



*It all starts with sleep.*

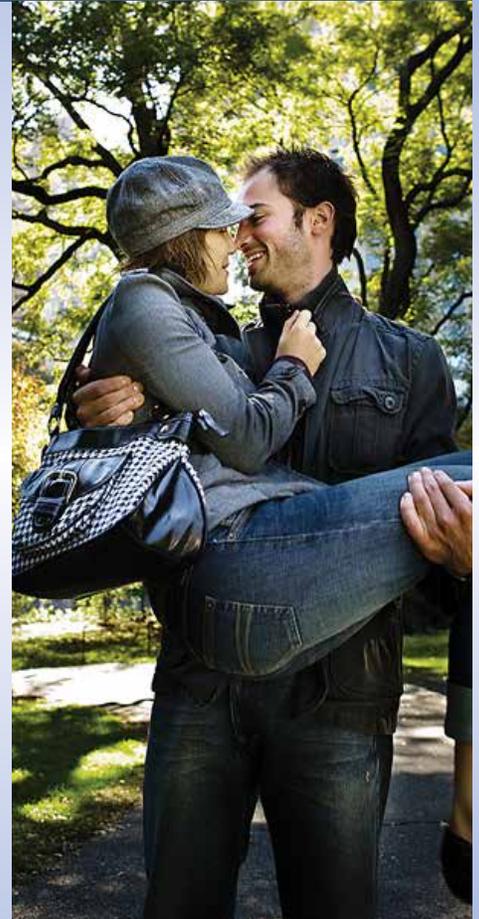
## *Why get a sleep study?*

### Improvements in Quality of Life with use of nasal CPAP

All aspects of the quality of life, from physical and emotional health to social functioning, are markedly impaired by obstructive sleep apnea. CPAP therapy improves those aspects related to vitality, social functioning, and mental health.

Impairments when compared with an age- and gender-matched population, expressed as a percentage of normative data: physical function: 75%, vitality: 41%, role functioning (physical: 54%, emotional: 61%; social: 66%); general health: 88%, and mental health: 76%

D'Ambrosio, C., Bowman, T, Mohsenin, V. "Quality of life in patients with Obstructive Sleep Apnea: Effect of Nasal Continuous Positive Airway Pressure – A Prospective Study." *Chest* (January 1999): 123-129.



*See reverse for more information on:*

High Blood  
Pressure  
and OSA



Diabetes  
and OSA



Lost that  
loving  
feeling?

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## High Blood Pressure and OSA<sup>1</sup>

A recent article in *The Journal of Clinical Endocrinology & Metabolism* offered up the following findings:

- High blood pressure is three times more common in patients with OSA
- OSA may be even more common in patients with drug resistant hypertension. A prevalence of 56% was reported in a small study of therapy resistant male hypertensive.

## Diabetes and OSA<sup>2</sup>

- A preliminary analysis of cross sectional data from multicenter study revealed an exceptionally high prevalence of undiagnosed OSA in obese patients with type 2 diabetes with a greater than 75% of the patients having moderated to severe OSA diagnosed by polysomnography.
- In summary, there is increasing epidemiologic evidence suggesting that habitual snoring and OSA have adverse effects on glucose tolerance, insulin resistance, and the risk of diabetes mellitus, that are independent of the degree of obesity.

## Why have you lost that loving feeling?<sup>3</sup>

A recent article in *The Journal of Clinical Endocrinology & Metabolism* offered up the following findings:

- Taken together, our findings suggest that men with OSA have decreased night time testosterone levels, possibly due to the combined effect of poor sleep and decreased oxygen.
- The amounts of testosterone secreted at night were significantly lower in OSA patients compared with controls independent of the age and degree of obesity.
- The reduced testosterone levels in OSA patients were independent of the age.
- The findings of hypogonadal testosterone levels in 40% of our patients may explain the high frequency of impotence associated with this syndrome.

<sup>1</sup>August, P. "Hypertension in Men." *Journal of Clinical Endocrinology & Metabolism* 84.10. (1999): 3451-3454. Web.

<sup>2</sup>Tasali, E., Mokhelsi, B., Van Cauter, E. "Obstructive Sleep Apnea and Type 2 Diabetes." *Chest* (2009) 496-505. Web.

<sup>3</sup>Luboshitzky, R., Aviv, A. et al. "Decreased Pituitary-Gonadal Secretion in Men with Obstructive Sleep Apnea." *Journal of Clinical Endocrinology & Metabolism* (2002) 3394-3398. Web.