

Primary Care Management of Snoring in Adults/ Sleep Apnoea

Patient information:

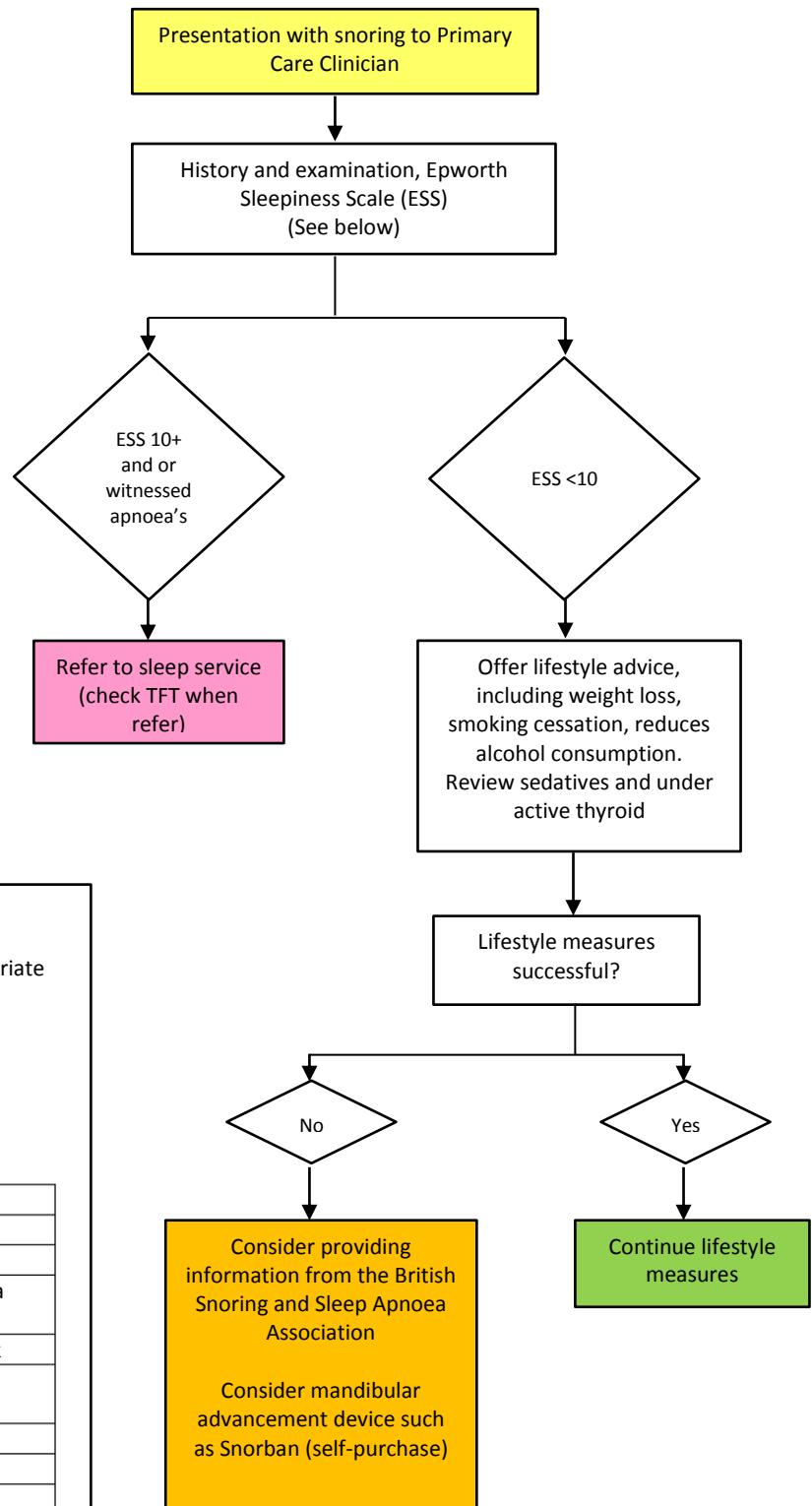
- The British Snoring and Sleep Apnoea Association website at: www.britishtsnoring.co.uk

History, include:

- Loudness of snoring
- Excessive/intrusive daytime sleepiness
- Witnessed apnoea's
- Impaired alertness
- Nocturnal choking episodes
- Waking unrefreshed
- Co-morbidity e.g. hypothyroidism, ischaemic heart disease, cerebrovascular disease, diabetes, hypertension
- Smoking history
- Alcohol consumption
- Medication history
- Consider psycho-social impact

Examination, include:

- BMI
- Collar size
- Tonsil grade (refer to diagram)
- Pharynx (refer to diagram)
- Bite? Recessed mandible, under-projected maxilla (refer to diagram)



Epworth Sleepiness Scale

Use the following scale to choose the most appropriate number for each situation:

0 = No chance of dozing
 1 = Slight chance of dozing
 2 = Moderate chance of dozing
 3 = High chance of dozing

SITUATION
Sitting and reading
Watching TV
Sitting, inactive in a public place (e.g. a theater or a meeting)
As a passenger in a car for an hour without a break
Lying down to rest in the afternoon when circumstances permit
Sitting and talking to someone
Sitting quietly after lunch without alcohol
In a car, while stopped for a few minutes in traffic

To check your sleepiness score, total the points:

1-6 = Congratulations, you are getting enough sleep!
 7-8 = Your score is average
 9+ = Seek the advice of a sleep specialist without delay