

Obstructive Sleep Apnoea/ Obstructive Sleep Apnoea Syndrome

Patient Information

Sleep Services

Author ID: CG
Leaflet Ref: SS 001
Version: 7
Title of Leaflet: Obstructive Sleep Apnoea/Obstructive Sleep Apnoea Syndrome
Last reviewed: January 2021
Next review date: January 2023



What is OSA/OSAS?

Obstructive Sleep Apnoea (OSA) is a condition which causes interruptions in breathing during sleep. During sleep the muscles in the throat that usually support the tongue, tonsils and soft palate, relax and become floppy. This causes the airway to narrow or block. As it narrows this can first of all lead to snoring and then when the airway is completely closed, it causes apnoea, which means you stop breathing. If apnoea occurs, the body detects this and brings you into a lighter stage of sleep to make the throat muscles contract and so re-open the airway. This can happen regularly through the night (every minute or so), although you might not remember all these episodes of waking. Sometimes these repeated interruptions in sleep can cause you to wake up feeling un-refreshed in a morning and also suffer from excessive tiredness during the day. People with OSA and evidence of these daytime symptoms are said to have Obstructive Sleep Apnoea Syndrome (OSAS).



Who gets OSA/OSAS?

The most common sufferers of OSA/OSAS are overweight, middle-aged men, with large necks (usually a collar size of 17 inches or more), who snore. However, women and people who are not particularly overweight can still have sleep apnoea.

What causes Obstructive Sleep Apnoea (OSA)/Obstructive Sleep Apnoea Syndrome (OSAS)?

Sleep apnoea is caused by anything that increases the normal narrowing of the throat during sleep. There are several known risk factors for developing OSA/OSAS:

- Obesity – largest known risk factor for OSA/OSAS.
- Being male – men are affected more than women but reasons are unknown.
- Age 40 years plus.
- Large neck – extra weight in the neck compresses the airway further.
- Unusual inner neck structure – large tonsils or tongue, far set back lower jaw.
- Taking medications that have a sedative effect – sleeping pills, tranquilisers.

Smoking and the consumption of alcohol before bedtime are also thought to be risk factors for developing OSA.

Symptoms of OSA/OSAS

There are many symptoms of sleep apnoea, which can include:

- Excessive daytime sleepiness.
- Loud or disruptive snoring.
- Gasping or choking sensation during sleep.
- Grogginess and morning headaches.
- Witnessed episodes of apnoea.
- Irritability and depression.
- Difficulty concentrating.
- Frequent waking during night to urinate.

Complications of OSA/OSAS

OSA/OSAS can lead to several complications if left untreated:

- Cardiovascular Disease

Many people with OSA/OSAS develop high blood pressure, which also increases the risk of developing a cardiovascular disease such as a stroke or heart attack.

- Road Traffic Accidents

Patients with OSAS can be up to 20% more likely to be involved in car accidents due to excessive daytime tiredness. You should avoid driving until your symptoms are under control with treatment, especially as falling asleep at the wheel is a criminal offence. Those with OSAS and symptoms enough to impair driving are legally required to inform the DVLA of their condition. Failure to do so is a criminal offence, with up to a £1000 penalty fine. Once you have informed the DVLA of your diagnosis you should not lose your driving licence so long as you are compliant with your treatment plan and your symptoms are controlled. If you are a Heavy Goods Vehicle (HGV) driver then the DVLA will require confirmation from a specialist that your symptoms are under control.

Patients who simply have OSA (no daytime sleepiness enough to impair driving) can continue to drive and do not need to inform the DVLA.

Diagnosis of OSA

The presence of sleep apnoea may be suspected by the patients' symptoms on initial assessment. There are a couple of different sleep studies that can then be carried out to confirm the diagnosis. The tests are completed at home and do not require an overnight hospital stay.

Overnight Pulse Oximetry

This is used for patients who are strongly suggestive of OSA from their sleep history. A probe is placed on the finger while you sleep, to measure heart rate and blood oxygen levels.

Full Sleep Study (Polygraphy)

This is a more detailed test than the pulse oximetry, as it also measures chest and stomach movements, as well as nasal airflow. You will be shown how to set up the equipment in clinic, prior to completing the overnight sleep study at home.

Treatment of OSA

Lifestyle Changes

For mild cases of sleep apnoea, the following simple lifestyle changes can help:

- Lose weight.
- Do not drink alcohol after 6pm.
- Stop smoking.
- Avoid sleeping pills/tranquilisers.
- Sleep on your side or semi-propped up.

Continuous Positive Airway Pressure (CPAP) – The Treatment of Choice

For moderate or severe cases of sleep apnoea, Continuous Positive Airway Pressure (CPAP) is used. This involves going to bed wearing a mask that is connected to a small machine, which blows pressurised air into the upper airway and so prevents the airway from narrowing. Breathing is then returned to normal during sleep and should greatly reduce the presence of daytime sleepiness. CPAP is a long term treatment and should be used every night. Discontinuation of CPAP will cause the symptoms of sleep apnoea to return, often within a few days.

What are the benefits of regular CPAP use?

- Increased energy and attentiveness during the day.
- Lower blood pressure.
- Decreased risk of stroke and heart attack.
- Increased effectiveness at home or work.
- Decreased risk of road traffic accident.
- Improved overall quality of life.

If you have any concerns, or need advice please contact the Sleep Medicine Department on: Telephone: 01942 773096 Email: SleepMedicine@wvl.nhs.uk

Please use this space to write notes or reminders.

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am to 4pm)

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Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



https://www.wrightingtonhospital.org.uk/media/downloads/sdm_information_leaflet.pdf

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This leaflet is also available in audio, large print, Braille and other languages upon request. For more information please ask in the department/ward.

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