**Classification of Obstructive Sleep Apnoea Syndrome**

The severity of Obstructive Sleep Apnoea Syndrome is based on the apnoea/hypopnoea index (AHI) derived from the sleep study. The most widely used classification is from the American Academy of Sleep Medicine (2008) and is endorsed by NICE (2008) guidelines. Specialist assessment of individual symptoms and analysis of the sleep study is required to make a diagnosis. It is essential to differentiate between the presence of apnoeic events which generally don’t require intervention and the presence of sleep apnoea syndrome which benefits significantly from effective treatment.

**Mild OSAS (AHI 5-14/hr)**

Mandibular advancement device plus lifestyle interventions

Lifestyle interventions

Weight reduction

CPAP should only be considered if symptoms affect quality of life.

**Moderate OSAS (AHI 15 – 30/hr)**

Mandibular advancement device plus lifestyle interventions

Weight reduction

CPAP plus lifestyle interventions

**Severe OSAS (AHI >30/hr)**

CPAP plus lifestyle interventions

Non invasive ventilation

(Mandibular advancement device generally not effective)

There is a lack of evidence to support surgical interventions for the treatment of symptomatic OSAS although this field continues to evolve. Referral to ENT is considered when tonsillar hypertrophy is evident, nasal obstruction is problematic or abnormal palate. (see [snoring guidelines](http://guidelines.nhshighland.scot.nhs.uk/ENT/Snoring/index.htm))

CPAP therapy requires specialist assessment, support and education for the patient. Weight loss can eradicate the need for CPAP in patients with a BMI>25 however therapy is generally a life time commitment for the patient. Patients have access to the sleep clinic via telephone support and during clinic review.