



How can my OSA be treated?

Lifestyle changes

You can manage the symptoms of OSA by making some changes to the way you live:

- reduce the amount of alcohol you drink
- maintain a healthy weight
- keep active
- keep to good sleeping habits – try to go to bed and get up at the same time every day. This helps your brain and internal body clock get used to a set routine. Keep your bedroom dark and quiet. Most adults need between six and nine hours sleep a night – work out what time you need to wake up, so you can set a regular bedtime
- if you sleep on your back, try sleeping on your side to relieve your symptoms
- if you smoke, quit.

Treatments

You're likely to need other treatment as well as making lifestyle changes.

- **Mandibular advancement devices (MADs):** these are devices you wear in your mouth as you sleep. MADs bring your lower jaw forward to help keep your upper airway open. They're effective if you have mild or moderate OSA.
- **Continuous positive airway pressure (CPAP):** this is the most effective treatment if you have moderate to severe OSA. CPAP is a simple machine that blows air through a mask you wear at night. It's designed to hold your airway open while you're asleep.

Some people wake up the first morning after CPAP and feel much better immediately, while others find it takes longer.

CPAP can feel odd to start with especially if you aren't used to sleeping on your back, and you may be tempted to stop using it. But people who stick with it soon find their symptoms improve significantly – usually within a week of using it. About a third of people we asked 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 – the more you benefit. 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.

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 **0300 222 5800**.

Read more at [blf.org.uk/osa-treatment](https://www.blf.org.uk/osa-treatment)



I was determined to make it work. Today I feel healthier than I did 20 years before my diagnosis and CPAP has become my best friend."

Kath

Driving

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, and you may become more aggressive behind the wheel. These problems increase if you're driving at night.

Your doctor will suggest you stop driving if you're so drowsy that it's likely to have an adverse effect on your driving – **whatever the reason**.

If you hold a current driving licence of any type you must tell the Driver and Vehicle Licensing Agency (DVLA) (or Driver and Vehicle Agency in Northern Ireland) if you are diagnosed with a condition that causes sleepiness.

Read more at www.blf.org.uk/support-for-you/obstructive-sleep-apnoea-osa/driving

Further information and support

For more information about living with OSA, go to [blf.org.uk/osa](https://www.blf.org.uk/osa)

You can also call our helpline on **0300 222 5800**, where our friendly team will be happy to talk to you.

Get help

Call our helpline on **0300 222 5800**

Our friendly team are here Monday to Friday 9am to 5pm. Calling will cost the same as a local call. It's usually free, depending on your call package, even from a mobile.

Or visit [AsthmaAndLung.org.uk](https://www.AsthmaAndLung.org.uk) to find support and information or to join our web community

- get support and information [blf.org.uk/support-for-you](https://www.blf.org.uk/support-for-you)
- sign up to our newsletter [blf.org.uk/signup](https://www.blf.org.uk/signup)
- find your local Breathe Easy group [blf.org.uk/breathe-easy](https://www.blf.org.uk/breathe-easy)
- join our web community healthunlocked.com/asthmalunguk-lung

Asthma + Lung UK 2022

FL24 Version: 7

Last reviewed: November 2021 Due for review: November 2024

Asthma and Lung UK, a charitable company limited by guarantee with company registration number 01863614, with registered charity number 326730 in England and Wales, SC038415 in Scotland, and 1177 in the Isle of Man

OSA

OBSTRUCTIVE SLEEP APNOEA

What is OSA?

Obstructive sleep apnoea (OSA) is a breathing problem that happens when you sleep. It can affect anyone – adults and children. It's called OSA because:

- O** bstructive: **there's a blockage in your airway**
- S** leep: **it happens when you're asleep**
- A** pnoea: **means you stop breathing**

When we sleep, our throat muscles relax and air flows freely to our lungs. If you have OSA, your throat closes completely and the flow of air stops, so you stop breathing for a short time.

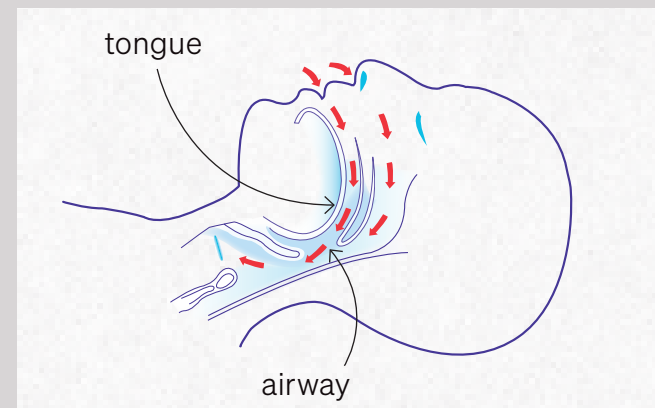
If your throat closes completely when you sleep, you stop breathing for a time. It's called an apnoea if it lasts for 10 seconds or more. If the airways in your throat narrow, this is called a hypopnoea. When this happens, there may be a dip in the level of oxygen in your blood.

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.

OSA and your airways

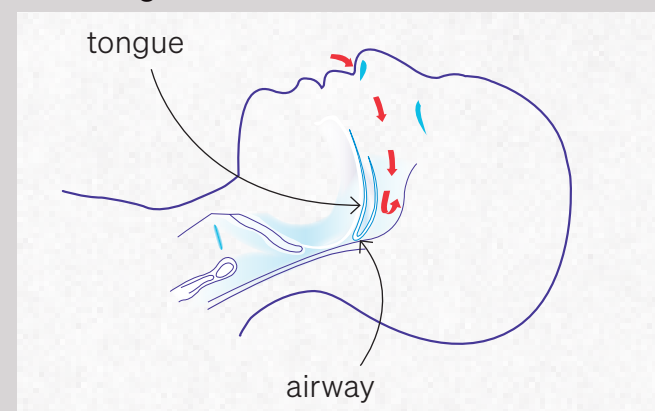
These pictures show what happens in your airways during your sleep.

Normal breathing without OSA



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

Breathing with OSA



In OSA, your airway collapses, stopping air from travelling to and from your lungs, stopping your breathing for a short time and disturbing your sleep.

Signs and symptoms

Some symptoms of OSA happen when you're asleep, and others when you're awake. Not everyone with OSA will experience all of them.

The most common symptoms and signs of OSA are:

When asleep

- loud snoring
- stopping breathing or struggling to breathe
- feeling of choking or gasping
- tossing and turning
- sudden jerky body movements
- waking up a lot during the night
- snorting while you sleep.

When awake

- waking up sleepy and unrefreshed
- headache when you wake up
- difficulty concentrating and feeling groggy
- poor memory
- feeling depressed, irritable or other changes of mood
- poor coordination
- loss of sex drive.

If you are displaying signs of OSA, you should talk to a healthcare professional about your symptoms and concerns.

Read more about OSA symptoms at [blf.org.uk/osa-symptoms](https://www.blf.org.uk/osa-symptoms)

Who's affected?

You're more likely to have OSA if:

- you're a man and middle aged, or
- you're a woman past menopause
- you're a woman in the later stages of pregnancy
- you are overweight or obese
- you have a large neck size – 17 inches (43 cms) 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
- you have type 2 diabetes
- you have a chronic heart disease.

OSA can also be made worse by drinking alcohol, using sleeping pills and smoking.

Why is it important to diagnose and treat OSA?

OSA can be serious if it's not diagnosed and treated. People react differently to treatment, but you're likely to benefit a lot. For example:

- you'll have more energy and be less sleepy
- if your driving was affected by excessive sleepiness, you'll be safe to drive (if you can satisfy DVLA your sleepiness is under control).

If you have a partner, they'll also benefit from your treatment. They'll sleep better too, as you won't be snoring and you'll move less in bed.

Assessment and diagnosis

If it's suspected you might have OSA, you'll usually be referred to a sleep clinic.

The staff at the sleep clinic will assess whether you have OSA by:

- asking you questions about your symptoms, sleep, quality of life and medical history
- measuring your weight, height and blood pressure
- examining your face, jaw and neck
- asking you to complete a form about how sleepy you are – usually the Epworth Sleepiness Scale
- arranging a sleep study. This usually happens at home, but you may go to hospital overnight for a detailed study.

You will have equipment attached to you which will monitor things such as your oxygen level, air flow and heart rate as you sleep.

You will be diagnosed 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 continuous positive airway pressure (CPAP). If CPAP helps, OSA is the most likely cause of your symptoms.

Your healthcare professional will want to check how severe your OSA is to find the best treatment for you. This depends on how many times you stop breathing in the night and your symptoms during the day.

Read more about diagnosing OSA at [blf.org.uk/osa-diagnosis](https://www.blf.org.uk/osa-diagnosis)