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Anxiety and sleep-disordered breathing

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Hold your breath. Ten, nine, eight, seven, six, five, four, three, two, one, breath, and now repeat three-hundred times. This is the pattern of someone who has obstructive sleep apnea which is a continuous repetitious pattern often second or long pauses in breathing. How do you think you would feel after a night with this many interruptions? Certainly not well and not happy. Today we will discuss the link between sleep-related breathing disorders and anxiety disorders. They are highly correlated and the link is undeniable. There is also a form of bidirectionality where poor sleep causes anxiety and was anxiety causes poor sleep. By treating the sleep, the need for anti-anxiety and anti-depressants can be eliminated and significantly improve mood stability and overall well-being. It is well understood that increased levels of stress and disrupted or limited sleep can cause anxiety. Sleep-disordered breathing does both of these. Every limited or obstructed breath terminates with an arousal that includes an increase in the activation of the sympathetic nervous system. This can happen many times an hour and the effects remain into the next day where the patient experiences anxiety to the point where it can interfere with their ability to sleep that night, creating a perpetual cycle that makes both conditions worse. There has been a link found that in patients who have PTSD, there is an increased amount of sleep apnea. It has been hypothesized that stress can cause sleep-disordered breathing. The airway obstruction has two components: the anatomy and the amount of muscle tension keeping it open. It is possible that with enough stress, the neuromuscular control of the breathing muscles has been reduced enough to cause the condition. The most common and most effective form of therapy for sleep-disordered breathing is Continuous Positive Airway Pressure or CPAP. While on therapy, it has been found that anxiety and stress conditions are better controlled.

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