

GP ADVICE SHEET - SNORING and OBSTRUCTIVE SLEEP APNOEA

Snoring alone is usually a social problem and merits low priority in the public health service.

Snoring with OSA is a health problem and its management is outlined below.

For more details refer to the Paediatric Sleep Guideline on the DHB website or www.sleepnz.co.nz

Assessment

- A good history of OSA, including witness report, is essential:
 - Adults - episodic apnoeas, unrefreshing sleep, daytime somnolence, accidents related to tiredness
 - Children - apnoeas >6 seconds, mouth breathing, frequent waking/restless sleep, secondary enuresis, behavioural problems, failure to thrive or slowing of weight gain
- Enquire about past nose/upper airway problems, cardiovascular and endocrine history, alcohol intake, smoking
- Examine: weight/height/BMI, neck circumference, nose (nasal obstruction, septal deformities), throat (tonsillar hypertrophy, low palate) respiratory and CV systems
- Epworth Sleepiness Score (ESS) - adults only
http://www.sleepapnoeanz.org.nz/epworth_scale.html

Management

- All patients will benefit from lifestyle advice and self-help (see information sheet on website)
- Any underlying conditions should be treated
- If nasal snoring, try:
 - Normal saline douching
 - Otrivine, 1-2 sprays nocte (max. 1/52 to avoid rebound congestion)
 - Topical nasal steroid, 1-2 sprays mane, minimum 6/52 course
- If tongue base, try mandibular advancement splint (Nelson Technical Sleep Services or dentist)
- If soft palate - various surgical options available in the private sector but usually considered a last resort (www.britishsnoring.co.uk/snoring_treatment/surgery_for_snoring.php)

Referral criteria

- Adults
 - If ESS >12 and *no* co-morbidity refer to Nelson Technical Sleep Services for privately funded sleep study (waiting time 2-4 weeks, costs around \$350)
 - If ESS >12 and patient has co-morbidity, such as hypertension, or significant apnoeic episodes or symptoms of OSA, refer to Physician Sleep Services at Nelson Hospital (Dr.Richard Everts, waiting time 1-3 months)
- Children
 - If significant symptoms and presence of large tonsils/adenoids, but no other health concerns, refer to public ENT service
 - If significant symptoms and presence of co-morbidities such as obesity, neuromuscular disorders or craniofacial abnormalities, refer to public paediatric service for further assessment