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1.0 Symptom

1.6 Escalation thresholds & decision aids
Persistent, intrusive symptoms despite self care

1.7 Red Flags
Accidents, waking headaches
See supp info

1.1 Symptom Description
Excessive and intrusive sleepiness (EIS), loud snoring, witnessed apnoeas, impaired alertness, nocturnal, choking episodes, restless legs, waking muzzy headache.

1.2 Incidence & Prevalence
5% adult pop. Have EIS. OSAHS 4% of middle aged males and 2% of middle aged females. Estimated 1% have severe OSAHS. Prevalence of parasomnia varies with age.

1.3 Self Assessment & Self Care
e.g. NHS Direct, pharmacy advice, www.patient.co.uk, web based self assessments e.g. BTS, BSS, SATA. Lifestyle changes (weight loss, smoking cessation, reduced alcohol & caffeine intake) Occupational & vigilance critical activity advice. Sleep hygiene.

1.4 Primary Prevention
Healthy eating/control of obesity
Sleep hygiene
Work shift patterns
Health promotion
Healthy workplace
Smoking cessation & exercise

5.0

2.0 Primary Assessment
(e.g. primary care, GP, GDP)
Hist: Features of OSAHS e.g. EIS, witnessed apnoeas disturbed sleep, loud snoring, choking episodes.
Exam: BP, neck circumference, BML.

2.1 Dx thresholds & decision aids
e.g. Epworth for EIS, RLS ratings scale

2.2 Diagnostics (Dx)			
2.2.1 No diagnostic required	2.2.2 Sleep Diary if appropriate	2.2.3 Path. If indicated blood sugar/lipids T4/TSH	2.2.4 Phys. meas. Resting +/- overnight oximetry (as local procedure dictates). See supp info

2.3 Treatment thresholds & decision aids
As indicated from history and diagnostics

2.4 Treatments (Tx)			
2.4.1 Reassurance, information, self help Lifestyle & sleep hygiene advice should form part of all Tx plans. Smoking cessation & alcohol use	2.4.2 Active monitoring Sleep wake schedule Patient to monitor sleepiness/symptoms and re-present if required.	2.4.3 Physical, psych. therapy Dental device for bruxism Ref for MAD for snoring CBT (for insomnia).	2.4.4 Medication e.g. Thyroxin See supp info

2.5 Review
Monitor responses to interventions e.g. sleep hygiene/ drug Rx/ CBT GDP to follow dental device/ MAD CPAP: F/U as 3.5 where clinical and technical infrastructure exists.

2.6 Escalation thresholds, QOL meas., decision aids, remote advice
Suspected OSAHS for treatment

2.7 Red Flags
As 1.7 plus disproportionate sleepiness

3.0 Specialist Assessment
OPERATED IN AN INTEGRATED DIRECT TO TEST/TRIAGE/OUTPATIENT SERVICE As 2.0. Hx: Consider differential diagnosis which may require further investigation. Ex: Mallampatti score, comorbidities eg heart failure, COPD. Assessment of appropriate intervention/Txt for OSAHS. Advice & action re:DVLA issues etc

3.1 Dx thresholds & decision aids
e.g. Epworth score for EIS

3.2 Diagnostics (Dx)			
3.2.1 No diagnostic required		3.2.3 Path. As 2.2.3 Blood gases Ferritin if ? RLS	3.2.4 Phys. meas. As 2.2.4 Cardio-pulmonary sleep study

3.3 Treatment thresholds & decision aids
As indicated from history and diagnostics

3.4 Definitive Treatments (Tx)			
3.4.1 Reassurance information, self help As 2.4.1 Should form part of all Tx plans	3.4.2 Active monitoring Sleep wake schedule. Patient to monitor sleepiness/symptoms and re-present if required.	3.4.3 Physical & psych. therapy Mechanical treatments e.g. CPAP, APAP, Bi-level, support, MAD	3.4.4 Medication As 2.4.4, e.g. stimulants
3.4.6 Invasive Tx Referral to oronasal surgery or bariatric surgery for pre-operative assessment service or opinion.			

3.5 Review & QOL measurement
- Follow-up in 4-6 weeks
- Maintenance & Consumables. NICE Recommendation is life span of a machine is 7 yrs. Consumables & advice by post/ phone
- Annual Review as agreed locally

3.6 Escalation thresholds & decision aids
Treatment failure Symptoms (1.1) with no diagnosis

3.7 Red Flags
As 2.7 Nocturnal violence & REM symptoms

4.0 Subspecialist Assessment
As 3.0
Hist: sleep history to identify alternative diagnoses. REM symptoms e.g. cataplexy Characterisation of sleep attacks Nature and timing of sleep activities and patient's recollection of events
Exam: as 3.0 including neurological/ other systems as indicated

4.1 Dx thresholds & decision aids
e.g. ESS, blood gases, sleep study results

4.2 Diagnostics (Dx)			
4.2.1 No diagnostic required	4.2.2 Detailed imaging MRI/CT upper airway and head	4.2.3 Path. As 3.2.3 HLA status, CSF, Orexin, drug screening, salivary melatonin	4.2.4 Phys. meas. As 3.2.4 Actigraphy, PSG including EEG, EOG and EMG MWT, MSLT

4.3 Treatment thresholds & decision aids
As indicated from history and diagnostics

4.4 Definitive Treatments (Tx)			
4.4.1 Reassurance information, self help As 2.4.1 Should form part of all Tx plans	4.4.2 Active monitoring Sleep wake schedule. Patient to monitor sleepiness/symptoms and re-present if required	4.4.3 Physical & psych. therapy As 3.4.3, Bi Level support/ ventilatory support	4.4.4 Medication As 3.4.4 See supp info for other disorders Rx
4.4.6 Invasive Tx As 3.4.6. Referral for consideration for craniofacial reconstruction, tracheostomy			

4.5 Review & QOL measurement
- Follow-up in 4-6 weeks
- Maintenance & Consumables. NICE Recommendation is life span of a machine is 7 yrs. Consumables & advice by post/phone
- Annual Review as agreed locally