

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

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 website is:

www.sleep-apnoea-trust.org

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

SLEEP APNOEA TRUST ASSOCIATION

THE PATIENT'S VOICE

We work to improve the lives of Sleep Apnoea Patients, their partners and their families

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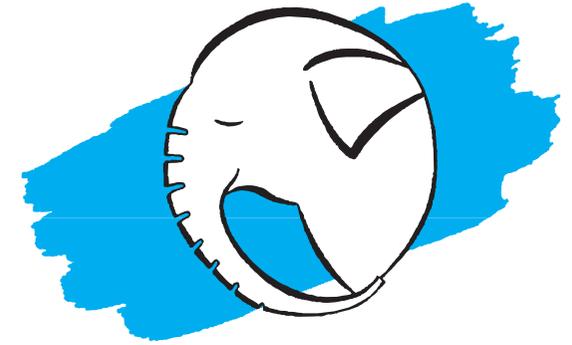
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Disclaimer

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

- 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.

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 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.

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

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