**Features of possible OSAHS:**
- snoring
- witnessed apnoeas
- unrefreshing sleep
- waking headaches
- excessive sleepiness, tiredness or fatigue
- nocturia
- choking during sleep
- sleep fragmentation or insomnia
- cognitive dysfunction or memory impairment

**Features of possible nocturnal hypoventilation:**
- waking headaches
- peripheral oedema
- hypoxaemia (<94% on air)
- unexplained polycythaemia

**Risk of OSAHS increased in people with:**
- obesity or overweight
- obesity or overweight in pregnancy
- treatment-resistant hypertension
- type 2 diabetes
- cardiac arrhythmia, particularly atrial fibrillation
- stroke or transient ischaemic attack
- chronic heart failure
- moderate or severe asthma
- polycystic ovary syndrome
- Down’s syndrome
- non-arteritic anterior ischaemic optic neuropathy
- hypothyroidism
- acromegaly

---

**Definitions**

- **Obstructive sleep apnoea/hypopnoea syndrome (OSAHS):** upper airway narrows or closes during sleep causing under breathing (hypopnoea) or stopping breathing (apnoea). The resulting waking or fragmented sleep can lead to excessive sleepiness, tiredness or fatigue.
- **Obesity hypoventilation syndrome (OHS):** obesity (BMI ≥30 kg/m²), raised arterial or arterialised capillary CO₂ level when awake, and breathing abnormalities during sleep (obstructive apnoeas/hypopnoeas or hypoventilation or both).
- **COPD–OSAHS overlap syndrome:** both chronic obstructive pulmonary disease (COPD) and OSAHS. The combined effect of the conditions is greater than either alone.

---

**When referring people with suspected OSAHS, OHS or OSAHS-COPD overlap syndrome to a sleep service, provide information on:**
- underlying causes of their condition
- what sleep studies involve
- why treatment is important
- what treatments are available
- the impact of excessive sleepiness on safe driving and occupational risk
- Driver and Vehicle Licensing Agency (DVLA) guidance, including when there is a legal requirement to notify the DVLA
- lifestyle changes, including weight loss, increasing physical activity, and avoiding alcohol excess and sedatives before sleep
- sources of support

**To support prioritisation, include in referral letters:**
- assessment scores
- effect of sleepiness on the person
- comorbidities
- occupational risk
- oxygen saturation and blood gas values, if available

For suspected OHS, also include: BMI, and history of emergency admissions and acute non-invasive ventilation.
For people with COPD, also include: BMI, severity and frequency of COPD exacerbations, home use of oxygen therapy and any history of acute non-invasive ventilation.

---

© NICE 2021. All rights reserved. Subject to Notice of rights. Published date: August 2021. This is a summary of the advice on initial assessment in NICE’s guideline on obstructive sleep apnoea-hypopnoea syndrome and obesity hypoventilation syndrome.