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The Effect of Snoring and Obstructive Sleep Apnea on the Sleep Quality of Bed Partners

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Objectives

To measure the effect of snoring and obstructive sleep apnea (OSA) on the sleep of snorers' bed partners and to determine whether a bed partner's sleep improves when snoring and OSA are treated.

Materials and Methods

We studied 10 married couples in which 1 member was undergoing polysomnography to evaluate suspected OSA. The patients and their spouses underwent simultaneous polysomnography. Midway through the 1-night study, the patients received nasal continuous positive airway pressure (CPAP) with the pressure adjusted to eliminate snoring and obstructive breathing events. Apnea-hypopnea index (episodes/hours of sleep time), arousal index (arousals/hours of sleep time), and sleep efficiency (percent time asleep) were calculated to measure sleep quality.

Results

The patients (all male) demonstrated a median (range) apnea-hypopnea index of 26 (3–75) that decreased to 7 (0–34) during the trial of nasal CPAP therapy ($P<.05$). During the CPAP trial, the median (range) arousal index of the spouses decreased from 21 (14–34) to 12 (4–27) ($P<.01$), and the spouses' median (range) sleep efficiency increased from 74% (56%–80%) to 87% (64%–95%) ($P<.01$).

Conclusion

The elimination of snoring and OSA in these patients was associated with an improvement in the quality of their bed partners' sleep, as indicated by improved sleep efficiency and continuity, even when the spouses had been habitually exposed to snoring and OSA. Assuming that 480 minutes were spent in bed for sleep, a 13% improvement in sleep efficiency (ie, from 74% to 87%) translates to an additional 62 minutes of sleep per night for the spouses of snorers with OSA.



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Abbreviations

AHI, apnea-hypopnea index; Ari, arousal index; CPAP, continuous positive airway pressure; NREM, non-rapid eye movement; OSA, obstructive sleep apnea; St1-2, stages 1–2

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