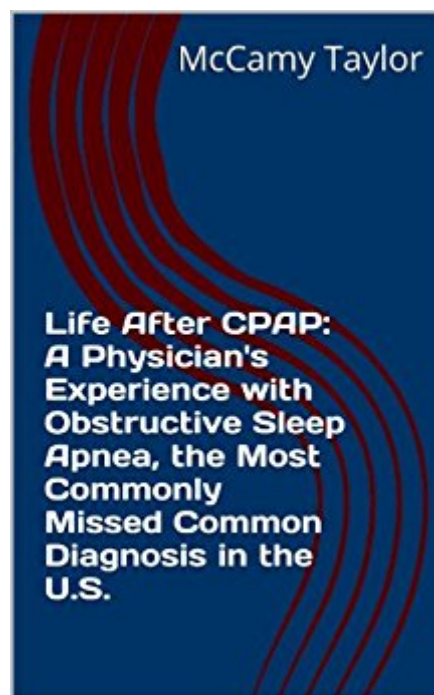




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# Life After CPAP: A Physician's Experience With Obstructive Sleep Apnea, The Most Commonly Missed Common Diagnosis In The U.S.



## Synopsis

In 1998, the author, a physician closed her family practice. She did not go back into clinical practice for almost a decade. During those ten years, she was treated for depression that would not respond to medication. After three years, she discovered why---she had obstructive sleep apnea. Once the correct diagnosis was made, she assumed that her life would return to normal immediately. However, she found out that treating OSA can be as difficult as diagnosing it. CPAP, the treatment that was supposed to make everything better ended up making her worse. This is the story of how she came back from disability to resume the practice of medicine. OSA---obstructive sleep apnea---is a common condition that is commonly unrecognized by health care providers. Anywhere from 4 to 10% of Americans suffer from OSA, but only two out of ten know what is wrong with them. Why is sleep apnea so difficult to diagnose? Why, after it is diagnosed is it so difficult to treat? This story, a family physician's first hand account of the disease attempts to answer those questions. Those who want to learn more about sleep apnea can read about the causes, signs and symptoms. Those who think they or some one they know has OSA can learn about the various treatment options---including the pitfalls of treatment. Too often, doctors hear the phrase "sleep apnea" and think "CPAP" as if this is the only effective treatment. CPAP is not the only option, nor is it always effective. Learn about "sleep hygiene", oral appliances, surgery and other treatments that can help you regain your energy, your memory and your concentration, while improving your mood, your migraine headaches and your pain. Untreated sleep apnea is an important cause of disability in this country. Drivers with untreated OSA make our roads unsafe. If we continue to say "CPAP or nothing" over half the people with sleep apnea will fail to get better---and, as our population gets older and heavier, the problem will just get worse.

## Book Information

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## Customer Reviews

Obstructive sleep apnea has long been a disease that physicians have misdiagnosed. What is worse, a large number (I would say most) doctors do not know about the disease. The doctor who wrote this book didn't even though she was suffering the disease! She reveals her trials with the disease until finally her husband diagnosed it and then her difficulties in gaining appropriate treatment for it. As a sufferer myself, I can empathize with the author. I really did not find out I had it until I changed doctors and complained about my lack of breathing reserves. It turns out that 80% of overweight men above the age of 40 have some form of the disease but that it rarely is diagnosed and treated until it becomes critical. It leads to heart disease, stroke and other serious diseases as well as a major contributing factor in automobile accidents. I can highly recommend this book to both physicians to understand the human side of the disease as well as to people that suspect they have sleep problems.

I have often been told that I snore quite loudly and stop breathing. I have actually awoken to my partner telling me to please breathe. And I've been tired the better part of ten years, even though I have stopped smoking, alcohol consumption, lost 70 pounds and exercise and weight training at a high level of intensity. My vital signs while awake don't really fit the general diagnosis, but now I am thinking of getting that sleep study done.

Very interesting and informative. Bought this when my husband was first diagnosed with APNEA. Was quite helpful

Very informative story about how bad sleep apnea can be and the various options for people. CPAP is not the only answer.

Her suffering results in others learning why we can't sleep. Learn from her so you don't have to suffer more wasted nights.

American medicine is heavily weighted toward the treatment of life-threatening illnesses. If you have a chronic illness that won't kill you but is making your life miserable, you're pretty much on your own. UNLESS you're lucky enough to find a doctor who has that condition or who has a family member who suffers with it. THEN, you start getting some answers!! I recently consulted a sleep specialist and am scheduled for a sleep study in ten days. My father had severe sleep apnea (before there was a name for it) and we believe that it contributed to his early death from a heart attack. I have the same symptoms and it would explain my chronic fatigue. However, I know that this is not a simple condition to diagnose or treat and I have been trying to read about it. I stumbled onto this wonderful book and I can only think that some Angel is looking after me. This is a beautifully written story and would be interesting even if I didn't have a dog in the fight. As it is, the knowledge that this author acquired slowly and painfully is the greatest blessing I could have right now. I was delighted by her emphasis on allergies and the role they play in sleep apnea. I mentioned this to my sleep specialist and got little reaction, yet I KNOW that when my allergies are bad I have more trouble breathing at night. I will probably eventually have to see an allergist, but this author's tips about proper use of over-the-counter meds to treat allergy symptoms have already been of great help. I was also interested to read about her problems with CPAP and the role played by her teeth grinding. I have TMJ and use a dental splint at night and had wondered how that would work with CPAP. I had considered consulting an Ear-Nose-Throat specialist, but was NOT aware that there is an in-office procedure that can reduce the size of the uvula which helps open the airway. Now finding an ENT who treats sleep apnea is at the top of my list. I had seen ads for dental devices which move the lower jaw forward, also opening the airway. The author talks about them and says that some patients are helped by them. As a doctor who sees patients in a large public health clinic, she's aware that some of us have minimal insurance (if any) and she emphasizes self-help measures. Of course, all doctors SHOULD promote patient education and self-awareness and taking control of your own health, but some do and some don't. I'm so thankful to have found this book and I know that the things I learned from it will help me get better medical care. I hope Dr. Taylor's patients realize how lucky they are!

What an excellent synopsis of the devastating "Quality of Life" issues OSA sufferers experience on

a daily basis. As a dentist with TMJ and OSA, who has been treating TMJ sufferers since the mid 80's and OSA patients since 1997 (I was my first patient), it is WONDERFUL to have such a well written synopsis of OSA to share with not only my patients, BUT MORE IMPORTANTLY MY ESTEEMED PHYSICIAN COLLEAGUES who have not been properly advised of the enormity of the problem and consequences of untreated OSA. OSA is epidemic in the U.S. Quality of life, personal relationships, productivity in the workplace, mental health consequences, public safety, and COMORBIDITIES relating to almost EVERY MEDICAL SPECIALTY..... OSA effects everyone. If you don't personally have OSA, you certainly know and interact with OSA sufferers every day. The "Fattening of America", along with masking of symptoms with possibly "over-medicating" of patients, and longevity of our population have contributed to the explosion of the OSA problem. EDUCATION is the key. Education of the lay public, the medical community, and the insurers (who sometimes, unfortunately, may create an environment which may not be conducive to early preventive measures and known successful therapies). I originally gave this book 4 stars, not 5 because I believe that there are several points in this book that are a little bit off. (However, I changed my rating to 5 stars because the important message is the real point of the whole thing). Here are my thoughts, anyway: Pulse oximetry just doesn't really cut it as an alternative to a real sleep study. Screening for OSA and monitoring efficacy of therapy with Home Sleep Studies is an excellent viable procedure every physician can incorporate into his practice easily, in a cost effective manner. It is GOOD MEDICINE and a good starting point for diagnosis and therapy. (Of course, HOME TESTING is not for every patient. COMORBIDITIES may dictate a PSG right from the "get go". ALL tests should be scored by a Boarded Sleep Physician and all decisions on therapy should be dictated by an experienced physician). I am also very partial to Oral Appliance Therapy, TMJ therapy, and early therapies regarding growth and development. Early recognition of allergies, genetic predisposition, dietary considerations, habits, and other contributing factors play a huge role. All in all, this book is a valuable educational tool. I will be sharing this with my physician colleagues and hoping that a good many undiagnosed OSA sufferers will find this book and share it with their physicians. I would also encourage every healthcare provider to become involved in the American Academy of Sleep Medicine (AASM) and the American Academy of Dental Sleep Medicine (AASM). Thank you, Dr Taylor, for sharing your story.

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