

## OBSTRUCTIVE SLEEP APNEA UNMASKED FROM SNORING TO SERIOUS DISEASE

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Obstructive sleep apnea (OSA) is the most common sleep-related breathing disorder. This type of sleep apnea is characterized by recurrent episodes of complete or partial obstruction of the upper airway leading to reduced or absent breathing during sleep. These episodes are termed “apneas” with complete or near-complete cessation of breathing, or “hypopneas” when the reduction in breathing is partial. In either case, a fall in blood oxygen saturation, a sleep disruption, or both, may result. A high frequency of apneas or hypopneas during sleep may interfere with the quality of sleep, which – in combination with disturbances in blood oxygenation – is thought to contribute to negative consequences to health and quality of life. The terms obstructive sleep apnea syndrome (OSAS) or obstructive sleep apnea-hypopnea syndrome (OSAHS) may be used to refer to OSA when it is associated with symptoms during the daytime (e.g. excessive daytime sleepiness, decreased cognitive function). Most individuals with obstructive sleep apnea are unaware of disturbances in breathing while sleeping, even after waking up. A bed partner or family member may observe a person snoring or appear to stop breathing, gasp, or choke while sleeping. People who live or sleep alone are often unaware of the condition. Symptoms may persist for years or even decades without identification. During that time, the person may become conditioned to the daytime sleepiness, headaches, and fatigue associated with significant levels of sleep disturbance. Obstructive sleep apnea has been associated with neurocognitive morbidity, and there is a link between snoring and neurocognitive disorders.

**Keywords:** Obstructive sleep apnea (OSA), Apnea-hypopnea index (AHI), Daytime sleepiness

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