

Si Baker Goodwin, Ed.D.

OBSTRUCTIVE SLEEP APNEA



Though I've complained about sleep disturbances since age seven, the first time any doctor asked me about sleep was in the early 90's. I told him that I never slept well, but nothing more was said. I started specifically asking for help with trouble sleeping in the mid-late 90's. My doctor's only question related to how much coffee was I drinking. I quit drinking caffeine and lost the last thing propping me up.

At the time, I had a career that I absolutely loved, and I had gone to graduate school, and earned a doctorate in psychology. I had a step-family. I had money in the bank. I had a retirement account.

As a result of the direct consequences of untreated sleep apnea, I lost all of those things. Despite the stereotype of the typical OSA patient being an overweight, middle-aged male, people who suffer sleep apnea are sometimes young and fit women.

It is important for you to know I never once complained of "sleepiness." It was always exhaustion, "I can't think my way out of a paper bag," "my brain is foggy." Years of subsequent doctor visits investigated allergies, allergy medication changes, thyroid issues, anemia, even a cardiac workup and trial of beta blockers. None of these things were very useful.

Si Baker Goodwin, Ed.D. was a patient speaker at the ATS 2018 International Conference in San Diego, California.

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My primary care physician did not think I had apnea and gave me a trial of Lunesta, which did little.

By 2007 I was back in the office, crying, incoherent, and threatening to take heroin if it would help me sleep. I would have done ANYTHING to get sleep. I got the sleep study, but I didn't get a CPAP until months later when a friend shipped me hers.

In 2012, I moved to take care of my ailing mother and step-father, and discovered I was eligible for Medicaid. I went to a sleep doctor for the first time. He told me I wasn't giving the CPAP enough time, and made some changes to my treatment plan. They all made me feel worse.

By 2015, I was desperate. I told my doctor that I needed help, and that if I couldn't find it, I was giving up the fight. She gave me a referral.

I had a sleep study done, and the doctor gave me a new treatment, which combined my straight CPAP with enhanced expiratory rebreathing space (EERS). It made a huge difference. Now, after years of misdiagnosis, I am finally recovering. ■

Obstructive Sleep Apnea

Obstructive sleep apnea (OSA) is a common problem that affects a person's breathing during sleep. A person with OSA has times during sleep in which air cannot flow normally into the lungs. The block in airflow (obstruction) is usually caused by the collapse of the soft tissues in the back of the throat (upper airway) and tongue during sleep. Apnea means not breathing. In OSA, you may stop breathing for short periods of time. Even when you are trying to breathe, there may be little or no airflow into the lungs.

Common symptoms you may have during sleep include:

- Snoring that is usually loud and bothers other people trying to sleep near you.
- Gasping or choking sounds.
- Breathing pauses.
- Sudden or jerky body movements.
- Restless tossing and turning.
- Frequent awakenings from sleep.

Learn more: ATS Patient Education Series. "Sleep Apnea" New York, NY. www.thoracic.org/patients/patient-resources/resources/obstructive-sleep-apnea-in-adults.pdf