

Sleep Apnea

Apnea is *the cessation of breathing*. There are three types of *Sleep Apnea*: Obstructive, Central, and Mixed. Obstructive Sleep Apnea (OSA) is the most common, affecting approximately 3.5% of men between 40 and 60 and as many as 30% over age 60. Men are 30 times more likely to develop this condition than women. OSA is caused by the collapse of tissue of the upper airway onto the back of the tongue causing the obstruction and resulting apnea.

A contributing factor to those afflicted with OSA is being overweight thus requiring more muscle tone to initiate the respiration process. Approximately 40% of those diagnosed are significantly overweight and may improve with weight loss. Not all those with sleep apnea are overweight. Other factors such as alcohol and sedatives can accentuate the process by further relaxing the body.

Symptoms are typically daytime sleepiness and reported heavy/loud snoring. Although not all people who snore have OSA, most with OSA do snore. While the snoring may or may not give rise to increased mortality, the daytime sleepiness is of concern considering that some statistics indicate nearly 2/3 of those diagnosed with sleep apnea reported "near miss" incidents while driving.

Aside from the potential problems related to daytime sleepiness and snoring, the long term effects can include hypertension, fatigue, depression, and diminished memory and intellect. Obviously, those afflicted with yet other disorders are at even greater risk. For example, histories combining OSA with coronary and/or cerebrovascular disease are at much higher risk. The combination of OSA and COPD (Chronic Obstructive Pulmonary Disease) is also worrisome.

Other forms of sleep apnea are much less prevalent than OSA. They include:

- Central Sleep Apnea (CSA) comprises about 2% of the overall sleep disorders. CSA is not a single disease process but rather a number of disorders. It is thought to be a genetically determined failing of the Central Nervous System.
- Mixed Sleep Apnea is considered a combination of CSA and OSA.

-continued on reverse-

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Evaluation usually involves an overnight polysomnography (sleep study). Treatment can include recommendations to lose weight, avoid stimulants prior to bedtime, etc. The most successful form of treatment is CPAP (continuous positive airway pressure). This is a mechanical device, a mask combined with a pump, which provides continuous air flow thus preventing collapse of the airway. The success of this method of treatment is largely dependent on the ability of the individual to adjust to the mask and the noise of the related equipment.

Surgical treatment is a consideration in some of the more severe cases. One form of treatment is tracheotomy which involves placing a tube into the airway below the area of obstruction. This method of treatment has not met with a great deal of acceptance by patients. Another surgical procedure used in the treatment of OSA is known as uvulopalatopharyngoplasty (UPPP), which involves the removal of excessive pharyngeal tissue. Follow-up studies have revealed, however, that only 50% show objective improvement.

Rating for OSA is determined by the severity of the disease, as measured by the number of apnea episodes per hour (apnea index), degree of hypoxia (low blood oxygen level), type of treatment, age, and co-existing disorders such as heart or lung disease. Predisposing factors are male gender and post-menopausal females, obesity, substance abuse, and older age. Favorable features include mild disease with no more than 20 apneic episodes per hour, minimal hypoxia, consistently using CPAP, and no co-existing heart and/or lung disease.

Should you have questions about this medical condition or others, please contact your underwriter. We also welcome suggestions for future issues of Rx for Success.

To get an idea of how a client with a history of sleep apnea would be viewed in the underwriting process, please feel free to use the attached *Ask "Rx" pert underwriter* for an informal quote.

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Sleep Apnea - Ask "Rx" pert underwriter
(ask our experts)

Producer _____ Phone _____ FAX _____
Client _____ Age/DOB _____ Sex _____

If your client has sleep apnea, please answer the following:

- ① Please list date of diagnosis: _____
- ② Was the sleep apnea diagnosed as:
- obstructive
 - central
 - mixed
 - unknown
- ③ How is the sleep apnea being treated?
- observation alone weight loss
 - CPAP mask surgery
 - other, please give details _____
- ④ Is your client on any medications?
- yes, please give details _____
 - no
- ⑤ Please check if your client has had any of the following:
- lung disease overweight
 - chest pain or coronary artery disease arrhythmia
 - depression stroke
- ⑥ Has your client smoked cigarettes in the last 12 months?
- yes
 - no
- ⑦ Please note date of most recent sleep study and attach a copy of the report.
_____ (date)
- ⑧ Does your client have any other major health problems (ex: cancer, etc.)?
- yes, please give details _____
 - no

After reading the *Rx for Success on Sleep Apnea*, please feel free to use this Ask "Rx" *pert underwriter* for an informal quote.

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