

## Snoring & Obstructive Sleep Apnoea Hypopnea Syndrome

### Definition

Obstructive sleep apnoea/hypopnoea syndrome (OSAHS) is a condition in which the upper airway is narrowed or closes during sleep when muscles relax, and soft tissue at the back of the throat collapses.

The resulting under breathing (hypopnoea) or total cessation of breathing (apnoea) can last from 10 seconds to much longer (even minutes), and manifests as snoring, choking or gasping.

The struggling person wakes, or has much lightened sleep to stop these episodes. Their regularly disrupted sleep often causes excessive daytime sleepiness with an associated increase in both morbidity and mortality.

### Symptoms

Snoring and Obstructive Sleep Apnoea Hypopnea Syndrome (OSAHS), or you may know it as just Obstructive Sleep Apnea (OSA), exist along a spectrum from simple anti-social snoring, to severe OSAHS. In all these cases, sleep is highly likely to be severely fragmented with accompanied physiological and neurological consequences.

Snoring is embarrassing and corrosive upon relationships. The individual is unable to differentiate between benign anti-social snoring and snoring as a symptom of OSAHS. While snoring is not directly experienced by the snorer, it merits treatment as per the recommended guidelines (see below).

The OSAHS sufferer may not recognise their fatigue as a symptom or not believe their symptoms justify medical help. Partner reporting is an invaluable aid to recognition and ultimately the restoration of the sufferer's health.

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### Symptoms (contd.)

The classic definition of 'excessive daytime sleepiness' may also be described by sufferers as drowsiness or:

- feeling tired
- unrefreshed awakening
- lack of energy
- feeling fatigued
- napping
- morning headaches
- irritability
- or difficulty concentrating

Other symptoms include nocturia (waking from sleep to urinate), choking during sleep and even insomnia.

### Prevalence

Sleep apnoea affects 1.5 million people in the UK yet up to 85% of these sufferers are not diagnosed.

OSA is more common in those who are male, middle aged, elderly, and overweight.

Use intelligent interpretation when assessing excessive daytime sleepiness and for the likelihood of OSAHS using recognised sleep assessment tools:

- The Epworth Sleepiness Scale
- Stop-BANG

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### Prevalence (contd.)

When assessing the patient, relevant comorbidities include obesity, type 2 diabetes, cardio-vascular disease and history of stroke. If these are noted further investigation is required.

Be aware that there is a higher prevalence of OSAHS in people with any of the following conditions:

- obesity or overweight (and 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 (sudden loss of vision in 1 eye due to decreased blood flow to the optic nerve)
- hypothyroidism
- acromegaly

**Membership of the BSPSS allows for support and deeper education as well as opportunity to participate in offering services which have been impartially recognised by the BSPSS.**

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### Possible treatments available

Weight management and lifestyle modification should be seriously considered in conjunction with the below treatments options.

NICE and AASM guidelines both recommend Oral Appliance Therapy (OAT) for snoring and mild OSAHS. Oral appliances are custom-made, prescription, medical devices available through sleep-trained dentists.

Similarly, both sets of guidelines recommend Positive Airway Pressure (PAP) therapy for moderate to severe OSA.

Soft tissue surgery, while rarely effective as a standalone option, may enhance the effectiveness of both OAT and PAP.

### Follow-up / prevention of regression

Follow-up is essential as weight loss/gain will invariably have an impact on the severity of the condition and efficacy of therapy.

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### Case Study

Martha from Scunthorpe, (65 yrs old) reported insomnia symptoms for 20 years.

After falling asleep driving, she was later diagnosed with obstructive sleep apnoea syndrome. She was one of the lucky people who survive the 40,000 OSA-related traffic accidents per year.

Today, Martha reports feeling energised and 10 years younger now she is using her PAP machine every night. She is looking forward to a healthy and active retirement playing with her grandchildren.



Stock image - not the real Martha!

### References for further study

NICE Guideline

<https://www.nice.org.uk/guidance/ng202/chapter/1-Obstructive-sleep-apnoeahypopnoea-syndrome>

AASM PAP guideline

<https://jcsn.aasm.org/doi/10.5664/jcsn.7640>

AASM OAT guideline

<https://jcsn.aasm.org/doi/10.5664/jcsn.4858>

AASM medical therapy guideline

[https://j2vjt3dnbra3ps7l1clb4q2-wpengine.netdna-ssl.com/wp-content/uploads/2017/07/PP\\_MedicalTherapyOSA.pdf](https://j2vjt3dnbra3ps7l1clb4q2-wpengine.netdna-ssl.com/wp-content/uploads/2017/07/PP_MedicalTherapyOSA.pdf)

Obstructive sleep apnoea/hypopnoea syndrome and obesity hyperventilation syndrome in over 16s: summary of NICE guidance  
This guideline summary discusses only selected recommendations on OSAHS and OHS, focusing on those most relevant to primary care.

# About The British Society of Pharmacy Sleep Services



Our independent research established that the general public 'often' to 'very often' consult a community pharmacist about suspected sleep disorders.

We aim to empower the community pharmacist to assess, screen and recognise these individuals in order to help patients progress rapidly to appropriate care.

The BSPSS was established in 2021 to plug the disconnect between sleep expertise and the public, and in 2022 we became a registered charity.

We recognise the community pharmacist as the front-line healthcare professional.

**Click here to take your learning further with free BSPSS membership, training and support**

