep apnea on behalf of the patient community to advance the state of lifelong wellbeing of sleep apnea patients.

1. Peppard et al. American journal of epidemiology. 2013; 177 (9): 1006-1014. / 2. Doherty et al. CHEST. 2005; 127 (6): 2076-2084. / 3. Harsch et al. American journal of respiratory and critical care medicine. 2004; 169 (2): 156-162. / 4. Zhao et al. J Clin Sleep Med. 2017; 13 (1): 121-126.