



## COULD YOU HAVE SLEEP APNEA?

### WHAT IS SLEEP APNEA?

Sleep apnea is a common sleep disorder characterized by pauses in breathing or instances of shallow or infrequent breathing while a person sleeps. Sleep apnea robs your body of the rest it needs leaving you feeling tired even after a normal night's rest and can lead to headaches and feelings of depression. Untreated, sleep apnea can shorten your life, cause heart attack, stroke or dementia and substantially reduce your quality of life.

### AM I AT RISK FOR SLEEP APNEA?

Sleep apnea is a common disorder that affects more than 18 million Americans. Risk factors include being male, post-menopausal women, being overweight, and being older than 40; however, children can also be affected.

### CAN SNORING INDICATE SLEEP APNEA?

Snoring is sometimes a precursor to the more serious Obstructive Sleep Apnea (the mildest form of sleep apnea). Snoring indicates the airway is being blocked, depriving your body of air. Snoring can be easily treated with an oral appliance available here at Newman Family Dentistry.

### WHAT ARE MY TREATMENT OPTIONS?

In addition to certain lifestyle changes such as good sleep hygiene, exercise and weight loss, there are three primary ways to treat sleep apnea:

- CPAP (*Continuous Positive Airway Pressure*)
- Surgery
- Oral Appliance Therapy

With a 70% non-compliance rate among people given the CPAP apparatus, and few people risking surgery, the best and most convenient treatment option for snoring and sleep apnea patients with mild to moderate sleep apnea is Oral Appliance Therapy. Oral Appliance Therapy is also a good option for severe cases if the patient is intolerant to or refuses CPAP treatment.

We are proud that our own Dr. Marc Newman is specially trained to treat snoring and sleep apnea. Schedule a consultation with him and move beyond sleep apnea toward a healthier, more restful sleep and better quality of life today.

## SLEEP APNEA SCREENING QUESTIONNAIRE

Dr. Marc Newman will use your answers below to assess your risk of sleep apnea. As always, your personal health information will be kept in strict confidence.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?  Yes  No
2. Do you often feel tired, fatigued or sleepy during the daytime?  Yes  No
3. Has anyone observed you stop breathing during your sleep?  Yes  No
4. Do you have, or are you being treated for, high blood pressure?  Yes  No
5. Are you over 50 years old?  Yes  No
6. Is your neck size greater than 15.5 inches?  Yes  No
7. Is your gender male?  Yes  No
8. Have you ever been diagnosed with or treated for sleep apnea?  Yes  No
9. If you answered Yes to question 8, please answer the questions below:  
Who diagnosed your sleep apnea? \_\_\_\_\_  
What treatment was prescribed for your sleep apnea? \_\_\_\_\_  
Are you satisfied with the current results of your sleep apnea treatment?  Yes  No
10. Are you interested in more information about sleep apnea treatments available at our office?  Yes  No

Your Height: \_\_\_\_\_ Your Weight: \_\_\_\_\_

SCORE: \_\_\_\_\_