

Next steps

- If you are at risk of OSA, you will need an evaluation of your airway with a flexible nasoendoscopy and clinical examination.
- The gold standard for diagnosing OSA is an overnight Sleep study



Questions?

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Do you snore?

Are you at risk of Sleep Apnoea?

TAKE THIS SIMPLE QUIZ TO FIND OUT

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ENT Surgeon

Snoring & Obstructive Sleep Apnoea

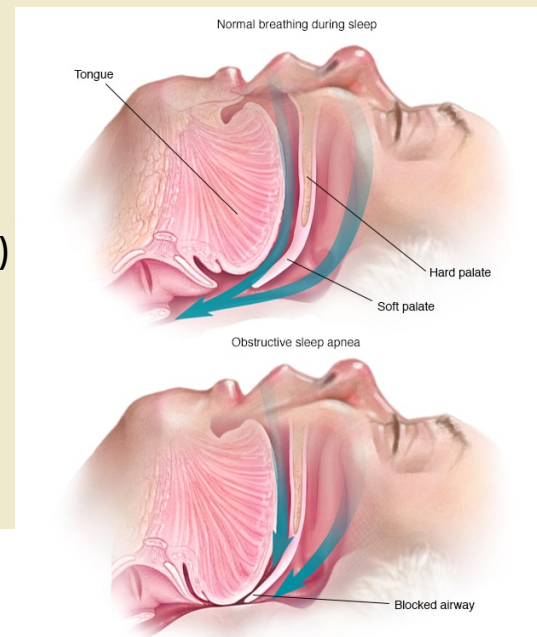
INTRODUCTION

Snoring is a fairly common phenomenon causing sleep disturbance for your partner. It can signify obstruction in one or several parts of your breathing passage such as your nose or throat / tonsils.

Snoring can also be a sign of obstructive sleep apnoea (OSA) where there is inadequate oxygen reaching your body. This is a serious condition which can result in some adverse effects on your health.

EFFECTS OF OSA ON YOUR BODY

1. High blood pressure (hypertension)
2. Heart attack & stroke
3. Abnormal heart beat rhythm (atrial fibrillation)
4. High cholesterol
5. Type 2 diabetes
6. Poor daytime energy
7. Irritability, low mood, poor concentration



WHO IS AT RISK OF OSA?

Individuals with the following conditions are at higher risk of OSA:

1. Obesity as fat deposits around your upper airway can obstruct breathing.
2. Thick necks
3. Small or recessed jaw/ small midface
4. Enlarged tonsils and adenoids (especially in children)
5. Nasal obstruction from a deviated septum or enlarged inferior turbinates
6. Older age
7. Male
8. Family history of OSA
9. Use of alcohol, sedatives or tranquilizers as these medicines relax the muscles around the airway.
10. Smokers as smoking increase the amount of inflammation and fluid retention in the upper airway.

Try this Quiz to assess your risk

THE STOP-BANG QUESTIONNAIRE

The STOP-BANG questionnaire is a widely accepted medical screening tool for OSA. It is used for patients with symptoms associated with OSA like daytime drowsiness, snoring, observed periods of nighttime apnea and noisy breathing. It is also used for patients pre-operatively to assess their risk of cardiopulmonary complications during general anaesthesia.

Item	Question	Yes	No
1. Snoring	Do you snore loudly?		
2. Tired	Do you feel tired or sleepy during daytime?		
3. Observed	Has anyone observed you stop breathing during your sleep?		
4. Blood pressure	Are you being treated or ever been treated for high blood pressure?		
5. Body Mass Index (BMI)	Is your BMI > 35kg / m ² ?		
6. Age	Are you > 50 years old?		
7. Neck circumference	Is your neck circumference > 40cm?		
8. Gender	Are you male?		

SCORING

Every Yes answer scores 1 point. A No answer scores 0 point. Maximum score is 8.

STOP BANG SCORE

RISK OF OSA

< 3

Low Risk

≥ 3

High Risk