When sleep apnoea and snoring are not severe, then simple approaches can help. Losing some weight, not drinking alcohol after 6.00pm (alcohol relaxes the upper airway muscles even more), keeping the nose as clear as possible, and sleeping on one’s side or semi-propped up can all help. There are now simple dental devices like sports type gum shields, worn at night, that can greatly reduce snoring. These are usually obtained via Dentists. When snoring is very objectionable, with the individual and his or her partner desperate for a solution, then an operation on the back of the throat may help - but this is a last resort and should only be done when a sleep study has shown snoring alone with very little, or no, sleep apnoea.

The only really effective treatment currently used for bad sleep apnoea is nasal continuous positive airway pressure (nasal CPAP). Because the inside of the throat is narrowing, it can be held open by slightly pressurised air. To deliver this air a mask is worn during sleep just over the nose and connected to a small, quiet pump beside the bed. Breathing is then able to return to normal during sleep with the air gently blowing through the nose, holding open the throat. The response is usually dramatic with greatly improved sleep and disappearance of the day-time sleepiness. Although these devices are cumbersome to wear, and hardly improve one’s appearance, the benefits far outweigh the disadvantages with the vast majority of people deciding to use their machines every night at home after a one night trial in hospital.

**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

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

**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

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**WHAT IS OBSTRUCTIVE SLEEP APNOEA**

- Has anyone complained about your snoring disturbing their sleep?
- Have they ever told you that your breathing has been interrupted by short periods of gasping or snorting?
- Have they ever told you that you appear to have stopped breathing while you were asleep?
- If so, you may have a condition called Obstructive Sleep Apnoea.

**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.
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 10 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 device 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.

STOP-Bang

Does the patient snore loudly (louder than talking or loud enough to be heard through closed doors)?

- Y/N

Does the patient often feel tired, fatigued, or sleepy during the day?

- Y/N

Has anyone observed the patient stop breathing during their sleep?

- Y/N

Does the patient have, or is the patient being treated for, high blood pressure?

- Y/N

Does the patient have BMI of more than 35?

- Y/N

Age. Is the patient older than 50?

- Y/N

Is the patient’s neck circumference greater than 40cm?

- Y/N

Gender. Is the patient male?

- Y/N

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