

FAST FACTS

- People with depression are five times more likely to have a breathing related sleep disorder than non-depressed people, according to a study at the Stanford University School of Medicine.
- A disrupted sleep-wake cycle is not only a symptom but also a contributing factor in mood disorders, according to three studies published in the December 2008 *American Journal of Psychiatry (AJP)*.
- Patients with OSA may present to their primary care physician with symptoms suggesting a diagnosis of depression. In some of these individuals, the symptoms of depression may be ameliorated with CPAP.
- Severe sleep problems in depressed people are associated with an increased risk of suicide.

SLEEP LABS IN YOUR AREA:

- Aliso Viejo
- Tustin
- Torrance
- San Diego
- Westlake Village

Is it Depression or a Sleep Disorder?

Obstructive Sleep Apnea

Obstructive sleep apnea is an illness characterized by snoring, partial or complete cessation of breathing during sleep, reductions in blood oxygen levels, severe sleep fragmentation, and excessive daytime sleepiness. Researchers and clinicians have recognized sleep apnea as one of the most common sleep disorders and with perhaps the greatest medical and social impact on society in terms of morbidity and mortality. The syndrome strikes both sexes and all races, ages, socioeconomic strata, and ethnic groups.

The Apnea-Depression Connection

The relationship between depression and obstructive sleep apnea (OSA) is confounded by the shared morbidities of fatigue, change in appetite causing a change in weight, difficulty concentrating, irritability, sexual dysfunction and loss of interest in enjoyable activities.

With these symptoms in common, there is most likely an extraordinarily high amount of misdiagnoses, as well as misdirected therapy as a result. It would be beneficial for clinicians to recognize the relationship between OSA and depression before diagnosing a depressive disorder presumptively and, perhaps, prescribing antidepressant medication inappropriately. Unfortunately, consideration of an OSA diagnosis may emerge only after an unsuccessful response to treatment for depression.

Diagnosis

A patient presenting with fatigue, depression, or problems in social relationships might have a primary problem of sleep apnea. If so, treatments appropriate for depression may miss the mark. If snoring, gasps, or pauses in breathing during sleep are reported, referral to an expert in sleep disorders for evaluation may be

appropriate. A simple questionnaire may be all that is needed to pinpoint suspicious symptoms.



If a person's depression isn't responding to treatment, it could be that sleep apnea is an aggravating factor.

Treatment

Diagnosis is made on the basis of the clinical picture, patient and spouse reports, and an overnight polysomnogram. Effective treatment eliminates snoring and apnea. The success of treatment is measured by the reduction of respiratory disturbance to normal levels, by the elimination of symptoms like fatigue and depression, and the patient's subjective feeling of well-being.

The "gold standard" treatment accepted by physicians and others trained in sleep disorders medicine is the continuous application of positive air pressure through a mask during sleep (Continuous Positive Airway Pressure--CPAP). The additional air pressure keeps the airway from collapsing. Since this permits normal breathing to continue during sleep, normal sleep patterns emerge, sleep becomes restorative, and the patient feels better.

For more information on Depression and Sleep Disorders or if you would like to inquire about getting tested, please visit www.remsleeplabs.com

Toll Free 888-866-1211 Fax 888-866-1311