

## Hampshire and Isle of Wight Integrated Care Board Priorities Committee

<b>Policy title</b>	<b>Policy 34: Pulse oximetry for the diagnosis of obstructive sleep apnoea</b>
<b>Policy position</b>	<b>Not Normally Funded</b>
<b>Date of issue</b>	January 2023
<b>Update</b>	This policy will be updated as per 3-year cycle or in light of a substantial body of new evidence or new national guidance (e.g. NICE)

The Committee recommends that for the diagnosis of Obstructive Sleep Apnoea (OSA), home oximetry should only be considered if home respiratory polygraphy is unavailable. Home respiratory polygraphy has been shown to be a more cost-effective option.

The Committee advises that a sleep history and assessment of key symptoms of OSAHS should be used as an initial assessment for OSAHS. This may be assisted by use of assessment scales such as the Epworth Sleepiness Scale and the STOP-Bang Questionnaire. Caution is advised as not all patients with OSAHS have excessive sleepiness.

This guidance is based on NICE guideline 202 (2021) for obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s.

### References:

- National Institute for Health and Care Excellence (2021). NG202: Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s. <https://www.nice.org.uk/guidance/ng202>
- The Epworth Sleepiness Scale: <https://epworthsleepinessscale.com/>
- The STOP-Bang Questionnaire: <http://www.stopbang.ca/osa/screening.php>

### Coding:

#### ICD10

G473 Sleep Apnoea

#### OPCS

E911 Oximetry assessment

E912 Continuous pulse oximetry

E913 Overnight oximetry

E919 Unspecified oximetry testing

<b>Version</b>	<b>Date</b>	<b>Reason for change</b>
Version 1	June 2018	
Version 2	November 2021 (Ratified by Board - July 2022)	3 yearly update

Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.

