OSA - Obstructive sleep apnoea
What you need to know if you think you might have OSA

Obstructive sleep apnoea, or OSA, is a breathing problem that happens when you sleep. It can affect anyone – men, women or children.

When you’re asleep, your throat muscles relax. In some people, a narrower airway means they snore. But if your throat closes completely, you stop breathing for a time. For some people this happens throughout the night and it’s called OSA.

OSA disrupts your sleep, making you sleepy during the day. So if it’s not treated, it can have a big impact on your life – you might feel exhausted when you’re awake, and you might doze off at any time – so it’s not safe to drive for example. And if you don’t get help, it can have a big impact on your health too. We know that lots of people go undiagnosed.

The good news is that there is effective treatment. So if you want to find out more for yourself, or this sounds like someone you know, read on.

You’ll find out:

• what OSA is
• what to do if you think you’re affected
• how to manage it if you’ve been told you have OSA

What is OSA?
Obstructive sleep apnoea (OSA) is a breathing problem that happens when you sleep. It’s called OSA because:

**Obstructive:** there’s an obstruction in the airway of your throat  
**Sleep:** it happens when you’re asleep  
**Apnoea:** this means you stop breathing

When you go to sleep your muscles relax, including those in your throat. In some people the relaxing muscles cause the airways to narrow, which can reduce the amount of air flowing in and out of your airways. This makes you snore.

If your throat closes completely, you stop breathing for a time. This is called an apnoea if it last for 10 seconds or more. If the airways in your throat narrow this is called a hypopnoea. When this happens, there may be a dip in the level of oxygen in your blood.
Your brain will start your breathing again. Some people wake up briefly, but others are not aware of what’s happening. Breathing often restarts with a gasp or grunt and some movement. You relax again, and the pattern then starts again.

If you have severe OSA, this cycle can happen hundreds of times a night. These frequent arousals disrupt your sleep and so you can feel very sleepy during the day.

**OSA and your airways**

In normal breathing, air can travel freely to and from your lungs through your airways during sleep.

In OSA, your airway collapses, stopping air from travelling to and from your lungs, disturbing your sleep.

**Signs and symptoms**

The most common signs of OSA are snoring, interrupted breathing while you’re asleep and feeling sleepy when you’re awake.

Have a look at the full list of symptoms below – not everyone with OSA will experience them all. Talk to your GP if you have a combination of daytime and night time symptoms.

**When asleep**

- Snoring
- Stopping breathing or struggling to breathe
- Feeling of choking
- Tossing and turning
- Sudden jerky body movements
- Needing to go to the toilet in the night

Sometimes your partner might be more aware of your snoring and pauses in your breathing than you are.
When awake

- Waking up sleepy and unrefreshed
- Headache in the morning
- Difficulty concentrating and feeling groggy, dull and less alert
- Poor memory
- Feeling depressed, irritable or other changes of mood
- Poor co-ordination
- Loss of sex drive
- Heartburn
- Poor quality of life

Why is it important to diagnose and treat OSA?

OSA can affect your – and your partner’s - quality of life. It can also lead to other health problems, including high blood pressure, heart attack, stroke and diabetes. You’re more likely to have accidents at work and on the road. And your ability to work may be affected.

Who’s affected?

You’re more likely to have OSA if:

- you are a man and middle aged
- you are a woman past your menopause
- you are overweight or obese
- you have a large neck size - 17 inches or more
- you have a small airway, a set-back lower jaw or a small lower jaw, large tonsils, a large tongue or nasal blockage
- you have a medical condition that makes some of these factors more likely such as Down’s syndrome

OSA can be made worse by drinking alcohol, using sedatives such as sleeping pills and smoking.

I think I might have OSA

If you think you, or someone you know, might have OSA, do the Epworth Sleepiness Scale test. This helps to assess how likely you are to fall asleep in everyday situations. Have a look at the test at blf.org.uk/osa

Take this along to your GP to talk about your symptoms and concerns. Your GP will ask about your symptoms, your health and your medical history, and about how sleepy you are when awake.

Your GP might give you lifestyle advice about the best ways to get a good night’s sleep, lose weight and stop smoking.

If it is suspected that you might have OSA, you will usually be referred to a sleep clinic.

If your GP is not concerned, but you still are, keep trying to get a definite diagnosis. For support and advice, call our helpline on 03000 030 555.
Driving

If you are sleepy during the day, there is a risk you might fall asleep while driving. Your doctor may advise you to stop driving until you’re being treated successfully.

What happens at a sleep clinic?

Sleep clinics are specialist clinics that assess, diagnose and treat people with a range of sleep problems, including OSA.

Once you’ve been referred, you’ll be assessed. Clinics assess people in different ways. Some arrange for you to have an overnight sleep study at home before you visit, while others see you first before deciding if you need an overnight study.

Assessment and diagnosis

Clinics have at least one consultant and other staff, such as nurses and technicians. They will assess if you have OSA by asking questions and examining you. They will also ask you to complete a form about how sleepy you are – usually the Epworth Sleepiness Scale. They may also arrange a sleep study.

Questions about your medical history

This involves talking about your symptoms and quality of life. If you have a partner bring them with you, so they can report on what happens when you’re asleep. A good clinical history helps the doctor to reach a diagnosis. It may include questions about:

- how long you sleep and the quality of your sleep
- shift working (pattern and timing)
- your symptoms and how long you have had them
- your smoking history
- family history of sleep disorders, such as OSA or narcolepsy
- your mental health
- any medication you use or have used
- how sleepy you are and when you might fall asleep
- the effect on your work and ability to concentrate

Examining you

This can include measuring:

- your weight and height to find your body mass index (BMI)
- your blood pressure
- your neck circumference
- your jaw size and position
and assessing:

- your face and jaw appearance and symmetry
- the airflow in your nose
- your upper airway to see if it’s obstructed
- your teeth and having a look at the size of your tongue
- the inside of your mouth and upper airway

The clinic may also do a blood test.

**Having a sleep study**

You’ll usually do a sleep study at home, using equipment lent to you for a night. But you may go to hospital overnight for a detailed study.

If you’re worried about the study, ask the sleep clinic what will happen. You can do some simple things to prepare, such as avoiding alcohol or caffeine and not taking a nap or strenuous exercise on the day. Let the clinic know if you’ve got any special requirements. If you’re ill on the date of your study, it’s best to postpone it until you’re feeling better.

For the study, you’ll be monitored as you sleep by equipment attached to you. This is completely painless and you’ll be able to roll over and change positions. You may be asked to sleep on your back for a while to see if this affects your breathing. If you’re in hospital and experiencing obvious signs of OSA, you may be woken up to use a CPAP machine so you can be assessed with and without it.

There are different kinds of sleep studies used to diagnose OSA.

**Oximetry**

This measures the oxygen level in your blood. It’s often the first test for OSA, and is usually done in your home. You wear an instrument with a sensor called a pulse oximeter. This measures your blood oxygen level and your pulse. You’ll have a clip on your finger or earlobe and a device on your wrist.

**Limited sleep study**

This overnight test can be done in hospital or at home. It measures your air flow, how your chest moves as you breathe, your heart rate and the oxygen level in your blood. Some devices register snoring sounds, body position and leg movements. Equipment will be attached to you with tape, wires and straps as you sleep.

**Polysomnography or PSG**

This is an overnight study, done in a quiet hospital room. It’s used when the results of other tests aren’t clear and in more complex cases. It assesses sleep and wakefulness by measuring your brain waves, eye movements and muscle movements. It also assesses your heart and lung function, by measuring your air flow, the movement of your chest, your oxygen levels and the activity of your heart activity. It films you while you sleep.
Reaching a diagnosis

Your doctor will diagnose you with OSA if the results of your assessment are clear. If they aren’t, you may be asked to do more tests or to try a treatment called CPAP. If CPAP helps, OSA is the most likely cause of your symptoms.

Your doctor will want to see how severe your OSA is to find the best treatment for you. You may be told your OSA is mild, moderate or severe, depending on how many times you stop breathing in the night and your symptoms during the day. Once you’ve been diagnosed with OSA, it can be a relief. You now know why you’ve been so sleepy.