

THE EPWORTH SLEEPINESS SCALE

– measures how sleepy you are

Excessive sleepiness is the main disabling symptom of OSA

How likely are you to doze off or fall asleep?

Score yourself for each of the eight situations below, use the following scoring system:

0 = Would never doze

1 = Slight chance of dozing

2 = Moderate chance of dozing

3 = High chance of dozing

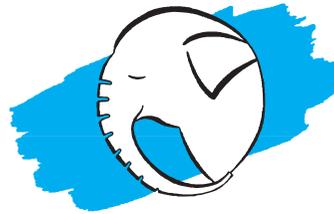
Situation	Score
Sitting and reading	
Watching television	
Sitting inactive in a public place, e.g. theatre or meeting	
As a passenger in a car for an hour without a break	
Lying down in the afternoon, when circumstances permit	
Sitting and talking to someone	
Sitting quietly after lunch without alcohol	
In a car, while stopped for a few minutes in traffic	
TOTAL	

If your score is 10 or over, then you may have a sleep disorder!

You should take this leaflet to your GP and ask whether or not you need a referral to a Sleep Clinic

The Sleep Apnoea Trust's Phone Help Line is:

0800 025 3500
Freephone



SLEEP APNOEA TRUST ASSOCIATION

WORKING TO IMPROVE THE LIVES OF SLEEP APNOEA PATIENTS, THEIR PARTNERS AND FAMILIES

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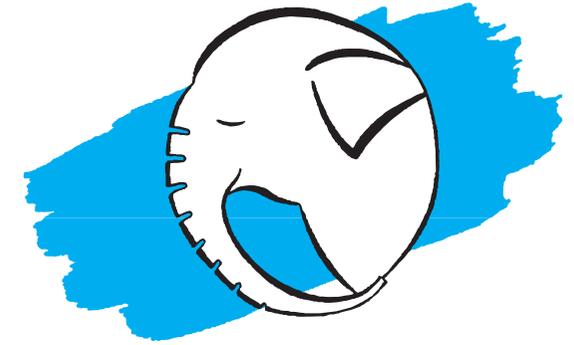
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Registered Charity No 1056963

The Sleep Apnoea Trust is mainly managed by unpaid volunteers

Disclaimer

The information in this publication is given for general information purposes only. It is in no way intended to replace the professional medical care, advice, diagnosis, or treatment of a doctor. If you are worried about any aspect of your health, you should consult a doctor in person.



WHAT IS OBSTRUCTIVE SLEEP APNOEA?

- ❖ Does your spouse or partner's **SNORING** disturb your sleep?
- ❖ Do they seem to **STOP BREATHING** for moments or even minutes at a time while asleep?
- ❖ If the answer to these questions is **YES**, then he or she may well suffer from a serious but treatable condition called

OBSTRUCTIVE SLEEP APNOEA

THE FACTS

OBSTRUCTIVE SLEEP APNOEA (OSA)

There are two self-diagnostic tests in this leaflet and, if your score is high, take the results to your GP who will be able to provide an appropriate referral to an NHS Sleep Clinic in your area. The condition can be treated by a simple painless non-surgical approach available entirely on the NHS.

Untreated OSA is associated with an increase in the risk of:

Excessive and Constant Tiredness, Irritability, Mood Swings, Under-performance at Work, Strokes, Heart Attacks, up to 20% reduced life expectancy (DVLA/NHS).

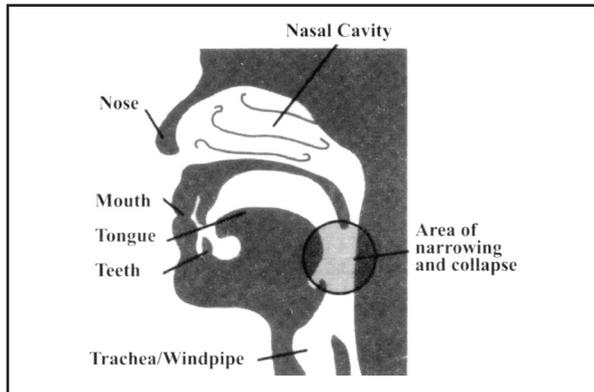
Facts about Excessive Sleepiness:

- ❖ Up to 3.9 million adults in the UK suffer from excessive sleepiness.
- ❖ Excessive sleepiness is often caused by Obstructive Sleep Apnoea and is called Obstructive Sleep Apnoea Syndrome.
- ❖ As many as 20% of road traffic accidents are thought to be caused by excessive sleepiness.

Yet, the treatment is simple, painless, available free on the NHS and can be wonderfully effective, restoring the energy of years gone by.

What is Sleep Apnoea?

Sleep apnoea is due to excessive narrowing of the throat during sleep. This leads to obstructed breathing (apnoea) and recurrent sleep disturbance. The most common symptoms are **snoring** (due to vibration of the walls of the throat), **stopping breathing episodes whilst asleep and excessive sleepiness**.



What causes sleep apnoea?

The throat narrows with the normal relaxation of the muscles during sleep. Extra weight in the neck encourages further critical narrowing of the throat and sleep apnoea. The larger the collar size, the greater the risk. Also for example, the throat can be narrowed by a set-back lower jaw and large tonsils.

What are the symptoms?

Sleep is repeatedly disturbed by the sufferer having to wake over and over again to re-open the throat and allow breathing to restart, although they are rarely aware of this. The result can be increasing excessive sleepiness with snoring at night. To start with, sleepiness only occurs during potentially boring activities, such as watching television, reading, or even when driving. As sleepiness gets worse it begins to interfere with most activities. Sufferers can fall asleep while talking and eating. Work is inevitably affected, and sufferers can lose their jobs due to the poor performance resulting from their sleepiness. Snoring will usually have been present for many years and gone well beyond a joke within the family. When sleepiness begins to affect the motorist whilst driving, it is not only quite frightening, but also highly dangerous. There are many more symptoms (irritability for example), but the twin symptoms of snoring and daytime sleepiness are the best pointers to the problem. **The good news is that sleep apnoea can be treated very effectively at a Sleep Clinic.**

What happens at a Sleep Clinic?

Simple things such as sleeping propped up, not drinking alcohol late in the evening, use of a dental appliance and losing some weight can often help mild sleep apnoea. If your GP thinks you may have more serious sleep apnoea, then referral to a Sleep Clinic may be necessary. At such a Clinic a simple sleep study, and an appointment with a specialist should determine if significant sleep apnoea is present. The best treatment is continuous positive airway pressure (CPAP). This involves wearing a mask over the nose (or nose and mouth) during sleep, connected to a quiet pump beside the bed. It supplies slightly pressurised air to keep the throat open. The mask allows the breathing to return to normal during sleep and usually ends the snoring! The response to the use of CPAP is usually dramatic with greatly improved sleep and the disappearance of excessive sleepiness. Many users experience a return to energy levels that they have not enjoyed for a decade or more. Many partners enjoy sleep that they have not experienced for even longer, as they are not disturbed by their partner's snoring any more. When successfully treated, any concerns about driving while sleepy disappear, and no driving restrictions are imposed by the DVLA.

Screening tool for OSA: STOP-Bang

S	Does the patient snore loudly (louder than talking or loud enough to be heard through closed doors)?	Y/N
T	Does the patient often feel tired , fatigued, or sleepy during the day?	Y/N
O	Has anyone observed the patient stop breathing during their sleep?	Y/N
P	Does the patient have, or is the patient being treated for, high blood pressure ?	Y/N
B	Does the patient have BMI of more than 35?	Y/N
a	Age . Is the patient older than 50?	Y/N
n	Is the patient's neck circumference greater than 40cm?	Y/N
g	Gender . Is the patient male?	Y/N

OSA - Low Risk : Yes to 0–2 questions
Scoring: OSA - Intermediate Risk : Yes to 3–4 questions
OSA - High Risk : Yes to 5–8 questions

Developed by Chung F, Yegneswaran B, Liao P, Chung SA, Vairavanathan S, Islam S, Khajehdehi A, Shapiro C: *STOP Questionnaire A Tool to Screen Patients for Obstructive Sleep Apnea*, 2008.