



WHAT IS OBSTRUCTIVE SLEEP APNOEA?

THE FACTS

OBSTRUCTIVE SLEEP APNOEA (OSA)

There are two self-diagnostic questionnaires in this leaflet. The first "STOP-BANG" is important in assessing the level of risk of you having obstructive sleep apnoea (OSA). The second, the "Epworth Sleepiness Scale" is important to assess whether or not you have one of the main symptoms of OSA, excessive sleepiness during waking hours. This can represent a risk, especially if you drive or operate machinery. If your score is high on either or both, take the results to your GP and discuss whether you need a referral to a hospital. If OSA is diagnosed, it is easily treatable.

What is Sleep Apnoea?

Obstructive Sleep Apnoea (OSA) is a relatively common condition where the muscles and soft tissues in the throat relax and collapse sufficiently to cause a total blockage of the airway. This blockage is called an apnoea when the airflow is blocked for 10 seconds or more. People with sleep apnoea experience repeated airway blockages throughout the night. During each episode, the effort to breathe in against the blocked airway lightens sleep, or even causes awakening, enabling the airway to open so breathing resumes. This can happen many times per night.

What are the symptoms?

Symptoms of sleep apnoea, which are often first apparent to a partner or family member, can include:

- Loud snoring
- Noisy & laboured breathing
- Repeated short periods where breathing is interrupted by gasping or snorting
- Depression and extreme mood swings

Sleep can be so disrupted by the body waking up repeatedly to reverse the obstruction, sufferers can experience excessive sleepiness during waking hours. They can even fall asleep while talking or eating. Their work performance can be adversely affected, to the point of putting their job at risk. Sleepiness whilst driving has become a major cause of road accidents and sleep apnoea sufferers are up to 12 times more likely to have driving accidents.

What happens with a referral to the Sleep Clinic?

If you are referred to the Sleep Clinic at a local hospital, you will have a simple sleep study, and sometimes also an appointment with a specialist, to determine if significant sleep apnoea is present and how it will be treated.

How is sleep apnoea treated?

The most effective treatment is a Continuous Positive Airway Pressure (CPAP) machine. This is a small, quiet, pump beside the bed which continuously delivers slightly pressurised air through a hose to a mask worn during sleeping hours. The mask can take several forms, based on how you breathe –

- fitting over the nose (nasal cushion)
- the nose and mouth (full face mask) or
- inside the nostrils (nasal pillows)

Air is pumped continuously through the nose (or nose and mouth) at a pressure sufficient to keep the airways open. Breathing returns to normal, with few apnoeas during sleep. In some cases, where a patient is not able to tolerate CPAP or the severity of sleep apnoea is not enough to qualify for this treatment, a dental may be recommended or life style changes, especially weight loss, suggested.

The dental device, called a Mandibular Advancement Device (MAD) must be fitted by a qualified dentist and may not be funded by the NHS.

What's the result of treatment?

The response after using CPAP for the first few times can be dramatic, with greatly improved sleep and elimination of any day-time sleepiness. Although these devices are slightly cumbersome to wear, and it takes some people a few nights to get used to breathing out against the flow of air produced by the CPAP, the benefits far outweigh these slight disadvantages.

The STOP - BANG Screening tool
– measures how likely are you to have OSA.

Situation	Yes/No
S —Do you snore loudly (louder than talking or enough to be heard through closed doors)?	
T —Do you feel tired , fatigued or sleepy during waking hours?	
O —Has anyone observed you stop breathing during sleep?	
P —Do you have or are you been treated for high blood pressure ?	
B —Do you have a BMI of more than 35	
A — Age : are you older than 50	
N —Is your neck circumference greater than 40 cm (16")	
G — Gender : Are you male	
TOTAL YES ANSWERS	

Risk level for OSA

**Scoring of
Yes
answers**

Low risk

0–2

Intermediate risk

3–4

High risk

5–8

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 Apnoea 2008.

The Epworth Sleepiness Scale - measures how sleepy you are

Excessive sleepiness is the main disabling symptom of OSA
In recent days 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 website is:

www.sleep-apnoea-trust.org

This is where you will find the most comprehensive, current and medically verified information available in the U.K., relevant to the UK National Health Service.

SLEEP APNOEA TRUST ASSOCIATION

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