

증례를 통해 알아보는 수면 질환 (3): 수면호흡장애



구 대 림

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Case based learning of sleep disorders (3): Sleep-disordered breathing

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Sleep-disordered breathing involves a broad spectrum of sleep-related breathing disorders, including obstructive sleep apnea (OSA), central sleep apnea, and sleep-related hypoventilation and hypoxemia. Neurologist should have basic knowledge and skills to identify and treat at-risk patients, because OSA is associated with cardiovascular and cerebrovascular morbidity and mortality, and increases the risk of cerebrovascular events and death. Sleep-disordered breathing could be diagnosed according to the detailed history and diagnostic criteria updated in the International Classification of Sleep Disorders, Third Edition and the American Academy of Sleep Medicine Manual for Scoring Sleep and Associated Events. Obstructive sleep apnea (OSA) is most common form in patients with sleep-disordered breathing though it is grossly underdiagnosed. Central sleep apnea (CSA) is another prevalent form of sleep-disordered breathing in patients with neurologic or cardiopulmonary disorders. Overnight polysomnography is necessary for diagnostic confirmation between OSA and CSA. Continuous positive airway pressure therapy (CPAP) and other types of noninvasive positive pressure ventilation has been considered to gold standard treatments. However, the adherence or compliance of PAP therapies is still low despite of excellent efficacy of PAP therapies. Newer therapies, including mandibular advancement, oral appliance devices, hypoglossal nerve stimulation, and combination therapies have become available. Therefore, the comprehensive understanding for the diagnosis and treatment of sleep-disordered breathing is necessary to determine the best therapeutic plan.

Key Words: Sleep-disordered breathing, Obstructive sleep apnea, Central sleep apnea, Continuous positive airway pressure therapy

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