

SUSPECTED OBSTRUCTIVE SLEEP APNOEA / HYPOPNOEA

RSP-4 Protocol and Pathway - Respiratory Medicine Specialty (29/03/2011)

Patient Presents
Suspected Obstructive sleep apnoea / hypopnoea

Patient history
Key daytime symptoms: excessive sleepiness and tiredness
Key nocturnal symptoms: Snoring, choking
For full list see on next page

! Occupation: care for vocation drivers, airline pilots and operators of heavy machinery

Examination
For full list see on next page

Treatment
Advise the following lifestyle changes:

- * weight loss
- * reduce alcohol consumption, especially before bedtime
- * reduce sedative medications
- * lateral body position during sleep (versus supine)
- * good sleep hygiene:
 - o long period of continuous sleep (8 hours) at night
 - o retiring and awaking at the same time each day
 - o avoiding cat-naps

Initial Investigations:
•See next page

Consider differential diagnosis:
•See next page

Patient age 18 years or younger
Refer for paediatric sleep studies

Adult Patients:
Check for Alarm Features:

- Occupation (drivers, pilots)
- COPD
- Cor pulmonale
- Severe Lung Disease
- Uncontrolled Hypertension
- Significant neurological issues
- Night-time arrhythmia
- Angina
- ENT symptoms (dysphagia, hoarseness, bleeding)

Alarm features absent

Symptoms moderate to severe
(Epworth Scale ≥ 11)

Refer ordinarily to Sleep Management Clinic

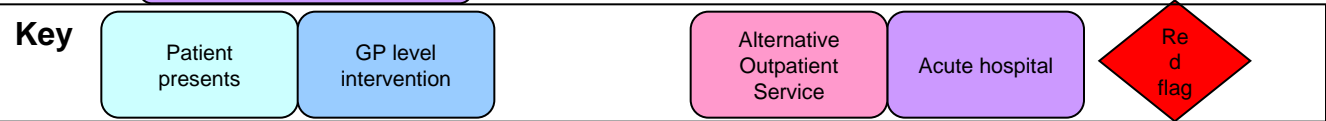
Symptoms mild
(Epworth Scale < 11)

Treatment:
Treat with suggesting lifestyle changes as above
And also: nasal dilator

Alarm features present

Refer urgently to Sleep Management Clinic

Red flags



Patient Symptoms

Daytime features of obstructive sleep apnoea/hypopnoea syndrome (OSAHS):

- * excessive daytime sleepiness
- * impaired concentration/cognitive function
- * unrefreshing sleep
- * irritability/personality change
- * decreased libido

Nocturnal features of OSAHS:

- * snoring
- * choking episodes during sleep
- * witnessed apnoeas
- * restless sleep
- * nocturia

Examination

- BMI
- Neck circumference
- Blood Pressure
- Screen for cor pulmonale
- visually inspect for small jaw size
- assess nasal patency visually
- inspect upper airway for obvious causes of narrowing
- inspect the tongue for macroglossia
- assess dentition and presence or absence of teeth
- assess pharyngeal appearance (tonsillar size, uvular appearance, lumen size)

Initial Investigations:

- spirometry (FEV1 and VC) if co-existent respiratory disease is suspected
- ECG if cardiac co-morbidity suspected
- pulse oximetry for resting SpO₂
- consider blood gas measurement if SpO₂ 94% or below
- a thyroid function test may be indicated if an underlying thyroid cause is suspected
- Assess patient using Epworth Sleepiness Scale

Differential diagnoses include:

- fragmented sleep (poor quality of sleep) unrelated to obstructive sleep apnoea/hypopnoea syndrome (OSAHS)
- sleep deprivation (inadequate quantity of sleep) unrelated to OSAHS
- poor sleep hygiene (irregular sleep patterns, eg due to shift work)
- depression
- narcolepsy
- hypothyroidism
- restless leg syndrome/periodic limb movement disorder
- drugs causing sleepiness: Sedatives, stimulants (caffeine, theophyllines, amphetamines), beta blockers, SSRIs, anticonvulsants
- idiopathic hypersomnolence
- excess alcohol
- neurological conditions, such as: myotonic dystrophy, recent or subacute encephalitis, head injury, Parkinsonian syndromes, neuromuscular weakness
- untreated sleep apnoea may mimic or exacerbate:
 - depression
 - attention deficit/hyperactivity disorder (ADHD)
 - other chronic disorders