Obstructive Sleep Apnea Overlooked in People with Epilepsy
Common Therapy May Decrease Seizures, Study Shows

WASHINGTON, D.C. - Common treatment for obstructive sleep apnea (OSA) may decrease the risk of seizures in people with epilepsy who also suffer from the sleep disorder, suggests research being presented at the American Epilepsy Society 71st Annual Meeting.

In people with OSA, the tongue and soft palate collapse against the back of the throat during sleep, which interrupts breathing. This leads to poor quality sleep and increases the risk for high blood pressure, heart attacks and strokes. In people with OSA who also have epilepsy, the lack of quality sleep increases the risk for seizures.

The most successful treatment for OSA is positive airway pressure (PAP) therapy, in which a mask is fitted over the nose and sometimes the mouth, and air is gently blown into the airway to keep it open during sleep.

“Sleep apnea is common in people with epilepsy, but few physicians screen for it,” said Thapanee Somboon, M.D., lead author and research fellow at the Sleep Disorders Center at Cleveland Clinic. “All patients with epilepsy should be checked for sleep disorders, including insomnia and sleep apnea, because there are effective treatments.”

The study - the largest to focus on the effectiveness of PAP in reducing seizures in people with OSA and epilepsy - included 197 people with epilepsy, 75 who did not have OSA and 122 who did. Of those with OSA, 73 used PAP and 49 did not. At one year, 63 percent of people treated with PAP reported a 50 percent or greater reduction in seizures from baseline (before the study began), compared to 14 percent of those who weren’t treated and 44 percent of those who did not have OSA. Researchers also assessed overall outcome success, defined as not having seizures at baseline and remaining seizure-free for a year, or having seizures at baseline but reporting a 50 percent or greater reduction in seizures over one year. Researchers reported successful outcomes in 85 percent of those who were treated, 55 percent of those who were untreated and 65 percent of those who did not have OSA.

OSA causes sleep deprivation, which increases the chance of seizures occurring, although researchers aren’t sure why. Many people with epilepsy take antiepileptic drugs (AEDs), and these may increase the risk of OSA, because the drugs relax upper respiratory muscles and may cause weight gain, another risk factor for OSA. OSA is diagnosed via medical history, physical exam and a sleep study, in which the person’s sleep is monitored.

Although there is increasing recognition of the OSA-epilepsy relationship, it remains overlooked by many doctors.
There are a variety of treatments for OSA, including losing weight, taking a decongestant, wearing a special mouth guard to bed and having surgery. PAP is the most effective treatment for people with moderate to severe OSA.

“Unfortunately, many people with epilepsy don’t realize they have sleep apnea,” said Dr. Somboon. “Being diagnosed is the first step towards getting effective treatment and potentially decreasing the risk of seizures.”

About the American Epilepsy Society
Founded in 1946, the American Epilepsy Society (AES) is a medical and scientific society whose members are dedicated to advancing research and education for preventing, treating and curing epilepsy. AES is an inclusive global forum where professionals from academia, private practice, not-for-profit, government and industry can learn, share and grow to eradicate epilepsy and its consequences.

For more information, visit the American Epilepsy Society online at aesnet.org. Join the AES Annual Meeting social conversation today by following @AmEpilepsySoc on Twitter and use the hashtag #AES2017.

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