Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Obstructive Sleep Apnoea / Obstructive Sleep Apnoea Syndrome v8

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Obstructive Sleep Apnoea/Obstructive Sleep Apnoea Syndrome

Patient Information

Sleep Services

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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 for 10 seconds or more. 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 wakening. 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).



OPEN AIRWAY



BLOCKED AIRWAY

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, or other changes of mood
- Difficulty concentrating and poor memory

- 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.

- **Anaesthetic Risk**

Patients with OSA/OSAS are at a higher risk of complications when receiving sedation or anaesthesia. Patients may therefore require screening prior to undergoing planned surgery.

Diagnosis of OSA

The presence of sleep apnoea may be suspected by the patients' symptoms on initial assessment. You may be asked to complete a questionnaire, such as the Epworth Sleepiness Score to assess your level of daytime sleepiness, but this alone will not determine the need for referral. A sleep study can then be carried out to confirm the diagnosis. This test is completed at home and does not require an overnight hospital stay.

Sleep Study (Polygraphy)

This is used to monitor patients with suspected OSA while they sleep. It can measure chest and stomach movements, nasal airflow, snoring and blood oxygen levels. You will be provided with information and diagrams showing how to set up the equipment 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 telephone 01942 773096 Email: SleepMedicine@wwl.nhs.uk



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