

Obstructive Sleep Apnoea Syndrome (OSAS)

Daytime sleepiness should be differentiated from other causes of tiredness and fatigue.
Ask about smoking history, family history of OSAS, weight gain, and alcohol or sedative use.
Examine for enlarged tonsils, small lower jaw, and nasal blockage.
Blood pressure, body mass index, and neck circumference should be recorded.
Medication review to exclude drowsiness from medication.
Check TFT's

Calculate Epworth Sleepiness scale
www.britishsnoring.co.uk/sleep_apnoea/epworth_sleepiness_scale
<10 –normal , 11-14 Mild , 15-18 Moderate, 19-24 severe

Symptoms suggestive of
head or neck cancer

2ww pathway

If Yes, consider urgent
chest clinic referral

Refer CHEST clinic for
overnight oximetry and onward referral
as appropriate

Enlarged tonsils
or nasal blockage

Refer ENT

If 11 or over

Symptoms of daytime sleepiness whilst driving or working with machinery, or
employed in hazardous occupations (eg. bus or lorry drivers) **or**
Signs of respiratory or heart failure **or**
Symptoms suggestive of severe OSAS and coexistent COPD.

No

Trial of Lifestyle changes:

Advice on weight loss, exercise, smoking cessation, and reducing alcohol
intake, if appropriate.

Advise the person to try sleeping on their side.

Use of anti-snoring devices eg –"snore stopper"

Assess the person's risk for cardiovascular disease and diabetes.

Monitor blood pressure.

Give advice on driving (for example not driving if sleepy, informing the DVLA
about their condition, and checking entitlement to drive).

Give advice on support groups eg. www.sleep-apnoea-trust.org

IF NO IMPROVEMENT CONSIDER ONWARD REFERRAL