Recent Advances in The Obstructive Sleep Apnoea/ Hypopnoea Syndrome

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The past decade has seen major advances in our understanding of the morbidity caused by the Obstructive Sleep Apnoea/ Hypopnoea Syndrome. The available evidence indicates that patients with significant daytime sleepiness or two other major features of OSAHS who have more than 15 respiratory events per hour during sleep will show improvements in symptoms, objective sleepiness, driving, quality of life, cognitive function and mood.[1-3] Recent studies indicate that such patients will also have small but significant improvements in arterial blood pressure on CPAP[4-6] or with mandibular advancement devices.[7] The improvements in blood pressure are greatest in those who are most hypoxaemic during sleep. Symptomatic patients who have 5-15 events per hour during sleep will have symptomatic benefit, even in a randomised controlled trial[8] but their long-term usage of CPAP, if this is the modality of therapy employed, is questionable.[9] Patients who have marked irregular breathing during sleep but are asymptomatic should not currently be treated, as the only randomised controlled trial evidence indicates that there are no benefits from treating them.[10] However, this is a large group of potential patients - maybe up to 6 times as many as are sleepy[11] - and more data are needed on this important question. Despite the increasing evidence of need for treatment, clinical services throughout the world are delivering care on an unacceptably slow timescale.[12] The challenge is to ensure that OSAHS is accorded the priority in healthcare and research its prevalence and consequences demand.

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