OSA - Obstructive sleep apnoea
Living with OSA

There are effective treatments and changes you can make to improve your wellbeing.

How can my OSA be treated?
OSA is a long-term condition and you may need lifelong treatment to control the symptoms.

Treatment focuses on reducing the number of breathing pauses you have when you’re asleep. You should feel less sleepy during the day, have a better quality of life and reduce your risk of getting health complications and having accidents.

Benefits of treatment
People react differently to treatment, but you’re likely to benefit a lot. For example:

- you’ll have more energy and be less sleepy so you feel better physically and mentally
- you’ll be safe to drive, if you can satisfy DVLA your symptoms are under control
- you’ll start to enjoy things you were finding difficult, such as staying awake to watch a film

Your partner will also benefit from your treatment. They’ll sleep better too as you will not be snoring and you will move less in bed. You’ll be more alert during the day, so you can enjoy more quality time together.

Lifestyle changes
You can help to manage the symptoms of OSA yourself by making some changes to the way you live. Reducing the amount of alcohol you drink, losing weight and having good bedtime habits can make a big difference. If you smoke, try to quit.

Lose weight
Estimates vary, but around half of all people with OSA are overweight. Being overweight can affect your breathing. As your body weight increases, so do the number of breathing pauses when you’re asleep.

Your doctor can help you work out what your healthy weight should be and give you advice about how to lose weight.
Quit smoking

Research has suggested that smoking can damage your airways and make them more likely to collapse while you’re asleep. So it’s a good idea to quit if you can.

Keep active

As soon as you start to do more, the risks to your health reduce, so increasing your activity levels will be very good for you. It will help you to lose weight if you need to and to stop you putting weight on.

Aim to do at least 30 minutes' moderate-intensity activity five times a week. This means activity that makes you breathe more heavily and raises your body temperature, while leaving you able to talk at the same time. Try to increase this to 60 and then to 90 minutes, if possible. And avoid sitting still for long periods.

It’s also a good idea to do physical activity that strengthens your muscles twice a week. Try activities that involve stepping and jumping, such as dancing. Carrying or moving heavy loads such as groceries counts too.

Tips

- If you use public transport, try to get off a stop early and walk the rest of the way
- If you drive, park the car further away and walk the rest of the way
- Walk or cycle to the shops, to work or to social events
- Take the stairs instead of the lift
- Exercise with a friend
- Join a gym or exercise programme or go swimming with family or friends

Get better quality sleep

Good sleeping habits and sleep patterns are important to feeling well and happy, and are a supplement to other sleep treatments.

Try to go to bed and get up at the same time every day. Keep your bedroom dark and quiet and get seven to eight hours sleep a night. If you sleep on your back, try sleeping on your side instead to relieve your symptoms.

Tips

For a good night’s sleep:
- exercise every day – in the morning is best
- go outdoors during the day and into sunlight or bright light
- keep your bedroom at a comfortable temperature for you
- use your bed for sleep and sex only
- do something to relax just before you go to bed, such as having a warm bath
- if you find yourself always worrying at bedtime, try to find a time in the day to write down your worries and get them out of your system
What to avoid:
- exercise within six hours of going to bed
- going to bed too hungry or too full
- eating heavy, spicy or sugary foods close to bedtime
- having caffeine after lunch
- smoking
- drinking alcohol within four to six hours of your bedtime
- using an electronic device such as a laptop, tablet or smart phone within 30 minutes of bedtime. Their artificial light interferes with your body’s sleepiness cues
- taking a nap during the day

Treatments from the sleep clinic
You’re likely to need other treatment as well as making lifestyle changes.

Mandibular repositioning devices (MRDs)
MRDs are devices you wear over your teeth as you sleep. They bring your lower jaw forward to help keep your upper airway open. They’re also called intra-oral devices, mandibular advancement devices and mouth guards. They’re effective if you have mild or moderate OSA.

If an MRD is recommended for you, it should be custom-made by a trained health care professional working alongside the sleep service. They’ll want to make impressions of your upper and lower teeth to make your device.

Continuous positive airway pressure (CPAP)
CPAP is the most effective treatment if you have moderate to severe OSA. If you have mild OSA, CPAP is only recommended if your symptoms affect your quality of life or other treatment options have not worked.

CPAP is a simple machine that pumps air through a mask you wear at night. It’s designed to hold your airway open while you’re asleep. It sends air at pressure into your upper airway to stop it collapsing or narrowing. Your sleep clinic or the machine itself will set the pressure for you.

Before you leave the clinic with your CPAP, it’s really important to get clear instructions on how to fit the mask, use the machine and keep the equipment clean. It’s vital that you use the CPAP properly or the treatment won’t be effective. If you’re unsure about anything, ask the sleep clinic or call our helpline on 03000 030 555.

Surgery
Surgery may sometimes be an option.

If you are severely obese (with a BMI over 40), an operation to help you lose weight, called bariatric surgery, can be very effective.
Other operations might be helpful in a small number of cases, such as:

- removing tonsils and adenoids
- surgery on the lower jaw if it causes a problem with airflow
- nasal surgery, for example to improve the effects of CPAP in people who have a nasal obstruction, such as a deviated septum

Surgery on the soft tissues at the back of the mouth and top of the airway is not usually effective and so is not used routinely.

**Getting used to OSA treatment**

You may take some time to adjust to living with OSA and your equipment. Some people find this easier than others. If you’re struggling with treatment, or if you’re feeling anxious or depressed, talk to your sleep clinic or ring our helpline on **03000 030 555**.

**Getting used to MRDs**

MRDs are designed to keep your airway open as you sleep. There are many different devices available but it’s best to have one made especially for you by a suitably trained health care professional.

If you live in an area that prescribes these devices on the NHS, you will be referred to a specialist who will make the device for you. If not, your only option may be to buy your own.

Either way, it may be worth trying a cheap off-the-shelf version first to check that you can tolerate having one in your mouth as you sleep. But don’t use it for more than four to six weeks.

If the device feels uncomfortable on your teeth, seek advice from your sleep clinic to make sure it is not causing any damage. You may also find your jaw aches in the morning, but this usually wears off after a while.

Oral devices take a little getting used to, so you’ll need to persevere. The device should last about two years.

**Getting used to CPAP**

Some people wake up the first morning after CPAP and feel much better immediately, while others find it takes a few nights. Some people have vivid dreams for the first few nights, which usually stop once their body gets used to a good night’s sleep.

CPAP can feel a bit odd to start with and you may be tempted to stop using it. But people who persevere usually soon get used to it and their symptoms improve significantly – within a week of using it consistently.

When we asked people to tell us about their experience, about a third said it had taken over six months to get used to it. But almost everyone said it was the best treatment for them.

Research indicates that the longer you use it each night - up to seven hours - the more benefit you get. Try to use it every night, especially at the beginning of the night, when we tend to sleep most deeply.
If you’re having problems, ask your sleep clinic for help. You should have follow-up appointments with your sleep clinic for as long as you need.

**The machine**

The machine pumps air under pressure through a mask and makes a low noise that you and your partner will need to get used to.

The machine uses ordinary room air and is powered from an ordinary power supply. It should last about seven years.

**The air pressure**

You will not be able to adjust the air pressure once the clinic has set it. Some machines have a ramp feature that may help you to get used to the pressure. The machine starts at a lower pressure and increases to your pre-set pressure over the first few minutes.

It’s normal to feel it’s harder to breathe out. Once you’re asleep, your body will get used to this, but it may take time.

**The mask**

CPAP masks come in many shapes and sizes. Many sleep clinics give you a mask that fits over your nose. For it to work, you need to keep your mouth closed while sleeping.

You might need a mask that fits over your nose and mouth if you breathe through your mouth when you sleep, if you have nasal blockage or if you still snore with a nasal mask.

There are also masks that cover your whole face. At the other end of the spectrum, there are nasal pillows, which fit against your nostrils.

Your clinic should be able to help you find the best mask for you.

**Getting a good seal**

The mask has a soft, flexible cushion that rests against your face. Getting this cushion in the right place is important so that it is comfortable, won’t hurt you and makes a good seal with no air leaks. If the mask is too loose or too tight, the seal won’t be effective.

**The tubing**

The flexible tubing carries air from the machine to your mask. It may be more comfortable if you run the tubing above and behind your head. Changing the position of the machine can also help you to find a comfortable place for the tubing.

**Humidifiers**

Some people find their CPAP more comfortable if it is fitted with a humidifier to moisten and warm the air from the machine. Some clinics issue humidifiers as standard with their machines. But others issue them only if you find the air from your machine uncomfortably cold and dry.
Looking after your CPAP

Your CPAP machine should come with instructions about how to use it, keeping the components clean, and washing or changing the filters. Always follow the manufacturer’s instructions.

A tip from the Humber Sleep Apnoea Support Group:

Wash your face before going to bed, to remove skin oils. If oil gets onto the mask cushion, it will not be as effective.

Avoid using skin products, such as moisturiser, before you go to bed for the same reason.

Driving

If you have OSA, you can be very sleepy so your ability to drive safely is affected.

If you’re sleepy, you’re less alert and react more slowly, your judgment and vision are affected and you can’t concentrate as well. Your mood might be altered too and you may become more aggressive behind the wheel. These problems increase if you’re driving at night.

Once you are being successfully treated for OSA, you’ll be able to drive safely again as long as you follow the advice below.

If your job means you have to drive, you might be able to get assessed and treated more quickly. Many sleep clinics provide a fast-track service for people who drive for a living so your work is disrupted as little as possible.

Informing the DVLA

You must stop driving and tell the Driver and Vehicle Licensing Agency (DVLA) if you’re diagnosed with OSA and feel sleepy during the day.

DVLA gives this advice:

- You must tell DVLA if you hold a current driving licence of any type
- You can tell DVLA by email or by downloading an SL1 form from [www.gov.uk/driving-medical-conditions](http://www.gov.uk/driving-medical-conditions)
- You can also tell DVLA by post, fax, or phone
- A third-party notification will only be accepted in writing and must be signed by the letter writer
- Include your full name, address and date of birth
- DVLA will send you an SL1 form so you can give details about your OSA. It also enables you to provide consent for DVLA medical advisers to ask the doctor who is looking after your sleep problem for information
- It may take the DVLA some time to complete its enquiries. In the meantime you should speak to your doctor or specialist about driving
- You’ll usually get a decision from DVLA within six weeks about your safety to drive
Car or motorcycle driving licence holders

If you drive a car, you must stop driving until your symptoms are under control.

If you show your treatment is effective and your symptoms are under control, your licence should not be affected.

Bus, coach or lorry driving licence holders

The same applies to bus, coach and lorry drivers, but in addition you will be assessed regularly, usually every year, by a sleep specialist.

Holidays and travelling abroad

If you have OSA and use a CPAP machine, travelling can take a bit more planning.

Preparing for your trip

When you’re planning your trip, think about:

- how will I travel?
- where will I stay?
- will there be power to run my CPAP?
- do I need any extra equipment or an extension lead?
- do I need special insurance cover?
- will there be any health or hygiene risks?

If you’re travelling abroad, your sleep clinic can give you a letter explaining your CPAP machine for customs and security officials in case they ask.

Remember to take extra supplies of equipment such as an extra mask or cushion.

Flying

If you’re flying:

- always carry your CPAP as hand luggage. Check with your airline to see if you’ll get the usual allocation of hand luggage as well
- check if your airline can provide power for your machine during flights, especially long-haul flights
- if you’re going on a long-haul flight and feel worried, you could think about using an intra-oral device. If so, have some practice sessions to get used to wearing it

Travelling by sea

Ask about using CPAP on board, especially if you’re planning a cruise. Ask about the availability of power, voltage, plugs and the position of the power supply.
Where you’re staying

Check if your CPAP has a power supply that matches the supply at your destination. Some CPAPs have a switch to change voltage or you may need to take a power adapter if you’re travelling abroad.

Ask for an extension lead if there’s no plug socket near your bed. Or take one with you.

If you’re camping or staying on a boat, some clinics will lend you a machine that runs off a 12-volt DC supply. Or you can buy an inverter or converter unit so your CPAP can operate from a battery.

If you’re staying with friends or family, it might be a good idea to explain about your CPAP, especially if they have children.

Further information and support

Financial support

There are no specific benefits for people with OSA, but you may qualify for some general benefits and support. Find out more at blf.org.uk/support-for-you/welfare-benefits or call our helpline on 03000 030 555.

DVLA

For information about what you need to do if you drive and have OSA.

www.gov.uk/contact-the-dvla
Drivers’ medical enquiries
Telephone: 0300 790 6806
Monday to Friday, 8am to 5:30pm Saturday, 8am to 1pm

Sleep Apnoea Trust Association

The website has details of local patient support groups.

0800 025 3500
www.sleep-apnoea-trust.org

Hope2Sleep

Support for people living with OSA and sales of CPAP accessories.

www.hope2sleep.co.uk
0300 102 9711

Scottish Association for Sleep Apnoea

www.scottishsleepapnoea.co.uk

Welsh Sleep Apnoea Society

www.welshsas.org
Irish Sleep Apnoea Trust
www.isat.ie

The British Sleep Society
www.sleepsociety.org.uk

Association for Respiratory Technology and Physiology
www.artp.org.uk

Practical tips
The Humber Sleep Apnoea Support group has a CPAP booklet full of practical tips which can be downloaded from www.apnoea.org.uk

Books
A monkey, a mouse and a CPAP machine: At home with Rufus the chatty chimp
Marion Maz Mason and Steve B Mason
This children’s book is written for families to explain how a CPAP machine and mask help someone living with OSA to sleep soundly.

CPAP and ventilator secrets
Marion Maz Mason with Steve B Mason, foreword by Dr John Shneerson MA DM FRCP
You can get both titles from www.hope2sleep.co.uk or 0300 102 9711.