Policy statement:	**Sleep Studies including Diagnostic Investigations and Treatments for Obstructive Sleep Apnoea/Hypopnoea Syndrome (OSAHS) in Adults**
Status:	**Individual Prior Approval**
Status:	**Not Funded –Surgical Procedure for OSAHS**
Status:	**Not Funded -Snoring – see separate policy**

M&SECCGs commission sleep studies for adults (over 18 years of age) with suspected sleep apnoea, complex sleep disorders or where necessary to confirm a diagnosis of narcolepsy.

NHS England commissions sleep studies for children and young people from Specialist Paediatric Respiratory Centres.

Oral Appliances/Mandibular Advancement Devices
Oral appliances have been shown to improve OSAHS and, in comparison with continuous positive airway pressure (CPAP), no conclusive difference in daytime sleepiness was shown. There is large cost, convenience, and adherence implications for the use of CPAP and, for some patients, oral appliances may be of benefit. Therefore, oral applications (self-funded) should be promoted in primary care to avoid where possible the need for CPAP**.**

Driving
It is the responsibility of people who are sleepy during the day (regardless of the cause) to cease driving until their symptoms resolve. If the symptoms are severe enough to affect driving performance and are due or very likely due to a medical condition (including OSAHS) the driver must inform the DVLA. Although clinicians are not required to inform the DVLA about the patient's symptoms, they are responsible for advising the patient appropriately.

Vocational drivers of Heavy Goods Vehicles (HGVs) or Public Service Vehicles (PSVs) meeting the referral criteria of this policy may be referred for investigation with oximetry/polysomnography without attempted lifestyle modification and, if diagnosed with OSAHS at any level of severity may be offered oral devices or CPAP as initial options. For vocational drivers, if a diagnosis of OSAHS has been made or is strongly suspected adequate symptom control should be confirmed by a specialist before driving resumes and annual licensing review is required.

Limited Sleep Studies
M&SECCGs commission limited sleep studies (pulse oximetry) for patients with suspected sleep apnoea where other causes of day time sleepiness have been excluded e.g. insufficient sleep, psychological conditions and sedating drugs.

If obstructive sleep apnoea is suspected the patient should have attempted lifestyle modification i.e. weight loss, stop smoking, reduce alcohol consumption- as appropriate **before referral.**

The following criteria must be met prior to referral for limited sleep studies:

- Patient ≥ 18
- Patient snores
- Daytime sleepiness (rather than tiredness) assessed by Epworth scale with score ≥11

AND one or more of the following

- Witnessed regular or frequent nocturnal apnoeic episodes of stopping breathing
- Waking with sensations of choking/obstruction
- Neck circumference ≥17ins in a man or > 15ins in a woman
- Significant retrognathia
- Small oedematous pharynx on visual inspection

Polysomnograpy
Patient has ≥5 <15 hyponea events/hour per night measured by pulse oximetry
OR
Patients who have typical symptoms of excessive daytime somnolence but no objective evidence of obstructive sleep apnoea on limited sleep study.
OR
Patient has suspected narcolepsy and confirmation of diagnosis is required.

M&SECCGs do not commission surgical procedures for OSAHS.

M&SECCGs do not commission sleep studies for parasomnia, periodic limb movement disorder, chronic insomnia or snoring.

M&SECCGs do not commission procedures for snoring where this is the sole problem- see Snoring

Individual funding requests should only be made where the patient demonstrates clinical exceptionality.

Further information on applying for funding in exceptional clinical circumstances can be found on the CCGs' website.