Medications

Unfortunately, at the current time, medications play a limited role in the treatment of obstructive sleep apnea. Except as indicated below, most do not have much value for most patients.

Protriptyline – Most patients’ sleep apnea is worse in REM sleep than NREM sleep. (REM sleep is rapid eye movement sleep – also known as dream sleep; NREM sleep is non rapid eye movement sleep – non-dreaming sleep). Protriptyline (an antidepressant) has been shown to decrease the amount of REM sleep, and a small study showed that it could reduce the number of apneas. Unfortunately, most patients continued to have a significant number of apneas, so protriptyline is inadequate for most patients.

Thyroid hormone – For the rare patient whose sleep apnea is caused by hypothyroidism, treatment with thyroid replacement hormone may cure the sleep apnea at the same time the hypothyroidism is corrected.

Oxygen – Since low oxygen is one of the complications of sleep apnea, use of supplemental oxygen has been tried in a few patients. Although it does tend to improve the level of oxygenation, it doesn’t normalize it. In addition, the apneas, sleep disruption, and increased carbon dioxide continue to occur. It is inadequate for most patients.

Nasal steroid spray; decongestant and antihistamine pills – In the appropriate circumstances these medications may significantly decrease snoring. They work by decreasing swelling of nasal mucosa and by decreasing nasal secretions. These actions improve nasal airflow. They usually are inadequate by themselves for sleep apnea, but may decrease apneas, and may also improve tolerance of nasal CPAP. Nasal steroid sprays are useful for nasal symptoms due to allergies. Decongestants and antihistamines are useful for symptoms due to allergies, colds or due to irritation from the CPAP airflow. Caution: avoid use of decongestant nasal sprays for more than a day or two – they can lead to extremely troublesome dependence.