

Joe Hassin Cordero, M.D.

What is sleep apnea?

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Sleep apnea is a sleep disorder that affects a significant amount of overall population. It's defined by periods of apneic episode, which means people are not able to breathe, either due to obstruction, due to lack of signal from the brain or a mixture of both. The problem that we have with that is that it leads to subsequent other problems in the future, which can be very significant, such as congestive heart failure, pulmonary hypertension. It can lead to arrhythmias, issues with the heart issues, to strokes, high blood pressure, it can make diabetes worse. So there's many factors that affect sleep apnea, that cause that are that can be a factor to make sleep apnea worse. The biggest risk that we have today is actually obesity, which is unfortunately rampant in the United States.

What are the long term health risks associated with untreated sleep apnea?

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So people who are untreated unfortunately go to develop things that, even at a long stage cannot be reversed, such as pulmonary hypertension, and it subsequently can lead to, arrhythmias, congestive heart failure and subsequently death if we're not treated. So also, it impairs the people that are going to work, because you're so tired that they cannot concentrate what they're doing so long term, it can lead to a significant amount of lack of work, lack of effort, lack of many things, unfortunately.

How is sleep apnea diagnosed? What tests do you recommend?

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So usually diagnosed, typically by a test called polysomnogram, which is a sleep study. They can be done in a lab, or you can take it at home, where you actually use a little monitor. It monitors your saturation, oxygen saturation and your movement in the lab is a little more intrinsic, where it measures whether you're taking a deep breath, the mobility of your eyes, mobility of your chest, many other things, including your saturation. So they come up with a number which is called ahi, which is apnea hypopnea index. And the higher it is, the worse your sleep apnea. Anything below five is considered normal. Anything between five and 15 is considered mild. 15 to 30 is considered moderately, and anything over 30 is considered severe.

What are the traditional treatment options for sleep apnea?

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So the gold standard today is what we call the CPAP, which, what it does, it put blows air into your airway to maintain the airway open while you're sleeping at night. That's one measure. The second one is a BiPAP, which is similar, just a different, different mechanism, and then, of course, some surgical interventions. And unfortunately, surgical interventions we got right nowadays are not 100% in the past, we just take people's uvula and the soft palate make a little shorter so they stop snoring. But unfortunately, people where we discovered that after two

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years, they were back to square one. And the reason was because they tended to lose weight after surgery, and then they put it back right after a few years later, and so they were back to snoring. The one thing that is definitely surgical wise, that is definitely is doing a tracheostomy, and that most people don't want to have, or walk around with a tracheostomy in their neck.

How has treatment evolved?

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A lot of people who get it are not using the way we're supposed to. They're not wearing it through the whole night. Most people turn, and when they turn, the mask comes off, and they don't want to put it back. Other people sleep in their face, and so they don't, they're, it's not conducive to that. Others, well, you know, they don't want to have to carry a machine. I have a lot of businessmen who hate having to carry the CPAP every go to travel. And also, you get the complaints from the wife, well, it's loud. It's you can hear the gurgling noise. I cannot sleep in the same bed. So there's many other things that people don't want to deal with.

What are the latest advancements in treatment?

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So in the latest we have a device the happy FDA approved for about seven years. It's called inspire. It's a new device that is very unique, because what it does, it stimulates a nerve in your tongue, your hypoglossal nerve that protrudes your tongue while you're sleeping. So the way it works, you have a generator in your chest. Looks like a pacemaker, a little wire that runs through that nerve. So when you go to bed at night, you turn it on, and as you take a deep breath, your tongue then moves forward, preventing obstruction, so you don't get any more of the no more the gargling, no more of the obstruction, completely relieves the obstruction, and it's fantastic. Unfortunately, it's not for everybody, so it's only FDA approved for people who are intolerant or unable to use a CPAP. That's one thing also, depending on their insurance. If your AHI needs to be between 15 and 65 and your BMI needs to be less than 34 or so, because otherwise they won't approve it. So people who are who are obese, unfortunately, that's isn't an option. That's why the GLP1's are also being used for weight loss in obstructive sleep apnea management.

How has that device improved quality of life for your patients?

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I actually have a couple. Both of them got it, and they love it because they feel that they can travel, they can go to bed and they both get great rest, and it's definitely. they're a bit more active, they're able to maintain their weight, because if we think about it, when you have the sleep apnea that tend to affect also leave you to risk of obesity. So therefore, actually they have their quality of life is improved in every aspect. They're very active. They're very happy to the fact that all they had to do is turn on their machine, go to bed and they get the rest that they need.