



# Obstructive sleep apnoea (OSA)

Obstructive sleep apnoea, or OSA, is a breathing problem that happens when you sleep. It can affect anyone – adults and children.

## What is OSA?

When we sleep, our throat muscles relax and air flows freely to our lungs. If you have OSA, your throat closes completely and the flow of air stops, so you stop breathing for a short time.

OSA disrupts your sleep, making you sleepy during the day. If it's not treated, it can have a big impact on your life. And if you don't get help, it can have a big impact on your health too. We know lots of people go undiagnosed. But the good news is there's effective treatment. If you want to find out more for yourself, or this sounds like someone you know, read on.

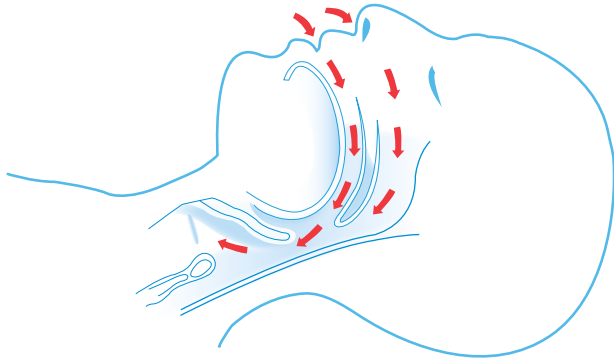
It's called obstructive sleep apnoea (OSA) because:

- Obstructive:** there's an obstruction in the airway
- Sleep:** it happens when you're asleep
- Apnoea:** it means you stop breathing for a short time

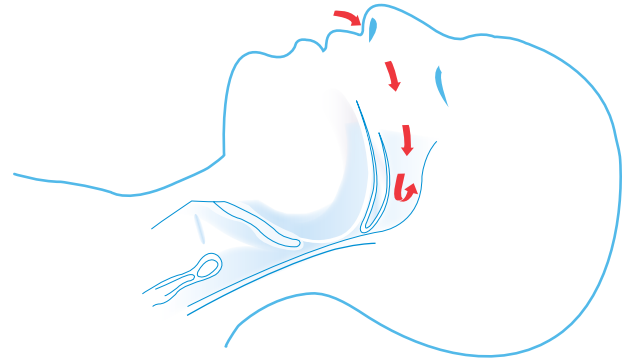
If your throat closes completely when you sleep, you stop breathing for a time. It's called an apnoea if it lasts for 10 seconds or more. If the airways in your throat narrow, this is called a hypopnoea. When this happens, there may be a dip in the level of oxygen in your blood.

Your brain will start your breathing again. Some people wake up briefly, but others are not aware of what's happening. Breathing often restarts with a gasp or grunt and some movement. You relax again, and the pattern then starts again.

If you have severe OSA, this cycle can happen hundreds of times a night. These frequent arousals disrupt your sleep and so you can feel very sleepy during the day. Some people with OSA are not sleepy but can experience tiredness, fatigue, sleep disruption or even insomnia.



In normal breathing, air can travel freely to and from your lungs through your airways during sleep.



In OSA, your airway collapses, stopping air from travelling to and from your lungs, stopping your breathing for a short time and disturbing your sleep.

## Who's more likely to have OSA?

You're more likely to have OSA if:

- you're a man and middle aged
- you're a woman past menopause
- you're a woman in the later stages of pregnancy - OSA symptoms often improve or disappear after your baby is born
- you are overweight or obese
- you have a large neck size - 17 inches (43 cms) or more
- you have a small airway, a set-back lower jaw or a small lower jaw, large tonsils, a large tongue or nasal blockage
- you have a medical condition that makes some of these factors more likely, such as Down's syndrome
- you have type 2 diabetes
- you have a chronic heart disease.

OSA can also be made worse by drinking alcohol, using sleeping pills and smoking.

# Symptoms of OSA

Some symptoms happen when you're asleep, and others when you're awake. Not everyone with OSA will experience all of them. Remember: OSA can be serious if it's not diagnosed and treated.

## Symptoms and signs of OSA when asleep include:

- loud snoring
- stopping breathing or struggling to breathe
- feeling of choking or gasping
- tossing and turning
- sudden jerky body movements
- waking up a lot during the night
- snorting while you sleep.

If you have a partner, they might be more aware of your snoring and pauses in your breathing when you're asleep than you are. It's a good idea to ask them to record (using a mobile phone or another recording device) your breathing at night, or to note down any of the symptoms you're experiencing.

## Symptoms of OSA when awake include:

- waking up sleepy and unrefreshed
- headache when you wake up
- difficulty concentrating and feeling groggy
- poor memory
- feeling depressed, irritable or other changes of mood
- poor co-ordination
- loss of sex drive.

## When is OSA diagnosed?

If you are displaying signs of OSA, you should talk to a health care professional about your symptoms and concerns.

## Epworth Sleepiness Scale test

Before you talk to your GP, take a look at the Epworth Sleepiness Scale test ([blf.org.uk/epworth](http://blf.org.uk/epworth)). It helps to assess how likely you are to fall asleep in everyday situations. You could also take a look at the STOP-Bang questionnaire ([www.stopbang.ca/osa/screening.php](http://www.stopbang.ca/osa/screening.php)). Bear in mind not everyone with OSA is sleepy.

Take your results along to your GP. Your GP will ask about your symptoms, your health, your medical history, and about how sleepy you are when awake. Your GP might give you lifestyle advice about the best ways to get a good night's sleep, lose weight and stop smoking.

The results of the Epworth Sleepiness Scale alone will not determine whether or not you should be referred to see if you have OSA. If it's suspected you might have OSA, you will usually be referred to a sleep clinic.

If your GP is not concerned, but you still are, keep trying to get a definite diagnosis. Keep asking to be referred to your local sleep service ([www.nhs.uk/service-search/other-services](http://www.nhs.uk/service-search/other-services)). For support and advice, call our helpline on 03000 030 555.

# Going to a sleep clinic to diagnose OSA

## What happens at a sleep clinic?

Sleep clinics are specialist clinics that assess, diagnose and treat people with a range of sleep problems, including OSA.

Once you've been referred, you'll be assessed at the clinic – either in person or virtually through a remote session. Clinics assess people in different ways. Some arrange for you to have an overnight sleep study at home before you visit, while others will talk with you first before deciding if you need an overnight study.

Some people can qualify for a rapid assessment by a sleep service. For example, people who are pregnant, have a vocational driving job or have a job that requires high levels of attentiveness for safety. Also if you are due to have major surgery, or have heart rhythm problems, or difficult-to-control high blood pressure, the sleep study may be prioritised. If you think you qualify for rapid assessment, talk to your doctor.

## Assessment and diagnosis at the clinic

Clinics have at least one consultant and other staff, such as nurses and technicians. They will assess if you have OSA by asking questions and examining you, for example by taking measurements of your height and weight. They will also ask you to complete a form about how sleepy you are – usually the Epworth Sleepiness Scale. They may also arrange a sleep study.

## Questions about your medical history

This involves talking about your symptoms and quality of life. If you have a partner bring them with you, so they can explain what happens when you're asleep. A good clinical history helps the doctor to reach a diagnosis. It may include questions about:

- how long you sleep and the quality of your sleep
- shift working (patterns and timings)
- your symptoms and how long you have had them
- your smoking history
- family history of sleep disorders, such as OSA or narcolepsy
- your mental health
- any medication you use or have used
- how sleepy you are and when you might fall asleep
- the effect on your work and ability to concentrate.

## Examining you

This can include measuring:

- your weight and height to find your body mass index (BMI)
- your blood pressure
- your neck circumference (size)
- your jaw size and position

and assessing:

- your face and jaw appearance and symmetry
- the airflow in your nose
- your upper airway to see if it's obstructed
- your teeth and having a look at the size of your tongue
- the inside of your mouth.

## What is a sleep study?

You'll usually do a sleep study at home, using equipment lent to you for a night. A small number of people may need to go to hospital overnight for a more detailed study. If you're worried about the study, ask the sleep clinic what will happen. You can do some simple things to prepare, such as:

- avoiding alcohol or caffeine (like tea, coffee or fizzy drinks)
- not taking a nap
- avoiding strenuous exercise on the day.

Let the clinic know if you've got any special requirements. If you're ill on the date of your study, it's best to postpone it until you're feeling better.

For the study, you'll be monitored as you sleep by equipment attached to you. This is completely painless, and you'll be able to roll over and change positions. You may be asked to sleep on your back for a while to see if this affects your breathing. If you're in hospital and experiencing obvious signs of OSA, you may be woken up to use a continuous positive airway pressure (CPAP) machine, so you can be assessed with and without it.

There are different kinds of sleep studies used to diagnose OSA. For example:

### Oximetry

Oximetry measures the oxygen level in your blood. It's usually done at home. You wear a small device with a sensor called a pulse oximeter. This measures your blood oxygen level and your pulse. You'll have a clip on your finger or earlobe and a device on your wrist.

### Respiratory limited sleep study

Respiratory limited sleep study is an overnight test that can be done in hospital or at home. It measures your air flow, how your chest moves as you breathe, your heart rate and the oxygen level in your blood. Some devices register snoring sounds, body position and leg movements. Equipment will be attached to you with tape, wires and straps as you sleep. For more information and to see where the equipment will be attached to you, take a look at our breathing tests information at [www.blf.org.uk/support-for-you/breathing-tests/tests-to-measure-your-breathing-during-sleep#respiratory-sleep](http://www.blf.org.uk/support-for-you/breathing-tests/tests-to-measure-your-breathing-during-sleep#respiratory-sleep)

### Polysomnography or PSG

Polysomnography or PSG is an overnight study, done in a hospital room. It's used when the results of other tests aren't clear and in more complex cases. It assesses sleep and wakefulness by measuring your brain waves, eye movements and muscle movements. It also assesses your heart and lung function, by measuring your air flow, the movement of your chest, your oxygen levels and the activity of your heart activity. It films you while you sleep. For more information and to see where the equipment will be attached to you, take a look at our more detailed breathing tests information at [www.blf.org.uk/support-for-you/breathing-tests/tests-to-measure-your-breathing-during-sleep#polysomnography](http://www.blf.org.uk/support-for-you/breathing-tests/tests-to-measure-your-breathing-during-sleep#polysomnography)

## Reaching a diagnosis

You will be diagnosed with OSA if the results of your assessment are clear. If they aren't, you may be asked to do more tests or to try a treatment called continuous positive airway pressure (CPAP). If CPAP helps, OSA is the most likely cause of your symptoms.

Your health care professional will want to check how severe your OSA is to find the best treatment for you. You may be told your OSA is mild, moderate or severe. This depends on how many times you stop breathing in the night and your symptoms during the day. People are often relieved to get a diagnosis of OSA because it helps explain how they've been feeling.

# Treatment for OSA

OSA is a long-term condition, and you may need ongoing treatment to control the symptoms. Treatment for OSA focuses on reducing the number of breathing pauses you have when you're asleep. You should feel less sleepy during the day, have a better quality of life, and reduce your risk of getting health complications and having accidents.

## Benefits of treatment

People react differently to treatment, but you're likely to benefit a lot. For example:

- you'll have more energy and be less sleepy, so you feel better physically and mentally
- you'll start to enjoy things you were finding difficult, such as staying awake to watch a film
- if your driving was affected by excessive sleepiness, you'll be safe to drive if you can satisfy DVLA your sleepiness is under control.

If you have a partner, they will also benefit from your treatment. They'll sleep better too as you will not be snoring, and you will move less in bed. You'll be more alert during the day, so you can enjoy more quality time together.

### Getting used to OSA treatment

You may take some time to adjust to living with OSA and your equipment. Some people find this easier than others. If you're struggling with treatment, or if you're feeling anxious or depressed, talk to your sleep clinic or ring our helpline on **03000 030 555**.

## Lifestyle changes you can make to manage OSA symptoms

You can help to manage the symptoms of OSA yourself by making some changes to the way you live. Reducing the amount of alcohol you drink, maintaining a healthy weight and having good bedtime habits can all make a big difference.

### Maintain a healthy weight

Being overweight can affect your breathing. As your body weight increases, so do the number of breathing pauses when you're asleep. Estimates vary, but more than 60% of people with OSA are overweight.

Losing weight when you're struggling to get a good nights' sleep, and dealing with feeling tired during the day, can be difficult. Your GP can support you and give you advice about how to lose weight. They can also help you work out what your healthy weight should be.

### Reduce the amount of alcohol you drink

Drinking alcohol is linked with a higher risk of sleep apnoea. So, it's a good idea to reduce the amount you drink, especially in the evening.

### Quit smoking

Research has suggested that smoking can damage your airways and make them more likely to collapse while you're asleep. Stopping smoking is one of the best things you can do for your lungs, and your overall health.

## Keep active

Research has shown that exercise can improve OSA symptoms. As soon as you start to become more active the risks to your health reduce, so increasing your activity levels will be very good for you.

## Keep to good sleep habits

Good sleeping habits and sleep patterns are important to feeling well and happy and are a supplement to other sleep treatments.

Try to go to bed and get up at the same time every day. This helps your brain and internal body clock get used to a set routine.

Keep your bedroom dark and quiet. Most adults need between six and nine hours sleep a night – work out what time you need to wake up, so you can set a regular bedtime.

If you sleep on your back, try sleeping on your side instead to relieve your symptoms.

The NHS has more useful information on how to get to sleep at [www.nhs.uk/live-well/sleep-and-tiredness/how-to-get-to-sleep](http://www.nhs.uk/live-well/sleep-and-tiredness/how-to-get-to-sleep)

## Treatments from the sleep clinic

You're likely to need other treatment as well as making lifestyle changes.

### Mandibular advancement devices (MADs)

MADs are devices you wear in your mouth as you sleep. They're a dental appliance, and look similar to a gum shield. They're also called intra-oral devices, mandibular repositioning devices, mandibular advancement splints, mouth guards, oral appliances or dental advice.

MADs bring your lower jaw forward to help keep your upper airway open. They're effective if you have mild or moderate OSA.

A trained health care professional will make impressions of your upper and lower teeth to make a MAD for you. MADs are designed to keep your airway open as you sleep. There are many different devices available but it's best to have one made for you by a trained health care professional. If you live in an area that prescribes these devices on the NHS, you'll be referred to a specialist to make your device. If not, you may have to buy your own.

It's essential you have a dental assessment before being measured for this device. This is because to be able to use a MADs successfully, your mouth should be free of dental disease, tooth decay and gum disease. If your teeth or gums aren't healthy, wearing a MADs will lead to a worsening of the problem.

### Getting used to MADs

If the device feels uncomfortable on your teeth, get advice from your sleep clinic to make sure it is not causing any damage. You may also find your jaw aches in the morning, but this usually wears off after a while. Oral devices take a little getting used to, so persevere. The device should last about two years before it needs replacing.



## Continuous positive airway pressure (CPAP)

CPAP is a simple machine that blows air through a mask you wear at night. It's designed to hold your airway open while you're asleep. It sends air at pressure into your upper airway to stop it collapsing or narrowing. Your sleep clinic or the machine itself will set the pressure for you. We have more information on CPAP further on this page.

### Positional modifier

If you have mild or moderate OSA and cannot tolerate CPAP or MADs, you might be given treatment in the form of a positional modifier. This is an intervention used to encourage people to not sleep on their backs. There are different devices available, such as tennis ball technique, lumbar or abdominal binders, and full-length pillows.

This type of treatment is more likely to be effective if you have a particular type of OSA that is affected by your sleep position. People with positional OSA experience more severe symptoms when sleeping on their back, as opposed to on their side. Positional modifiers are unlikely to be effective in people with severe OSA.

### Surgery for OSA

Surgery may sometimes be an option for treatment of OSA. Surgery might be an option if you have OSA, large tonsils and a BMI of less than 35 kg/m<sup>2</sup>. Surgery on the soft tissues at the back of the mouth and top of the airway is used less and less as it is not usually effective.

If you are severely obese (with a BMI over 40) an operation to help you lose weight, called bariatric surgery, can be very effective.

## Continuous positive airway pressure (CPAP) machines

Continuous positive airway pressure (CPAP) is the most effective treatment if you have moderate to severe OSA. If you have mild OSA, CPAP is only recommended if your symptoms affect your quality of life or other treatment options have not worked.

### What is a CPAP machine?

CPAP is a simple machine that blows air through a mask you wear at night. It's designed to hold your airway open while you're asleep. It sends air at pressure into your upper airway to stop it collapsing or narrowing. Your sleep clinic or the machine itself will set the pressure for you.

### The CPAP machine components

The CPAP machine blows air under pressure through a mask and makes a low noise that you (and your partner if you have one) will need to get used to. It uses ordinary room air and is powered from an ordinary power supply. It should last about seven years.

### The air pressure

You will not be able to adjust the air pressure once the clinic has set it. Some machines have a 'ramp' feature that gradually increases pressure until it reaches your pre-set pressure over the first few minutes. The ramp feature may help you get used to it the pressure.

It's normal to feel it's harder to breathe out. Once you're asleep, your body will get used to this, but it may take time.



## The mask

CPAP masks come in many shapes and sizes:

- masks that fit over your nose
- masks that fit over your nose and mouth. These work if you breathe through your mouth when you sleep, have nasal blockage or still snore with a nasal mask
- masks that cover your whole face
- nasal pillows, which fit against your nostrils.

Your clinic should be able to help you find the best mask for you.

## Getting a good air seal

The mask has a soft, flexible cushion that rests against your face. Getting this cushion in the right place is important so that it is comfortable, won't hurt you and makes a good seal with no air leaks. If the mask is too loose or too tight, the seal won't be effective.

## The tubing

The flexible tubing carries air from the machine to your mask. It may be more comfortable if you run the tubing above and behind your head. Changing the position of the machine can also help you to find a comfortable place for the tubing.

## Humidifiers

Some people find their CPAP more comfortable if it has a humidifier to moisten and warm the air from the machine. Some clinics issue humidifiers as standard, but others issue them only if you find the air uncomfortably cold and dry.

## Looking after your CPAP machine

Your CPAP machine should come with instructions about how to use it, keeping the components clean, and washing or changing the filters. Always follow the manufacturer's instructions.

Before you leave the clinic with your CPAP machine, it's important to get clear instructions on how to fit the mask, use the machine and keep the equipment clean. It's vital you use the CPAP properly or the treatment won't be effective. If you're unsure about anything, ask the sleep clinic or call our helpline on **03000 030 555**.

## Getting used to CPAP

Some people wake up the first morning after CPAP and feel much better immediately, while others find it takes longer. CPAP can feel odd to start with especially if you aren't used to sleeping on your back, and you may be tempted to stop using it. But people who stick with it soon find their symptoms improve significantly – within a week of using it consistently. About a third of people we asked said it had taken over six months to get used to it. But almost everyone said it was the best treatment for them.

Research indicates that the longer you use it each night - the more you benefit. Try to use it every night, especially at the beginning of the night, when we tend to sleep most deeply. If you're having problems, ask your sleep clinic for help.

You should have an initial consultation within 1 month of starting your CPAP treatment, to check how it's going, the effectiveness of the treatment and to see if you need any support. Many people now have telemonitoring with their CPAP device so that the effectiveness of CPAP can be checked, and the pressure changed remotely if needed. The telemonitoring sends data to your sleep centre on breathing pauses, leaks from the mask and your use of the CPAP device each night. Once your CPAP treatment is optimised, you should have an annual review.

## CPAP problems and solutions

If you're having trouble with your CPAP machine, try our suggestions. If these don't help, get in touch with your sleep clinic or call our helpline, on 03000 030 555. The hope2 sleep website also has tips at [www.hope2sleep.co.uk/tips-for-problems-sleeping-with-cpap-or-niv.html](http://www.hope2sleep.co.uk/tips-for-problems-sleeping-with-cpap-or-niv.html)

Problem?	Try
I have a nasal mask and air comes out of my mouth at night	<p>Try altering your sleeping position or the number and position of your pillows.</p> <p>If that doesn't work, ask your sleep clinic for:</p> <ul style="list-style-type: none"> <li>• a humidifier to moisten your airway or</li> <li>• a chin strap to help keep your mouth closed or</li> <li>• a full-face mask to cover your nose and mouth</li> </ul>
I or my partner find the machine noisy	<ul style="list-style-type: none"> <li>• Check if the noise is coming from the mask – it may need re-fitting or re-assembling</li> <li>• Put the machine in a box or cupboard – this is fine as long as there is room for air to circulate</li> <li>• Try wearing earplugs</li> </ul>
CPAP treatment is causing a runny nose, blocked nose or sneezing	<ul style="list-style-type: none"> <li>• Go to your sleep clinic or your GP to see if there is a medical reason</li> <li>• CPAP's cool air can irritate your nasal lining and give you a runny nose or make you sneeze. This usually settles down after a week or so. If not, try a nasal spray or ask your sleep clinic. Heated humidification may help if problems persist.</li> </ul>
I take my mask off in my sleep	<ul style="list-style-type: none"> <li>• You might be waking up slightly, which may indicate your pressure is not quite high enough. Ask your sleep clinic</li> </ul>
I wake up feeling uncomfortable with the pressure of the machine	<ul style="list-style-type: none"> <li>• Try switching it off and removing the mask for a few minutes. Clear your nose if you need to before putting the mask back and switching on the machine</li> <li>• Try using CPAP during the day for short periods while you are relaxing to help your body adjust</li> <li>• Use the ramp setting to increase the air pressure gradually</li> </ul>
I find the air too cold and it disrupts my sleep	<p>This can make your nose, mouth or throat feel dry. You could:</p> <ul style="list-style-type: none"> <li>• ask your sleep clinic for a heated humidifier</li> <li>• try heating the room</li> <li>• try adding moisture to the room by placing a tray of water above your radiator</li> <li>• try keeping the tube warm</li> </ul>

Problem?	Try
I am finding it difficult to get a good seal	<ul style="list-style-type: none"> <li>• Remember to adjust the mask with the machine turned off. Lift the mask off your face, let it settle again and make sure the cushion is not distorted</li> <li>• Try adjusting the straps</li> <li>• Make sure your mask and cushion are not worn or torn – the cushion may need replacing every three – six months</li> <li>• Your mask may not be the right size for you, or you may need a different type – ask your sleep clinic</li> </ul>
There is air leaking out of the mask, which irritates my eyes	<ul style="list-style-type: none"> <li>• The mask may be too tight -if so, the cushion won't work as well as it should</li> <li>• The mask may be too small or too large</li> <li>• The cushion may need replacing – ask your sleep clinic</li> <li>• The mask may not be fitted correctly – check it's not upside down</li> </ul>
I am getting sores where the mask is rubbing	<ul style="list-style-type: none"> <li>• A bit of tenderness on the bridge of your nose is common when you first start on CPAP</li> <li>• Your mask may be too tight, so try loosening the straps.</li> <li>• This could be because the cushion is no longer working and needs replacing, or it could be because the mask is too big for you</li> <li>• Use a cream to ease soreness</li> <li>• Ask your sleep clinic for advice if the soreness remains or gets worse, or if you loosen the straps and get a leak</li> </ul>
I have a cold or other infection of my upper airway	<ul style="list-style-type: none"> <li>• Ask your GP if you should continue your treatment</li> <li>• If you do continue, wash everything more often</li> <li>• You may need a full-face mask to help you breathe more easily</li> <li>• Don't worry if you need to stop using CPAP for a night or two. But try to avoid stopping CPAP for more than a few nights</li> </ul>
My throat feels dry or sore	<ul style="list-style-type: none"> <li>• Ask your sleep clinic for a chin strap or a humidifier</li> <li>• you may find a full-face mask more comfortable</li> </ul>

Problem?	Try
I need to go into hospital for an operation	<ul style="list-style-type: none"> <li>• Tell the surgeon and the anaesthetist you have OSA</li> <li>• Take your treatment with you</li> </ul>
I find it hard to breathe	<p>You might take time to get used to breathing out while pressurised air is being pushed in. Once you're asleep, this will happen automatically. Try:</p> <ul style="list-style-type: none"> <li>• practising with the machine on during the day while you relax or listen to music</li> <li>• using the ramp feature</li> <li>• using a full-face mask instead of a nasal mask</li> </ul>
I am still snoring and stopping breathing in my sleep	<ul style="list-style-type: none"> <li>• Maybe air is leaking out of the mask – follow our tips on how to get a good seal</li> <li>• The pressure might need adjusting – ask your clinic</li> </ul>
I feel bloated or I have wind	<p>You might take time to adjust to using a CPAP machine - keep trying.</p> <ul style="list-style-type: none"> <li>• You may be swallowing air in response to the pressure - using a ramp feature can help</li> <li>• Ask your sleep clinic for advice – the pressure may need adjusting</li> <li>• Drink peppermint tea at bedtime and when you get up</li> <li>• Relax by lying still and breathing calmly or listening to music</li> <li>• Raise your head higher with an extra pillow</li> </ul>
I feel claustrophobic wearing the mask	<ul style="list-style-type: none"> <li>• Try to keep the mask on for a few hours every night and gradually increase the length of time you wear it</li> <li>• If you're using a full-face mask, you may be able to switch to a nasal mask (not if you breathe through your mouth when asleep or if your nose is blocked)</li> <li>• Check you've adjusted the mask correctly so there are no leaks and remember to breathe through your nose if you have a nasal mask - sometimes, air rushing out of your mouth can make you panic</li> <li>• Try taking a few deep breaths in and out of your nose</li> </ul>

## Can I drive if I have OSA?

If you have OSA, it can leave you drowsy and tired during the day so your ability to drive safely is affected.

If you're sleepy, you're less alert and react more slowly. Your judgment and vision are affected, and you can't concentrate as well. Your mood might be altered, and you may become more aggressive behind the wheel. These problems increase if you're driving at night.

Your doctor will suggest you stop driving if you're so drowsy that it's likely to have an adverse effect on your driving – whatever the reason.

If your job means you have to drive, you might be able to get assessed for OSA and treated more quickly. Many sleep clinics provide a fast-track service for people who drive for a living, so your work is disrupted as little as possible.

### When must I tell the DVLA?

If you hold a current driving licence of any type you must tell the Driver and Vehicle Licensing Agency (DVLA) (or Driver and Vehicle Agency in Northern Ireland) if you are diagnosed with a condition that causes sleepiness. You can tell the DVLA online ([www.gov.uk/health-conditions-and-driving](http://www.gov.uk/health-conditions-and-driving)) but would need to ring the DVA. You can be fined up to £1,000 if you do not tell the agencies about a medical condition that affects your driving.

It may take the DVLA or DVA some time to complete its enquiries. While you wait, you should speak to your doctor or specialist about driving.

### When can I drive again?

Once car or motorcycle driving licence holders are being successfully treated for OSA, they will be able to drive safely again. This may be reviewed every three years by a sleep specialist. This also applies to bus, coach or lorry driving licence holders. But these drivers will be assessed more regularly, usually every year, by a sleep specialist.

Sleep Apnoea Trust has more detailed information on driving if you have OSA at [www.sleep-apnoea-trust.org/driving-and-sleep-apnoea](http://www.sleep-apnoea-trust.org/driving-and-sleep-apnoea)

# Holidays and travelling abroad if you have OSA

If you have OSA and use a CPAP machine, travelling can take a bit more planning.

## Preparing for your trip

When you're planning your trip, think about:

- how you will travel and where you will stay
- your travel insurance
- the power supply to run your CPAP – specifically the voltage if you're going overseas
- taking extra equipment or spares, such as extension leads and masks, and plug adapters
- any health or hygiene risks.

If you're travelling abroad, your sleep clinic can give you a letter explaining your CPAP machine for customs and security officials.

## Flying

If you're flying:

- carry your CPAP as hand luggage. Check with your airline to see if you'll get the usual allocation of hand luggage as well
- check if your airline can provide power for your machine during flights, especially long-haul flights
- avoid alcohol, sleeping tablets, and sedatives before and during your flight.

## Travelling by sea

Ask about using CPAP on board, especially if you're planning a cruise. Ask about the availability of power, voltage, plugs and the position of the power supply.

## Where you're staying

Check if your CPAP has a power supply that matches the supply at your destination. Some CPAPs have a switch to change voltage, or you may need to take a power adapter if you're travelling abroad.

Ask for an extension lead if there's no plug socket near your bed. Or take one with you.

If you're camping or staying on a boat, some clinics will lend you a machine that runs off a 12-volt DC supply. Or you can use an inverter or converter unit so your CPAP can operate from a battery.

If you're staying with friends or family, it might be a good idea to explain about your CPAP, especially if they have children.

## Useful things to bring with you

- extension lead
- travel adaptor, suited to the country you're visiting
- insulating tape for repairing hose damage
- surge protector (a type of electrical socket that protects devices from an electrical surge) – these are recommended for home use with CPAP.

# Further information and support

## General support

### BLF helpline

Our friendly helpline nurses and advisors are there to answer your question. We're open Monday to Friday, 9am to 5pm. [03000 030 555](tel:0300030555)

### Hope2Sleep [www.hope2sleep.co.uk](http://www.hope2sleep.co.uk)

Support for people living with OSA and practical advice on sleeping with CPAP. [0300 102 9711](tel:03001029711)

### Association for Respiratory Technology and Physiology

[www.artp.org.uk](http://www.artp.org.uk)

### Sleep Apnoea Trust

[www.sleep-apnoea-trust.org](http://www.sleep-apnoea-trust.org)

### British Snoring and Sleep Apnoea Association

[www.britishsnoring.co.uk](http://www.britishsnoring.co.uk)

## Financial support

There are no specific benefits for people with OSA, but you may qualify for some general benefits and support. Take a look at our welfare benefits information at [blf.org.uk/welfare-benefits](http://blf.org.uk/welfare-benefits)

## Driving support

### DVLA

Contact the DVLA for information about what you need to do if you drive and have OSA at [www.gov.uk/contact-the-dvla](http://www.gov.uk/contact-the-dvla)

Telephone: [0300 790 6806](tel:03007906806)

Monday to Friday, 8am to 5:30pm Saturday, 8am to 1pm

### Driver and Vehicle Agency (DVA) in Northern Ireland

Telephone: [03000 200 7861](tel:030002007861)

Monday to Friday, 8am to 5:30pm



## Useful books and podcasts

### CPAP and ventilator secrets

Marion Maz Mason with Steve B Mason, foreword by Dr John Shneerson MA DM FRCP

### Sleep Interrupted

Dr Steven Park: This book has lots of information and advice for people living with OSA.

### Why we sleep

Matthew Walker: This book explores recent research to explain why sleep matters.

### A monkey, a mouse and a CPAP machine: At home with Rufus the chatty chimp

Marion Maz Mason and Steve B Mason

This children's book is written for families to explain how a CPAP machine and mask help someone living with OSA to sleep soundly.

### Sleep Apnea Stories

[open.spotify.com/show/28RBDK3y38Xs6OQQCiUn0](https://open.spotify.com/show/28RBDK3y38Xs6OQQCiUn0)

Emma Cooksey: This is a podcast that shares the stories and experiences of people living with OSA and the medical experts who treat them.

Get in touch with us to find support near you.

Helpline: **03000 030 555**

Monday to Friday, 9am-5pm

Ringing our helpline will cost the same as a local call.

[helpline@blf.org.uk](mailto:helpline@blf.org.uk)

[blf.org.uk](https://blf.org.uk)

**Code:** BK32 **Version:** 4

[blf.org.uk/osa](https://blf.org.uk/osa)

**Last medically reviewed:** November 2021

**Due for medical review:** November 2024

We value feedback on our information. To let us know your views, and for the most up to date version of this information and references, call the helpline or visit **blf.org.uk**