

# Risk Insights™

## Obstructive Sleep Apnea (OSA) — Driver edition

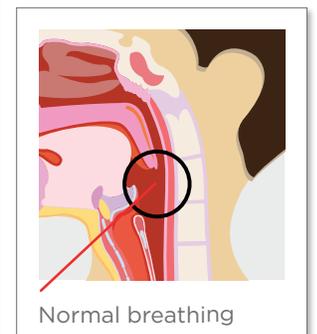
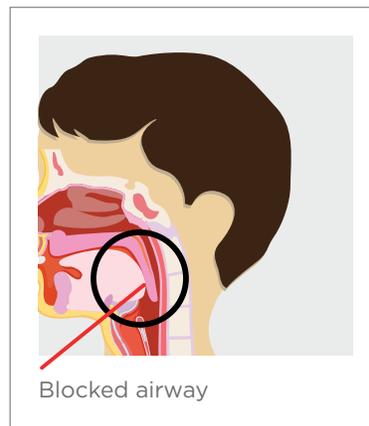


### What is Obstructive Sleep Apnea (OSA)?

Normally when you breathe in, air flows from the nose and/or mouth, past the back of the throat and down into the lungs. With OSA, air does not properly get to a person's lungs while they are asleep due to collapse or blockage of the airway. In order to have restorative sleep, the body needs to breathe deeply while sleeping. A person with OSA will often wake up feeling as though they had never slept at all.

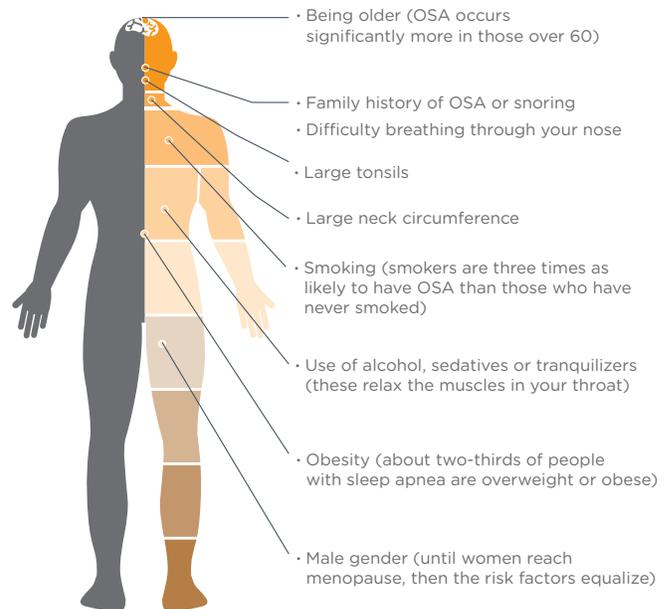
Without treatment of OSA, lack of sleep causes stress to the heart. As a result, a person may develop hypertension, weight gain and heart disease. In addition to the serious physical symptoms, sufferers often have other issues such as decrease in mental well-being, memory problems, depression and decreased sexual desire.

OSA is a more common condition than many may think. A study by the Federal Motor Carriers Safety Administration and the American Trucking Association found that **28% of commercial truck drivers** have some degree of sleep apnea.<sup>1</sup>



### Who is at an increased risk of developing OSA?

Below are some of the largest risk factors for developing OSA:



<sup>1</sup> Research sponsored by FMCSA and ATA reported in "Get on the Road to Better Health – Recognizing the Dangers of Sleep Apnea" Conference co-sponsored by FMCSA and the National Sleep Foundation.

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## How do you screen for OSA?

1. There are many screening questionnaires for OSA that will tell a person if he or she is a good candidate for testing. These surveys are often simple questions that determine a person's risk factors. They ask if a person snores and the type of snoring they have, if the person experiences daytime sleepiness, as well as a person's age, body mass and gender.
2. Another option for screening is a portable monitor or pulse oximeter. This test is done at home and will measure pulse rate and level of oxygen in a person's blood while he/she is at rest. If the results of this test indicate that you should continue testing, a full sleep study could be prescribed.

**Screening will not tell a person if they have OSA. In order to know if a person has OSA they must undergo testing.**



## What is OSA testing like?

OSA testing involves staying over at a sleep clinic. During a sleep study, many activities are monitored including heart rate, eye movement, blood oxygen levels, air flow through the mouth and nose, and the volume and type of snoring that can be heard while the person is at rest. To measure all of these activities, a person's body is attached to electrodes while their quality of sleep is measured.

Due to the nature of testing needed to confirm OSA, many people avoid testing. Often, people with OSA will use sleeping pills or sedatives, which only makes the problem worse. Although testing is uncomfortable, it is the only known way to prove if a person has OSA.



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## What are some ways of managing OSA?

Depending on the type of OSA a person has, there are different types of treatments that can be effective.

**a. Behavioral**  
treatments include weight loss (if the driver is overweight), avoiding alcohol, nicotine and sleep medications

**b. Physical**  
treatments like surgery can be required for severe or specialized cases

**c. Mechanical**  
treatment for OSA includes the habitual use of a CPAP (Continuous Positive Airway Pressure) machine or the use of oral appliances for cases of mild sleep apnea

## Why is CPAP treatment so common?

A CPAP is the most widely recognized treatment for OSA because it directly solves the problem of being unable to breathe deeply during sleep. It is the often the most effective treatment for those who have moderate to severe sleep apnea.

### Where can I obtain more information?

- National Sleep Foundation  
[www.sleepfoundation.org](http://www.sleepfoundation.org)
- Canadian Medical Association Journal  
[www.cmaj.ca](http://www.cmaj.ca)
- Health Canada  
[www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)
- Harvard Medical (Division of Sleep Medicine)  
<http://healthysleep.med.harvard.edu/sleep-apnea>

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# Living with Sleep Apnea: Dave's Story

*Dave spent most of his adult life feeling tired. He had many professional accomplishments, enjoyed his work and home life, but knew for many years that something was wrong.*

*Dave knew of OSA because others in his family had the disorder. He knew it was likely that he had OSA too, and was afraid to admit that he may need help.*

*Dave describes this time in his life as: "I was so physically and mentally exhausted that I just put one foot in front of the other...I was a passenger in my own life."*

*Dave got married and his attitude towards OSA changed. After many years of feeling tired all the time, sneaking in a few minutes of sleep throughout the day and enduring cravings for sugar to stay awake, Dave decided that his family deserved more. Dave was tired of being tired.*

*Dave was screened for OSA and found that he was at risk. He got tested and was told that he had moderate to severe sleep apnea. Dave was first prescribed a dental guard but found it offered no relief. Dental X-rays showed that he had a deviated septum and would need surgery. After the surgery and a few weeks of recovery, Dave was fitted for a nasal pillow CPAP mask and found relief for the symptoms of OSA within forty-eight hours.*

*His morning headaches were gone, his snoring disappeared, and he felt far more alert than he had in years. Dave's wife even noticed that his sense of humour had returned.*

Dave's advice:

*"Know that sleep apnea compounds other diseases; it is a multiplier for existing conditions. If you think you may have OSA, forget about your ego and pride and admit that you may have a problem. Talk to your doctor. Commit to starting treatment and bring your loved ones into the fold to help you through the process.*

*Within a couple days of treatment, my wife said: "You got your sense of humour back!" She could tease me again without me getting grumpy. I felt human again."*

**If you think you may be affected by a sleep disorder such as OSA, start by telling your doctor. Ask for a referral to a sleep clinic and get tested. Remember, a tow truck cannot tow itself; everyone needs support at times. Be open to starting the conversation. Think about how much better you will feel if you get treated.**

