

Pathway	
	Interventions for obstructive sleep apnoea and snoring.
Commissioned	
	<p>Continuous positive airway pressure (CPAP) will be funded for obstructive sleep apnoea based on severity as defined by the patient's symptoms and apnoea/hypopnoea index (AHI):</p> <ol style="list-style-type: none"> 1. The AHI is ≥ 15 consistent with moderate or severe OSA. 2. The AHI is in the range 5 - 14 and ALL the following criteria apply: <ol style="list-style-type: none"> a) Symptoms affect the patient's ability to perform their routine daily activities. b) Lifestyle advice and other relevant treatment options have failed to improve symptoms. c) An approved mandibular advancement device is either unsuitable or has not been successful.
Not Funded	
	<p>Surgical treatments for snoring or obstructive sleep apnoea. Mandibular advancement devices for snoring in the absence of obstructive sleep apnoea.</p>
Notes	
	NICE TA139 defines the severity of obstructive sleep apnoea based on the apnoea/hypopnoea index (AHI) measured during a sleep study as mild if 5-14, moderate if 15-30 and severe if over 30.
Rationale	
	<ul style="list-style-type: none"> ▪ Evidence-Based Interventions: Response to the public consultation and next steps. Published by NHS England in partnership with NHS Clinical Commissioners, the Academy of Medical Royal Colleges, NHS Improvement and the National Institute for Health and Care Excellence November 2018. ▪ Obstructive sleep apnoea is a condition where repeated episodes of apnoea occur due to a narrowing or closure of the pharyngeal airway during sleep, resulting in brief awakening from sleep to restore normal breathing. ▪ The symptoms of obstructive sleep apnoea include impaired alertness, cognitive impairment, excessive daytime sleepiness, snoring, nocturia, morning headaches and sexual dysfunction. The sleep quality of partners may also be affected. The condition is associated with high blood pressure and an increased risk of road traffic accidents. ▪ Moderate to severe obstructive sleep apnoea can be diagnosed from the patient's history and a sleep study using oximetry or other monitoring devices carried out in the person's home. In some cases, further studies that monitor additional physiological variables in a sleep laboratory or at home may be required, especially when alternative diagnoses are being considered. ▪ Risk factors for developing obstructive sleep apnoea are increasing age, obesity and being male. Alcohol or sedatives also exacerbate the condition. ▪ NICE does not recommend soft-palate implants for obstructive sleep apnoea due to lack of evidence of efficacy. The evidence to support radiofrequency soft palate ablation for the treatment of snoring is limited.
Cohort	

Adults.
Equality
Compliant with the Equality Act 2010.
Status
AMBER as defined in the Prior Approval Scheme Policy.
OPCS codes
G47.3 Sleep apnoea <u>and</u> E85.2 Non-invasive ventilation NEC
Version History
No material changes from previous version.
Authorised
April 2019
Review
April 2024 Earlier if new evidence published by NICE or other authoritative body.