

## Snoring and/or Sleep Apnoea

### Revised information for GPs referring patients to ENT and Respiratory Sleep Clinics at RBH/WBCH

1. Snorers, without somnolence, who have nasal obstruction which does not respond to a course of intranasal steroid drops (and antibiotics if any suggestion of chronic infection) should be referred to **ENT**.

The ENT Department recommend the following regime.

- a) Azithromycin 500mg OD for three days then Azithromycin 500mg once a week for 6 weeks (note: caution regarding liver function and hearing difficulty)
- b) Betnesol drops ii drops each nostril BD in head down position (nostrils above eyes) for 6 weeks.
- c) If Betnesol not available: Flixonase Nasules 1/2 nasule each nostril BD in head down position (nostrils above eyes) for 6 weeks. Betnesol is more potent than Flixonase.

2. Snorers with or without witnessed apnoeas **AND** somnolence should be referred to **Respiratory Medicine Sleep Clinic**. If nasal obstruction is found by the respiratory team, they will recommend treatment as above and suggest referral to ENT by the GP if no response.

- a) Hypersomnolence should be based on a history of inappropriate and/or excessive daytime sleepiness and is supported by an elevated Epworth Sleepiness Scale (ESS)  $\geq 10$ .
- b) OSA is more common in obese patients and in patients with neck size  $>17$  inches. OSA is also associated with hypertension and increased risk of cardiovascular disease. There is a link between OSA and diabetic control.
- c) Please indicate the patient's occupation at time of referral, particularly professional driver occupations (eg bus, train, taxi drivers etc)

#### Notes:

Snorers without a history of witnessed apnoeas and who are not sleepy (e.g. Epworth Sleepiness Scale  $<10$ ) should be given the following additional advice before referral:

- Weight reduction (especially if neck circumference  $>16$ "
- Stop smoking
- Reduce alcohol consumption in the evenings
- Avoid medicines or drugs that make patients drowsy and affect muscle tone (eg sleeping pills)
- Consider a mandibular device from their dentist. These may help keep the lower jaw forward when the patient falls asleep and increases the space at the back of the tongue. This helps reduce vibration and may stop the airway from occluding in sleep apnoea.

Ear plugs could also be suggested for the patient's partner.