**OSAHS: investigations and treatment**

**Diagnosis**
- Offer home respiratory polygraphy
- If access to home respiratory polygraphy is limited, consider home oximetry
- Consider respiratory polygraphy or polysomnography if oximetry results are negative but the person has significant OSAHS symptoms
- Consider hospital respiratory polygraphy if home respiratory polygraphy or home oximetry are impractical or additional monitoring is needed
- Consider polysomnography if respiratory polygraphy results are negative but symptoms continue
- Use the results of the sleep study to diagnose OSAHS and determine severity

**Discuss lifestyle changes tailored to the person’s needs**
Give information on OSAHS, including the treatments available and choosing the best treatment for the person
Consider tonsillectomy if the person has large obstructive tonsils and BMI <35 kg/m²

**Mild OSAHS with no symptoms or symptoms that do not affect usual daytime activities**
Offer lifestyle and sleep advice alone

**Mild OSAHS with symptoms that affect quality of life and usual daytime activities**
Offer fixed-level CPAP:
- at the same time as lifestyle advice if they have priority factors for assessment (see above) or
- if lifestyle advice alone has been unsuccessful or is inappropriate

**Moderate or severe OSAHS**
Offer fixed-level CPAP in addition to lifestyle advice

**Rhinitis**
Assess people with nasal congestion for rhinitis and treat if confirmed (for details, see the guideline)
Changing from nasal to orofacial masks and adding humidification can help with CPAP tolerance

**Other treatment options**
If CPAP is not tolerated or declined, consider a customised or semi-customised mandibular advancement splint in people aged 18 and over with optimal dental and periodontal health
If other treatments are unsuitable or not tolerated consider a positional modifier for mild or moderate positional OSAHS or referral for assessment for oropharyngeal surgery for moderate or severe OSAHS

**Monitoring and support** (for further details, see the guideline)
- Monitor and optimise therapy with CPAP, mandibular advancement splints, surgery and positional devices
- Tailor follow-up to the person and offer face-to-face, video or phone consultations with telemonitoring data, if available
- Ensure follow-up is in line with [DVLA guidance on assessing fitness to drive](#)
- Offer access to a sleep service for CPAP users for advice, support and equipment
- Offer educational or supportive interventions by trained specialists to improve adherence
- Consider stopping treatment if OSAHS may have resolved. After at least 2 weeks without treatment, re-evaluate any return of symptoms and consider a sleep study

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