



SLEEP APNOEA TRUST INFORMATION SHEET

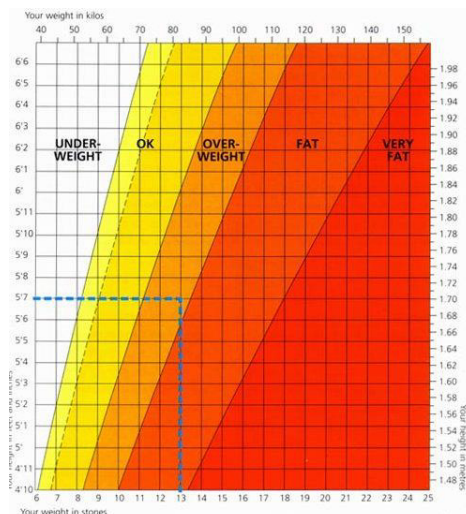
WEIGHT LOSS AND SLEEP APNOEA

Current figures show that one in three adults in the UK are obese and one in three are overweight. Obesity can lead to serious conditions, such as type 2 diabetes, coronary heart disease, some types of cancer, and strokes. It can also be a contributory factor in sleep apnoea, though some sleep apnoea patients are neither obese nor overweight. Other effects include breathlessness, joint and back pain, and difficulty in undertaking physical activity.

This leaflet gives some information regarding excess weight and suggests weight loss strategies you may wish to try. Your general practitioner or practice nurse will be able to talk with you more about this.

WHAT SHOULD MY WEIGHT BE?

The most widely used indicator of the possible impact of weight in relation to health is the Body Mass Index (BMI). However, though the BMI can indicate excess weight, it does not show whether the person is carrying too much fat, nor does it take account of age, gender or muscle mass. For example, athletes or muscular adults may be classified as overweight or obese even though their body fat is low, and adults who lose muscle as they get older may have a BMI in the healthy weight category even though they may be carrying excess fat.



BMI is weight in kilogrammes divided by height in meters squared. A person weighing 100kg (15st 10.5lb) with a height of 1.75m (approximately 5ft 9in) would have a BMI of 100 divided by 1.75 squared. So, 100 divided by 1.75 x 1.75 equals 32.6kg/m² giving a BMI of 32.6

- *underweight* = below 18.5
- *healthy weight* = between 18.5 and 24.9
- *overweight range* = between 25 and 29.9
- *obese class 1* = between 30 and 34.9
- *obese class 2* = between 35 and 39.9
- *obese class 3* = 40 or more

People with a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background are prone to cardiometabolic risk occurring at lower BMI, so use lower BMI thresholds as a practical measure of overweight and obesity:

- *underweight* = below 18.5
- *healthy weight* = between 18.5 and 23
- *overweight range* = between 23.1 and 27.4
- *obese class 1* = between 27.5 and 32.4
- *obese class 2* = between 32.5 and 37.4
- *obese class 3* = 37.5 or more

Body mass index is only a guide to your weight, not an absolute rule. Waist size also matters, as you can have a healthy BMI and still have excess tummy fat. The NHS recommends you should try and lose weight if your waist is 94cms (37in) for men or 80cm (31.5in) for women.

EXCESS WEIGHT AND SLEEP APNOEA

Many, but by no means all, people who have sleep apnoea are overweight or obese. In addition to BMI and waist size, a collar size of 43cm (17in) for men and 41cm (16in) for women can be a factor in sleep apnoea.

Obstructive sleep apnoea (OSA) is a relatively common condition where the muscles and soft tissues in the throat relax and collapse sufficiently to cause a total blockage of the airway. This blockage is called an apnoea when the airflow is blocked for 10 seconds or more.

People with sleep apnoea experience repeated airway blockages throughout the night. During each episode the effort to breathe in against the blocked airway triggers the brain to pull the patient out of deep sleep sufficient to reopen the airway and allow breathing to restart.

Sleep is therefore repeatedly disturbed, which can cause sleepiness and memory impairment. The sleep disruption or oxygen dipping may lead to high blood pressure, which could theoretically increase the chance of a stroke or heart attack. According to the NHS research has shown that someone who has been deprived of sleep because of sleep apnoea may be up to 10 times more likely to be involved in a road traffic accident.

Being overweight or obese can contribute to this relaxation and collapse of the throat muscles and airways. Losing weight may reduce sleep apnoea, as well as improving general health.

LOSING WEIGHT

It is difficult to give definitive advice on weight loss as new diets seem to come and go at regular intervals; whereas low fat diets have been generally recommended in recent years the emphasis now seems to be changing to low sugar diets or Mediterranean type diets. The simple advice to eat less and move more is hard to beat.

Commercially run programmes, such as WW (formerly Weight Watchers) or Slimming World, are helpful and can help people to lose more weight than they might on their own. The 5:2 diet, The Fast 800 and explosion in easy to follow Keto, Vegan, Vegetarian, Lower Carb, Pescatarian and Flexitarian Diet Plans have also been widely publicised. Their contact details are available online. Some GPs are able to give you vouchers to attend a weight loss programme. Hospitals are now also giving weight loss advice sometimes on an individual basis.

Being more active in your day-to-day life can help you lose weight, by burning off calories from the food you eat and from fat that you have stored in your body. How you become more active depends on what is practical for you. Examples would be:

- Taking the stairs instead of using the lift
- Walking to work or the shops instead of driving or taking the bus
- Doing more of an activity you enjoy, like swimming, walking, dancing or gardening.

If you find that being overweight limits your ability to exercise, or if you are struggling to lose weight by simple dieting you should consider discussing this with your GP. The GP may prescribe weight loss medication in tablet form if your BMI puts you into the obese categories.

Weight loss surgery, also called bariatric surgery, may be available on the NHS to treat people with severe obesity who have not responded to other measures. The three main operations are gastric banding, gastric bypass and sleeve gastrectomy. Severe obesity is a BMI of 40 or above, but could be recommended for at lower thresholds such as a BMI over 35 with another associated health condition which could be improved by weight loss, such as Type 2 diabetes, OSA or high blood pressure. Bariatric surgery is effective when people are also supported to maintain a healthy lifestyle and balanced healthy diet to achieve calorie restriction. Surgery always has potential side effects and risks; careful assessment and counselling is required.

There is also a new family of weight loss drugs, known as GLP-1 agonists/GIP agonists, which trials show to both improve related health conditions including Obstructive Sleep Apnoea, and assist in lowering and maintain a healthier body weight. Weight loss drugs are effective when people are also supported to maintain a healthy lifestyle and balanced healthy diet to achieve calorie restriction. Members of this family of drugs have been approved for use in the UK whilst further guidance on other agents is awaited. It is expected that the recommendation if and when approved will begin with people with the most severe obesity and related health conditions. As with surgery, these drugs also have potential side effects and risks, and careful assessment and counselling is required.

The Sleep Apnoea Trust website is: www.sleep-apnoea-trust.org This is where you will find the most comprehensive, current and medically verified information available in the UK, relevant to the UK National Health Service

Working to improve the lives of sleep apnoea patients, their partners and families.

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