## Suspected COPD-OSAHS overlap syndrome

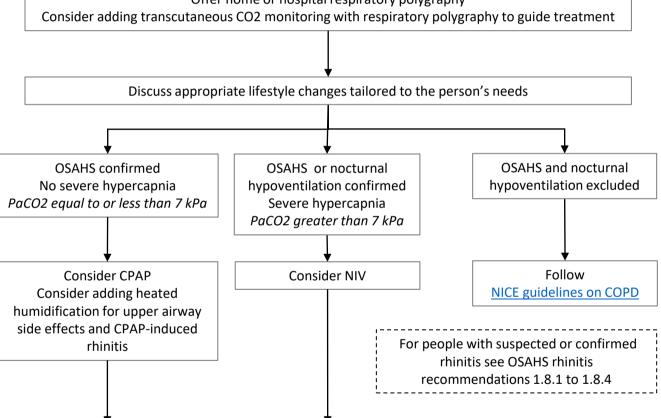
Investigations and treatment at a sleep service

Prioritise of people with suspected COPD-OSAHS overlap syndrome for rapid assessment by sleep centre:

- severe hypercapnia PaCO2 over 7 kPa when awake
- hypoxaemia (arterial oxygen saturation less than 94% on air)
- acute ventilatory failure
- a vocational driving job
- a job for which vigilance is critical for safety
- preanancy
- unstable cardiovascular disease
- undergoing pre-operative assessment for major surgery
- non-arteritic anterior ischaemic optic neuropathy

## Diagnosing COPD-OSAHS overlap syndrome

Measure arterial blood gas when awake to assess for ventilatory failure Perform spirometry if COPD severity not defined (see NICE COPD guideline) Offer home or hospital respiratory polygraphy



## Monitor and optimise therapy with CPAP and NIV. Offer:

- Face-to-face, video or telephone consultations with telemonitoring (if available)
- Access to sleep clinic service for CPAP users for advice, support and equipment
- Education and supportive interventions by trained specialist to improve adherence

Consider supplemental oxygen in those people with persisting hypoxaemia despite optimised CPAP or NIV

Consider stopping CPAP or NIV and using a **symptom-management approach for severe COPD** if, despite treatment optimisation, CPAP or NIV does not improve their symptoms or quality of life or adds to the burden of therapy