



Obstructive sleep apnoea (OSA)

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

When you're asleep, your throat muscles relax. In some people, a narrower airway means they snore. But if your throat closes completely, you stop breathing for a time. For some people this happens throughout the night and it's called OSA.

OSA disrupts your sleep, making you sleepy during the day. If it's not treated, it can have a big impact on your life. You might feel exhausted when you're awake, and you might doze off at any time – so it's not safe to drive for example. And if you don't get help, it can have a big impact on your health too. We know that lots of people go undiagnosed.

The good news is that there is effective treatment. If you want to find out more for yourself, or this sounds like someone you know, read on.

This information is for adults. We also have information about OSA in children at [blf.org.uk/support-for-you](https://www.blf.org.uk/support-for-you).

What is OSA?

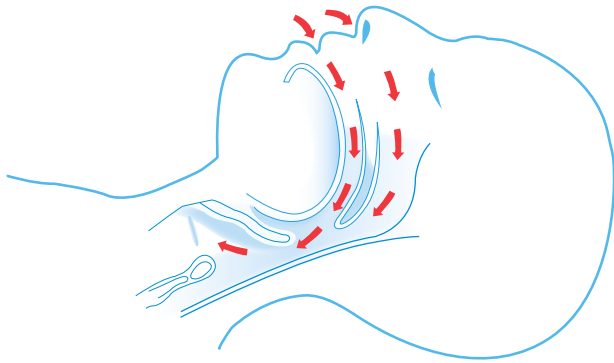
Obstructive sleep apnoea (OSA) is a breathing problem that happens when you sleep. It's called OSA because:

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

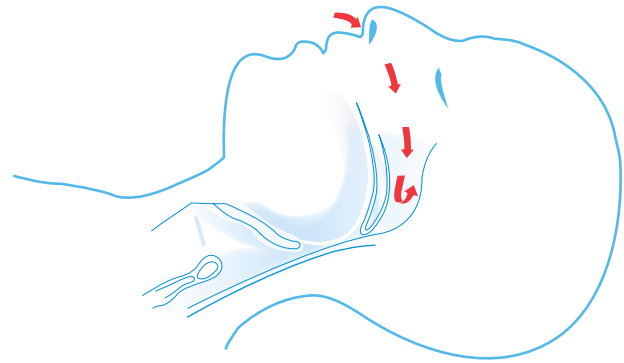
When you go to sleep your muscles relax, including those in your throat. In some people the relaxing muscles cause the airways to narrow. This can reduce the amount of air flowing in and out of your airways. This makes you snore.

If your throat closes completely, you stop breathing for a time. This is 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.



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, disturbing your sleep.

What are the symptoms of OSA?

The most common OSA symptoms are:

- snoring
- interrupted breathing while you're asleep
- feeling sleepy when you're awake.

Have a look at the full list of symptoms below – not everyone with OSA will experience all of them. Talk to your GP if you have a combination of daytime and night time symptoms.

when asleep

- Snoring
- Stopping breathing or struggling to breathe
- Feeling of choking
- Tossing and turning
- Sudden jerky body movements
- Needing to go to the toilet in the night

Sometimes your partner might be more aware of your snoring and pauses in your breathing than you.

when awake

- Waking up sleepy and unrefreshed
- Headache in the morning
- Difficulty concentrating and feeling groggy, dull and less alert
- Poor memory
- Feeling depressed, irritable or other changes of mood
- Poor co-ordination
- Loss of sex drive
- Heartburn

Why is it important to diagnose and treat OSA?

OSA can affect your quality of life. It can also lead to other health problems, including high blood pressure, heart attack, stroke and diabetes. You're more likely to have accidents at work and on the road. And your ability to work may be affected.

Who's affected?

You're more likely to have OSA if:

- you are a man and middle aged
- you are a woman past your menopause
- you are a woman in the later stages of pregnancy. OSA symptoms often improve or disappear after your baby is born
- you are overweight or obese
- a large neck size - 17 inches 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

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

I think I might have OSA

If you think you, or someone you know, might have OSA, take a look at the Epworth Sleepiness Scale test. This helps to assess how likely you are to fall asleep in everyday situations. Have a look at the test at blf.org.uk/epworth

Take this along to your GP to talk about your symptoms and concerns. Your GP will ask about your symptoms, your health and 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.

If it is suspected that 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. Ask to be referred to your local sleep service (nhs.uk/Service-Search/Sleep%20medicine/LocationSearch/682). For support and advice, call our helpline on **03000 030 555**.

Driving

If you are sleepy during the day, there is a risk you might fall asleep while driving. Your doctor may advise you to stop driving if your sleepiness is likely to have an adverse effect on your driving, whatever the cause.

If you are diagnosed with OSA and are excessively sleepy while you are driving, you will need to tell DVLA (osapartnershipgroup.co.uk/osa-and-driving.html).

Diagnosing 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. Clinics assess people in different ways. Some arrange for you to have an overnight sleep study at home before you visit, while others see you first before deciding if you need an overnight study.

Assessment and diagnosis

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. 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 report on 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 (pattern and timing)
- 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
- 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 and upper airway

The clinic may also do a blood test.

What is a sleep study?

You'll usually do a sleep study at home, using equipment lent to you for a night. But you may go to hospital overnight for a 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 and not taking a nap or 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.

Oximetry

This measures the oxygen level in your blood. It's often the first test for OSA and is usually done in your 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

This overnight test 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.

Polysomnography or PSG

This is an overnight study, done in a quiet 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.

Reaching a diagnosis

Your doctor will diagnose you 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 CPAP. If CPAP helps, OSA is the most likely cause of your symptoms.

Your doctor 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. Once you've been diagnosed with OSA, it can be a relief. You now know why you've been so sleepy.

Living with OSA

There are effective treatments and changes you can make to improve your wellbeing.

How can my OSA be treated?

OSA is a long-term condition and you may need lifelong treatment to control the symptoms. Treatment 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

Your partner 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

Lifestyle changes

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 make a big difference. If you smoke, try to quit.

Lose weight

Estimates vary, but more than 60% of people with OSA are overweight. Being overweight can affect your breathing. As your body weight increases, so do the number of breathing pauses when you're asleep. Your doctor can help you work out what your healthy weight should be and give you advice about how to lose weight if you need to.

Quit smoking

Research has suggested that smoking can damage your airways and make them more likely to collapse while you're asleep. So it's a good idea to quit.

Keep active

As soon as you start to do more, the risks to your health reduce, so increasing your activity levels will be very good for you. Research has shown that exercise can improve OSA symptoms. Aim to do at least 30 minutes' moderate-intensity activity five times a week. This means activity that makes you breathe more heavily and raises your body temperature, while leaving you able to talk at the same time. And avoid sitting still for long periods.

It's also a good idea to do physical activity that strengthens your muscles twice a week. Try activities that involve stepping and jumping, such as dancing. Carrying or moving heavy loads such as groceries counts too.

Tips

- If you use public transport, try to get off a stop early and walk the rest of the way
- If you drive, park the car further away and walk the rest of the way
- Walk or cycle to the shops, to work or to social events
- Take the stairs instead of the lift
- Exercise with a friend
- Join a gym or exercise programme or go swimming with family or friends

Get better quality sleep

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. Keep your bedroom dark and quiet and get seven to eight hours sleep a night. If you sleep on your back, try sleeping on your side instead to relieve your symptoms.

Tips for a good night's sleep

- exercise every day - in the morning is best
- go outdoors during the day and into sunlight or bright light
- keep your bedroom at a comfortable temperature for you
- use your bed for sleep and sex only
- do something to relax just before you go to bed, such as having a warm bath
- if you find yourself always worrying at bedtime, try to find a time in the day to write down your worries and get them out of your system

What to avoid

- exercise late in the day
- going to bed too hungry or too full
- eating heavy, spicy or sugary foods close to bedtime
- coffee or tea in the evening
- smoking
- drinking alcohol within four to six hours of your bedtime
- looking at a bright screen (such as a laptop, tablet or smart phone) within 30 minutes of bedtime. Their light interferes with your body's sleepiness cues
- taking a nap during the day

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 bring your lower jaw forward to help keep your upper airway open. They're also called intra-oral devices, mandibular repositioning devices and mouth guards. They're effective if you have mild or moderate OSA. A trained health care professional working alongside the sleep service can custom-make an MAD for you. They'll make impressions of your upper and lower teeth to make it.

Continuous positive airway pressure (CPAP)

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. 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. Before you leave the clinic with your CPAP, it's important to get clear instructions on how to fit the mask, use the machine and keep the equipment clean. It's vital that 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**.

Surgery

Surgery may sometimes be an option. If you are severely obese (with a BMI over 40), an operation to help you lose weight, called bariatric surgery, can be very effective. There are very few randomised control trials to support other kinds of surgery. Operations might be helpful in a very small number of cases, such as for people with enlarged tonsils, adenoids and nasal polyps. But 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.

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.

Getting used to MADs

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.

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.

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 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.

The CPAP machine

The machine blows air under pressure through a mask and makes a low noise that you and your partner 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 may help you to get used to the pressure. The machine starts at a lower pressure and increases to your pre-set pressure over the first few minutes. 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 fits over your nose. You will need to keep your mouth closed while sleeping
- masks that fits 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

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.

CPAP problems and solutions

If you're having trouble with your CPAP, try our suggestions on the next pages. The hope2 sleep website (hope2sleep.co.uk/tips-for-problems-sleeping-with-cpap-or-niv.html) also has tips. If this doesn't help, get in touch with your sleep clinic.

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. If that doesn't work, ask your sleep clinic for:</p> <ul style="list-style-type: none"> • a humidifier to moisten your airway or • a chin strap to help keep your mouth closed or • a full-face mask to cover your nose and mouth
I or my partner find the machine noisy	<ul style="list-style-type: none"> • Check if the noise is coming from the mask – it may need re-fitting or re-assembling • Put the machine in a box or cupboard – this is fine as long as there is room for air to circulate • Try wearing earplugs
CPAP treatment is causing a runny nose, blocked nose or sneezing	<ul style="list-style-type: none"> • Go to your sleep clinic or your GP to see if there is a medical reason • 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
I take my mask off in my sleep	<ul style="list-style-type: none"> • You might be waking up slightly, which may indicate your pressure is not quite high enough. Ask your sleep clinic • Use plasters or surgical tape to stop you taking off the mask until you're used to it
The tubing is irritating me	<ul style="list-style-type: none"> • Tie some string or wool around the tubing and hook it onto the wall above the bed • Put the tubing under your pillow
I wake up feeling uncomfortable with the pressure of the machine	<ul style="list-style-type: none"> • 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 • Try using CPAP during the day for short periods while you are relaxing to help your body adjust • Use the ramp setting to increase the air pressure gradually

Problem?	Try
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"> • try heating the room • try adding moisture to the room by placing a tray of water above your radiator • try keeping the tube warm – under your bedclothes or your pillow • ask your sleep clinic for a heated humidifier
I am finding it difficult to get a good seal	<ul style="list-style-type: none"> • 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 • Try adjusting the straps • Make sure your mask and cushion are not worn or torn • Your mask may not be the right size for you, or you may need a different type – ask your sleep clinic
There is air leaking out of the mask, which irritates my eyes	<ul style="list-style-type: none"> • The mask may be too tight. If so, the cushion won't work as well as it should • The mask may be too small or too large • The cushion may need replacing – ask your sleep clinic • The mask may not be fitted correctly – check it's not upside down
I am getting sores where the mask is rubbing	<ul style="list-style-type: none"> • A bit of tenderness on the bridge of your nose is common when you first start on CPAP • Your mask may be too tight, so try loosening the straps. 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 • Use a cream to ease soreness • Ask your sleep clinic for advice if the soreness remains or gets worse, or if you loosen the straps and get a leak
I have a cold or other infection of my upper airway	<ul style="list-style-type: none"> • Ask your GP if you should continue your treatment • If you do continue, wash everything more often • You may need a full-face mask to help you breathe more easily • 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

Problem?	Try
My throat feels dry or sore	<ul style="list-style-type: none"> • Ask your sleep clinic for a chin strap or a humidifier • You may find a full-face mask more comfortable
I need to go into hospital for an operation	<ul style="list-style-type: none"> • Tell the surgeon and the anaesthetist you have OSA • Take your treatment with you
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"> • practising with the machine on during the day while you relax or listen to music • using the ramp feature • using a full-face mask instead of a nasal mask
I am still snoring and stopping breathing in my sleep	<ul style="list-style-type: none"> • Maybe air is leaking out of the mask – follow our tips on how to get a good seal [link to getting a good seal] • The pressure might need adjusting – ask your clinic
I feel bloated or I have wind	<p>You might take time to adjust to this - keep trying! And:</p> <ul style="list-style-type: none"> • drink peppermint tea at bedtime and when you get up • relax by lying still and breathing calmly or listening to music • raise your head higher with an extra pillow • you may be swallowing air in response to the pressure. Using a ramp feature can help • ask your sleep clinic for advice – the pressure may need adjusting
I feel claustrophobic wearing the mask	<ul style="list-style-type: none"> • 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 • Try taking a few deep breaths in and out of your nose • Try to keep the mask on for a few hours every night and gradually increase the length of time you wear it • If you're using a full-face mask, switch to a nasal mask

Can I drive if I have OSA?

If you have OSA, you can be very sleepy 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 too 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 sleepy 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 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?

You must tell the Driver and Vehicle Licensing Agency (DVLA) if you're diagnosed with OSA and feel excessively sleepy when you drive.

DVLA gives this advice:

- You must tell DVLA if you hold a current driving licence of any type
- You can tell DVLA online or by downloading an SL1 form at gov.uk/obstructive-sleep-apnoea-and-driving
- You can also tell DVLA by post, fax, or phone
 - A third-party notification will only be accepted in writing and must be signed by the letter writer
 - Include your full name, address and date of birth
 - DVLA will send you an SL1 form so you can give details about your OSA. It also enables you to provide consent for DVLA doctors to ask the doctor who is looking after your sleep problem for information
- It may take the DVLA 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.

Holidays and travelling abroad

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

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.

Further information and support

Financial support

There are no specific benefits for people with OSA, but you may qualify for some general benefits and support. Find out more at blf.org.uk/support-for-you/welfare-benefits or call our helpline on **03000 030 555**.

DVLA

For information about what you need to do if you drive and have OSA gov.uk/contact-the-dvla

Drivers' medical enquiries

Telephone: **0300 790 6806**. Monday to Friday, 8am to 5:30pm Saturday, 8am to 1pm

Driver and Vehicle Agency (DVA) in Northern Ireland

Telephone: **03000 200 7861** Monday to Friday, 8am to 5:30pm

Hope2Sleep

Support for people living with OSA and practical advice on sleeping with CPAP hope2sleep.co.uk

Telephone: **0300 102 9711**

Association for Respiratory Technology and Physiology

artp.org.uk

Books

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.

CPAP and ventilator secrets. Marion Maz Mason with Steve B Mason, foreword by Dr John Shneerson MA DM FRCP

You can get both titles from hope2sleep.co.uk or by calling **0300 102 9711**.

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

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

blf.org.uk

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blf.org.uk/osa

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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**