Sleep Apnea Tried to Kill Me
WHAT I LEARNED FROM HAVING A STROKE
PRESENTED BY:
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## Conflict of Interest Disclosures for Speakers

1. Within the past 24 months, I have not had/do not currently have any relationships with any ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients, OR

2. Within the past 24 months, I have had/currently have the following relationships with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

3. The material presented in this lecture has no relationship with any of these potential conflicts, OR

4. This talk presents material that is related to one or more of these potential conflicts, and the following objective references are provided as support for this lecture:

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Accreditation Statement

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of The American Academy of Sleep Medicine and the Sleep Professionals of Arkansas & Washington Regional Center for Sleep Disorders. The American Academy of Sleep Medicine is accredited by the ACCME to provide continuing medical education for physicians.
Objectives

- Be able to identify some of the less common risks for obstructive Sleep apnea
- Be able to name some of the more common symptoms for obstructive sleep apnea
- Be able to discuss the more common treatment for obstructive Sleep apnea
My Stroke
Medical History

- Hypertension
- Hypercholesteremia
- Non smoker
- No history of MI or Stroke
- OCP Use
- Physically Active
- Normal BMI
- No FH of Stroke
Right Frontal Lobe Ischemic Stroke Diagnosed 4/27/2015
Stroke occurs every 40 seconds

- 795,000 people will suffer a stroke each year
- 5th leading cause of mortality in U.S.
- 129,000 deaths annually
- Death due to stroke every 4 minutes
- 4.8 million stroke survivors
- Leading cause of serious long term disability
- Lifetime cost of an ischemic stroke is $140,000
The Majority of Strokes are Ischemic

- 87% of all strokes are ischemic secondary to large-artery atherosclerosis, cardio embolism, small-vessel occlusion, or other and undetermined causes.
- The remaining 13% of strokes are hemorrhagic in intracerebral or subarachnoid locations.
Sleep apnea as a risk factor

- Sleep apnea more than doubles the risk of stroke for middle-aged and older men and also increases the stroke risk in middle-aged and older women. “Sleep apnea is a common but under recognized risk factor for stroke.”
More than 12 million Americans have sleep apnea. Most are undiagnosed or untreated.
Risk factors for Sleep Apnea

- Excess weight. Obesity greatly increases the risk of sleep apnea.
- Neck circumference. People with thicker necks might have narrower airways.
- A narrowed airway. You might have inherited a narrow throat.
- Being male.
- Being older.
- Family history.
- Use of alcohol, sedatives or tranquilizers.
- Smoking.
Mallampati Score

The Mallampati Score System

Class I
Class II
Class III
Class IV
The prevalence of sleep apnea is high in stroke patients—estimated to be between 50% and 70%.
Diagnosed with Sleep Apnea 1/4/2019
Effectiveness of CPAP

- Few randomized controlled trials have evaluated the effectiveness of continuous positive airway pressure (CPAP) in reducing recurrent vascular events and mortality in poststroke obstructive sleep apnea (OSA).
According to this resource from the National Stroke Foundation, “Sleep apnea can be an after effect of stroke, but can also be the cause of a first time or recurrent stroke. The condition causes low oxygen levels and high blood pressure, both of which can increase the risk of a future stroke.”
Two prospective cohort studies revealed a 2- to 4.5- fold independent risk for a first-ever ischemic stroke in patients with sleep apnea compared to those without, suggesting that sleep apnea constitutes a pre-existing condition rather than a consequence of acute ischemic brain damage.
Treating obstructive sleep apnea (OSA) with continuous positive airway pressure (CPAP) therapy protects against myocardial infarction, stroke, and other cardiovascular (CV) events, particularly for patients with moderate to severe OSA and those who are more adherent to CPAP therapy, a new study suggests.

"Most clinical trials on the effect of CPAP on CV diseases to date have focused on secondary CV prevention. This study contributes another piece of evidence about the role of CPAP therapy to prevent CV diseases," Diego R. Mazzotti, PhD, Department of Internal Medicine, University of Kansas Medical Center, Kansas City, Kansas, told Medscape Medical News.

The study was presented at the SLEEP 2021: 35th Annual Meeting of the Associated Professional Sleep Societies.
Compliance is important to Success
Symptoms of Stroke — BE FAST*

- Balance — loss of balance, coordination or dizziness
- Eyes — having trouble seeing or change in vision in one or both eyes
- Face — uneven smile or face looks uneven, droopy or is numb
- Arms — one arm drops when raising both arms; numbness or weakness in one arm
- Speech — trouble speaking; slurred or difficult speech
- Time — Note the time when symptoms start: Time lost equals brain lost.
References

- Medscape: June 17, 2021. Treating Sleep Apnea Lowers MI, Stroke Risk Presentated at the SLEEP 2021:35th Annual Meeting of the Associated Professional Sleep Societies. Diego R Mazzotti, PhD, Department of Internal Medicine, University of Kansas Medical Center, Kansas City, Kansas.

- American Heart Associate, Stroke Warning Signs