OSAHS: investigations and treatment

NICE National Institute for Health and Care Excellence

Diagnosis

- Offer home respiratory polygraphy
- If access to home respiratory polygraphy is limited, consider home oximetry
- Consider respiratory polygraphy or polysomnography if oximetry results are negative but the person has significant OSAHS symptoms
- Consider hospital respiratory polygraphy if home respiratory polygraphy or home oximetry are impractical or additional monitoring is needed
- Consider polysomnography if respiratory polygraphy results are negative but symptoms continue
- Use the results of the sleep study to diagnose OSAHS and determine severity

Priority factors for rapid assessment

- vocational driving or vigilance-critical job
- unstable cardiovascular disease
- pregnancy
- preoperative assessment for major surgery
- non-arteritic anterior ischaemic optic neuropathy

Discuss lifestyle changes tailored to the person's needs
Give information on OSAHS, including the treatments available and choosing the best treatment for the person
Consider tonsillectomy if the person has large obstructive tonsils and BMI <35 kg/m^2

Mild OSAHS with no symptoms or symptoms that do not affect usual daytime activities

Offer lifestyle and sleep advice alone

Mild OSAHS with symptoms that affect quality of life and usual daytime activities

Offer fixed-level CPAP:

- at the same time as lifestyle advice if they have priority factors for assessment (see above) **or**
- if lifestyle advice alone has been unsuccessful or is inappropriate

Moderate or severe OSAHS

Offer fixed-level CPAP in addition to lifestyle advice

Offer telemonitoring for up to 12 months and consider it for longer

Consider auto-CPAP instead of fixed-level CPAP if:

- high pressure is needed only for certain times during sleep **or**
- fixed-level CPAP is not tolerated **or**
- telemonitoring cannot be used for technological reasons **or**
- auto-CPAP is available at the same or lower cost than fixed-level CPAP and this price is guaranteed for an extended period of time

Rhinitis

Assess people with nasal congestion for rhinitis and treat if confirmed (for details, see the guideline)

Changing from nasal to orofacial masks and adding humidification can help with CPAP tolerance

Consider heated humidification for upper airway side effects, such as nasal and mouth dryness, and CPAP-induced rhinitis

Other treatment options

If CPAP is not tolerated or declined, **consider a customised or semi-customised mandibular advancement splint** in people aged 18 and over with optimal dental and periodontal health

If other treatments are unsuitable or not tolerated **consider a positional modifier for mild or moderate positional OSAHS** or **referral for assessment for oropharyngeal surgery for moderate or severe OSAHS**

Monitoring and support (for further details, see the guideline)

- Monitor and optimise therapy with CPAP, mandibular advancement splints, surgery and positional devices
- Tailor follow-up to the person and offer face-to-face, video or phone consultations with telemonitoring data, if available
- Ensure follow-up is in line with DVLA guidance on assessing fitness to drive
- Offer access to a sleep service for CPAP users for advice, support and equipment
- Offer educational or supportive interventions by trained specialists to improve adherence
- Consider stopping treatment if OSAHS may have resolved. After at least 2 weeks without treatment, re-evaluate any return of symptoms and consider a sleep study

Published date: August 2021. This is a summary of the advice on OSAHS investigation and treatment in NICE's guideline on obstructive sleep apnoea-hypopnoea syndrome and obesity hypoventilation syndrome

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