NHS
Harrogate and Rural District
Clinical Commissioning Group

Referral Guidance for Obstructive Sleep Apnoea Syndrome

Condition and pre-referral assessment	Obstructive Sleep Apnoea Syndrome (OSAS) is the coexistence of excessive daytime sleepiness with irregular breathing at night. OSAS can occur at any age and in any sex but is commonest between 30 and 60 years of age and in men. OSAS should be suspected in people complaining of: • Excessive daytime sleepiness and snoring and/or impaired concentration • Witnessed apnoeas and/or choking while sleeping • Feeling unrefreshed on waking • Mood swings, personality changes or depression • Nocturia To support a diagnosis of OSAS • **Consider** other causes of tiredness or fatigue • **Ask about** smoking history, weight gain, alcohol or sedative use, family history of OSAS • **Examine** for enlarged tonsils, small lower jaw, nasal blockage • **Measure** blood pressure, BMI, neck circumference Assessment of suspected OSAS • **Ask** about effect of sleepiness on employment and relationships • **Ask** any partner about apnoeas and choking • **Assess** serverity using Epworth Scale • **Assess** for COPD, respiratory failure, heart failure • **Measure** Thyroid function, HbA1C, FBC and Ferritin If OSAS is suspected refer to a Sleep Clinic (not to ENT or Respiratory Clinic) **If sleepiness impairs driving then this should be reported to the DVLA by the patient immediately (before a diagnosis of OSAS is confirmed). Patients should be advised not to drive if they have sleepiness which might affect their safety behind the wheel. *(See References for link to DVLA guidance*).** ***NOTE: Patients who are drowsy without a diagnosis of sleep apnoea <u>should</u> advise the DVLA; patients with diagnosed sleep apnoea <u>must</u> inform the DVLA.***

Commissioning Threshold	Referrals to a sleep clinic should be made if: The Epworth score is 11 or more. Referral should also be made if the score is less than 11 but sleep apnoea is strongly suspected, particularly if accompanied by any of the risk factors detailed below. Before referral, GPs should ensure that: • Thyroid function is checked and optimised • Diabetic status is recorded and optimised • Anaemia/iron deficiency has been corrected • Weight loss / reduced alcohol consumption / smoking cessation has been advised
Referral guidance	If the request meets the identified criteria above the referral form needs to be submitted via RSS. Include full sleep history, results of pre-referral investigation and the Epworth score with the referral. http://www.harrogateandruraldistrictccg.nhs.uk/data/uploads/commissioning/epworth-sleep-scale-oct-2014.pdf
Effective from	July 2016
Summary of evidence / Rationale	All referrals and treatment for sleep apnoea must comply with NICE TAG 139 and should include completion of the Epworth sleepiness scale. Identification of risk factors for sleep apnoea: • Male patient • Collar size 17.0” (men) and 16.0” (women) or over • Obesity • Snoring • Excessive daytime somnolence • Witnessed Apnoea • Nocturia There is some evidence that clinical history and physical examination alone are not as reliable for diagnosing obstructive sleep apnoea as an overnight sleep study. Treatment pathways suggest that a polysomnogram (PSG), is the most accurate means of confirming diagnosis of adult sleep apnoea. However, some guidelines have suggested that a home based sleep study may be useful, cost-effective and convenient for patients and can significantly speed up the investigation pathway, compared with an overnight inpatient stay.
Date	June 2016
	Revised July 2018 (update to DVLA notification)
Review Date	June 2020
Contact for this policy	**Dr Richard Sweeney** **GP/Governing Member**

	Rick.sweeney@nhs.net

References:

1 Specialised Services National Definitions Set (SSNDS) No.29 Specialised Respiratory Services (adult) third edition 2009 http://www.england.nhs.uk/wp- content/uploads/2012/12/pss-manual.pdf

2 Brietzke SE, Katz ES, Roberson DW., Can history and physical examination reliably diagnose paediatric obstructive sleep apnoea/ hypopnea syndrome? A Systematic review of the literature, 2004, Otolaryngology - Head and Neck Surgery, Elsevier http://www.ncbi.nlm.nih.gov/pubmed/15577775

3 NICE Clinical Knowledge Summary – Sleep Apnoea http://cks.nice.org.uk/sleep-apnoea#!diagnosisadditional/A-358754:2 and NICE TAG 139 http://www.nice.org.uk/guidance/ta139/chapter/1-guidance

4 GOV.UK Obstructive Sleep Apnoea and Driving: https://www.gov.uk/obstructive-sleep-apnoea-and-driving