



WEIGHT LOSS AND SLEEP APNOEA - THE FACTS

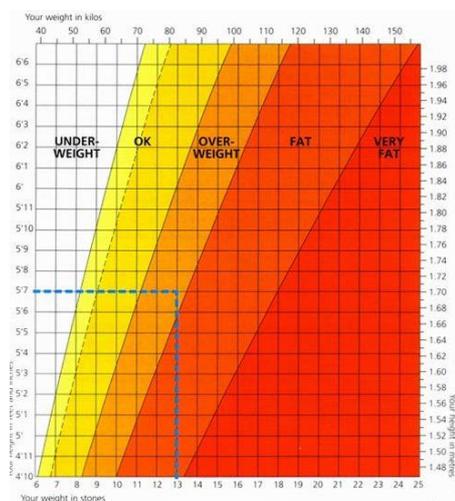
WEIGHT LOSS AND SLEEP APNOEA

Around 1 in 4 adults in the UK are estimated to be obese, with many more being overweight. Obesity can lead to serious conditions, such as type 2 diabetes, coronary heart disease, some types of cancer, and strokes. It can also be a contributory factor in sleep apnoea, though some sleep apnoea patients are neither obese nor overweight. Other effects include breathlessness, joint and back pain, and difficulty in undertaking physical activity.

This leaflet gives some information regarding excess weight and suggests weight loss strategies you may wish to try. Your general practitioner or practice nurse will be able to talk with you more about this.

WHAT SHOULD MY WEIGHT BE?

The most widely used indicator of the possible impact of weight in relation to health is the Body Mass Index (BMI). However, though the BMI can indicate excess weight, it does not show whether the person is carrying too much fat, nor does it take account of age, gender or muscle mass. For example, athletes or muscular adults may be classified as overweight or obese even though their body fat is low, and adults who lose muscle as they get older may have a BMI in the healthy weight category even though they may be carrying excess fat.



BMI is weight in kilogrammes divided by height in metres squared. A person weighing 100kg (very roughly 15st 10lb), with a height of 1.75m (roughly 5ft 9in) would have a BMI of 100 divided by 1.75 squared, so 100 divided by (1.75 x 1.75) equals a BMI of 32.6kg/m².

If your BMI is:

below 18.5

underweight

between 18.5 and 24.9

healthy weight range

between 25 and 29.9

overweight

between 30 and 39.9

obese

above 40

severely obese

Body mass index is only a guide to your weight, not an absolute rule. Waist size also matters, as you can have a healthy BMI and still have excess tummy fat. The NHS recommends you should try and lose weight if your waist is 94cms (37in) for men or 80cm (31.5in) for women.

EXCESS WEIGHT AND SLEEP APNOEA

Many, but by no means all, people who have sleep apnoea are overweight or obese. In addition to BMI and waist size, a collar size of 43cm (17in) for men and 41cm (16in) for women can be a factor in sleep apnoea. Obstructive sleep apnoea (OSA) is a relatively common condition where the muscles and soft tissues in the throat relax and collapse sufficiently to cause a total blockage of the airway. This blockage is called an apnoea when the airflow is blocked for 10 seconds or more.

People with sleep apnoea experience repeated airway blockages throughout the night. During each episode the effort to breathe in against the blocked airway triggers the brain to pull the patient out of deep sleep sufficient to reopen the airway and allow breathing to restart.

Sleep is therefore repeatedly disturbed, which can cause sleepiness and memory impairment. The sleep disruption or oxygen dipping may lead to high blood pressure, which could theoretically increase the chance of a stroke or heart attack. According to the NHS research has shown that someone who has been

deprived of sleep because of sleep apnoea may be up to 12 times more likely to be involved in a road traffic accident.

Being overweight or obese can contribute to this relaxation and collapse of the throat muscles and airways. Losing weight may reduce sleep apnoea, as well as improving general health.

LOSING WEIGHT

It is difficult to give definitive advice on weight loss as new diets seem to come and go at regular intervals; whereas low fat diets have been generally recommended in recent years the emphasis now seems to be changing to low sugar diets or Mediterranean type diets. The simple advice to eat less and move more is hard to beat.

Commercially run programmes, such as Weight Watchers or Slimming World, are helpful and can help people to lose more weight than they might on their own. The 5:2 diet, Very Low Calorie Diet (800), and the Fast Diet (eat-stop-eat) have also been widely publicised. Their telephone numbers are in the phone book or online. Some GPs are able to give you vouchers to attend a weight loss programme.

Being more active in your day-to-day life can help you lose weight, by burning off calories from the food you eat and from fat that you have stored in your body. How you become more active depends on what is practical for you. Examples would be:

- Taking the stairs instead of using the lift
- Walking to work or the shops instead of driving or taking the bus
- Doing more of an activity you enjoy, like swimming, walking, dancing or gardening.

If you find that being overweight limits your ability to exercise, or if you are struggling to lose weight by simple dieting you should consider discussing this with your GP. The GP may prescribe weight loss medication in tablet form if your BMI puts you into the obese category.

Weight loss surgery, also called bariatric surgery, may be available on the NHS to treat people with severe obesity who have not responded to other measures. Severe obesity is a BMI of 40 or above, but such surgery may be recommended for people with a BMI of over 35 who have another associated serious health condition which could be improved by losing weight, such as type 2 diabetes, obstructive sleep apnoea or high blood pressure.

There are four main types of operations; gastric banding, gastric bypass, sleeve gastrectomy and duodenal switch. As with all surgery, there are potential side effects and risks, and careful assessment and counselling is required (see NHS website for more information).

The Sleep Apnoea Trust website is: www.sleep-apnoea-trust.org

This is where you will find the most comprehensive, current and medically verified information available in the U.K., relevant to the UK National Health Service.

SLEEP APNOEA TRUST ASSOCIATION

THE PATIENT'S VOICE

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