

# OBSTRUCTIVE SLEEP APNOEA: CONTEMPORARY APPROACH

Dr Sumit Samant



## Introduction

Obstructive Sleep Apnoea (OSA) contributes a big chunk to the current epidemic of sleep deprivation. It goes largely unwitnessed and undiagnosed, resulting in loss in productivity, raised risks of accidents and long-term complications as well as leading to multiple physical and mental sequelae in both children and adults. Increasing prevalence and resources required to manage it mean that it is increasingly being pushed into the too-hard basket.

Added to this, there is no single treatment modality that is clearly superior for all patients, or even most of them. CPAP therapy is 100% effective but long-term use tends to drop off rapidly. Surgery has variable results, depending on sites and patterns of obstruction as well as other factors such as BMI and collapsibility of the upper airway.

## How do we make it easier to manage?

Research has shown that less than 10% of OSA gets diagnosed and an even smaller numbers receive effective treatment. This is partly because of lack of resources. CPAP is generally reserved for patients with moderate to severe OSA and excessive daytime sleepiness and/or high risk factors such as occupation or co-morbidities. Even with these strict criteria, patients wait for months to access diagnostic tests and longer to be treated. Further, patients who do not tolerate or adhere to CPAP generally end up being left untreated.

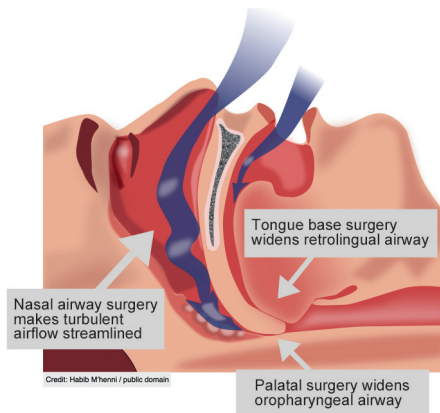
Better management requires more efficient use of resources at each step of the process, right from the initial consultation with the GP through to post-treatment reviews.

## High index of suspicion:

OSA presents in many different ways – snoring, choking, sleepiness, myofacial pain, refractory hypertension, insulin resistance, cognitive decline and occupational risks. Improving awareness amongst patients, families and primary care is pivotal.

## Streamlined assessment:

Diagnosis follows focused history, dynamic upper airway assessment, skeletal survey and sleep study. Each of these steps is integral to gain information on the nature, severity and anatomical location of the problem. Well-validated questionnaires (NOSE, Epworth Sleepiness Scale and STOP BANG) are an indispensable tool that can be used even before the patient sees their GP. ENT assessment



for a comprehensive evaluation of the patient's upper airway should be the next step. Structural narrowing and/or collapse of the airway at multiple potential sites from the tip of the nose to the laryngeal inlet can only be assessed in this setting. 3% of patients with OSA have a space-occupying lesion in their upper airway.

## Multidisciplinary approach:

The complexity and unrelenting progression of ineffectively OSA in many patients requires a wide depth and breadth of expertise across several specialties. This increases patient awareness, engagement and satisfaction. Use of cloud-based technology and telehealth also improves patients' self-guidance and adherence to treatments.

## Efficient monitoring:

While every patient that is effectively treated for OSA is a pat on the back for the managing team, ongoing monitoring to ensure adherence in high-risk groups with early salvage treatment for failed cases is another vital measure required to keep the problem in check. Role of wearable technology is gaining steady acceptance in this regard with each passing day.