HEALTH WAIKATO
CARING FOR YOU
Waikato District Health Board

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OBSTRUCTIVE SLEEP APNOEA - REFERRALS

In general, patients with suspected obstructive sleep apnoea (OSA) should be reviewed clinically, have some form of sleep study and be offered therapy, usually mask CPAP (Continuous Positive Airways Pressure).

Unfortunately, due to the large unmet burden of OSA in New Zealand, the paucity of qualified practitioners in sleep medicine, and the level of funding for management of sleep disorders, we are unable to provide this service for many patients.

In order to help allay some possible anxiety in this regard, you should be aware that the likelihood of a patient using and benefiting from CPAP for OSA is very low in those who are not very sleepy. This has been shown in studies and, in general, patients with an Epworth Sleepiness Score (ESS – available on GP page of Waikato DHB internet site www.waikatodhb.govt.nz/GP) of < 12 do poorly with CPAP and are usually managed conservatively. Please note that the sleep service does NOT treat simple snoring.

If you feel that the clinical situation is more serious and requires an assessment, kindly send a referral ensuring that adequate detail is provided to support the urgency (specifically providing details of the ESS) – this is particularly important if you believe that an adverse outcome is likely to arise if untreated, or if the patient is in danger of losing their job.

If you consider that the patient is unsafe when driving, kindly request the patient to stop driving (see "Medical Aspects of Fitness to Drive" http://www.landtransport.govt.nz/licensing/medical-aspects/index.html) and make an urgent referral.

I would suggest that you consider the following conservative management options for your patient in the first instance before referral to DHB sleep services, as well as the possibility of referring to a private provider if not meeting our criteria to be assessed:

- Weight management.

  There is good evidence of the increase in OSA with increasing obesity. A program to reduce this should be in place prior to any referral for sleep services in all patients.

- Avoidance of evening alcohol or sedatives.

  These will worsen OSA, and can make mild OSA that does not need treatment into severe OSA.

- Sleeping in a lateral or prone position.

  Sleeping supine aggravates OSA. Simple positioning will reduce snoring and may control OSA until the weight has come down.

- Treating nasal disease

  A blocked or partially blocked nose worsens snoring and OSA. Treatment with nasal steroids, antihistamines or surgery may improve the OSA and relieve the snoring.

- Smoking cessation.

  Smoking aggravates nasal disease. Stopping smoking may well reduce snoring and possibly OSA (provided there is no associated weight gain) and is worth trying.