

Suspected OSAHS

Investigations and treatment at a sleep service

Prioritisation of people with suspected OSAHS for rapid assessment by sleep service:

- Vocational driving job
- Vigilance critical job
- Unstable cardiovascular disease
- Pregnancy
- Undergoing pre-operative assessment for urgent major surgery
- Non-arteritic anterior ischaemic optic neuropathy

Diagnosing OSAHS

Offer home respiratory polygraphy
 Consider hospital respiratory polygraphy if home polygraphy impractical
 Consider polysomnography if polygraphy negative and the person remains symptomatic

Discuss appropriate lifestyle changes tailored to the person's needs

No OSAHS

Mild OSAHS

Moderate or severe OSAHS

No symptoms or symptoms that do not affect quality of life or usual daytime activities

Symptoms that affect quality of life and usual daytime activities

Offer **fixed-level CPAP**

Lifestyle and sleep advice alone

Offer **fixed-level CPAP**:

- at the same time as lifestyle advice if they have any priority factors (see above) **OR**
- if lifestyle advice alone has been unsuccessful or is considered inappropriate

Offer **telemonitoring** with CPAP for up to 12 months then consider continuing telemonitoring beyond 12 months

For people with suspected or confirmed **rhinitis** see recommendations 1.8.1 to 1.8.4

Consider **auto-CPAP** if:

- high pressure only needed for certain times during sleep **OR**
 - fixed-level CPAP not tolerated **OR**
- telemonitoring not possible for technological reasons

Consider adding heated **humidification** with CPAP for upper airway side effects and CPAP-induced rhinitis

Consider **tonsillectomy** if large obstructive tonsils and BMI < 35

Consider **customised mandibular advanced splints** for mild and moderate OSAHS if aged 18 and over, have suitable dentition and CPAP is not tolerated or is declined

Consider **positional device** if mild or moderate positional OSAHS if other treatments are unsuitable or not tolerated
 Consider **oropharyngeal surgery** for moderate and severe OSAHS if unable to tolerate CPAP and MAS despite medically supervised attempts

Monitor and **Optimise** therapy with CPAP, MAS, surgery and positional device. Offer:

- Face-to-face, video or telephone consultations with telemonitoring data (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