

Obstructive sleep apnoea

Disclaimer:
Read the disclaimer at medimaps.co.uk/disclaimer

References:
1. cks.nice.org.uk
2. Dr Hugh Selsick, Youtube.

Obstructive sleep apnoea

- Irregular breathing at night.

Obstructive sleep apnoea syndrome

- Irregular breathing at night.
AND
- Excessive daytime sleepiness.

risk factors

- Male.
- Obesity.
- Neck circumference > 43 cm.
- FHx OSAS.
- Smoking.
- Alcohol intake before bed.
- Sleeping supine.
- Hypothyroidism.

- In children:
- Adenotonsillar hypertrophy.
- Obesity.
- Congenital conditions.

can increase risk of following

- Hypertension.
- Stroke.
- RTA.

- Down's syndrome.
- Neuromuscular disease.
- Craniofacial abnormalities.
- Achondroplasia.
- Prader Willi syndrome.

Differentials.

- Daytime sleepiness.

- Sleep disturbance from pain or anxiety.
- Sleep deprivation.
- Narcolepsy.
- Depression.
- Restless legs syndrome.
- Medications.
- Hypothyroidism.
- Neurological disorders.

- Sedatives.
- Beta-blockers.
- SSRI.

- Previous head injury.
- Motor neurone disease.
- Parkinson's disease.

- Nocturnal choking or gasping.

- GORD.
- Nocturnal asthma.
- Heart failure.
- Panic attacks and night terrors.

Investigations

- STOP-BANG (likelihood of OSA).
- Epworth Sleepiness Questionnaire (degree of sleepiness).
- BP.
- BMI.
- Neck circumference.
- Enlarged tonsils.
- Small jaw.
- Nasal blockage (for example due to polyps or a deviated nasal septum).
- Signs of COPD, respiratory failure, or cor pulmonale.

A total score greater than 10 indicates abnormal daytime sleepiness:
- Mild (11-14)
- Moderate (15-18)
- Severe (more than 18)

Management

only refer if

- Excessive sleepiness interferes with quality of life.
OR
- Impairs vigilance critical activity.
- Else they will just tell the pt to make lifestyle changes.

- To confirm diagnosis.
- To consider CPAP.

otherwise advice

- ↓ weight.
- Stop alcohol after 6pm.
- Sleep on side or well propped up.
- Custom fit dental device.

- Can significantly improve or even cure their sleep apnoea with sufficient weight loss.

The apnea-hypopnea index (AHI) represents the average number of apneas and hypopneas you experience each hour during sleep.
AHI = divide the total number of apneic and hypopneic events by the total number of hours you were asleep.
To register as an event, an apnea or hypopnea must last at least 10 seconds or longer.

REAL CLINICAL CASE

Email Jan 2023 from Resp consultant

AHI 13.8 = mild OSA.
Usual treatment for mild OSA is to pursue wt loss and lifestyle changes as often this intervention cures underlying sleep disordered breathing.
Should the daytime symptoms get worse despite these interventions I would repeat the sleep studies.