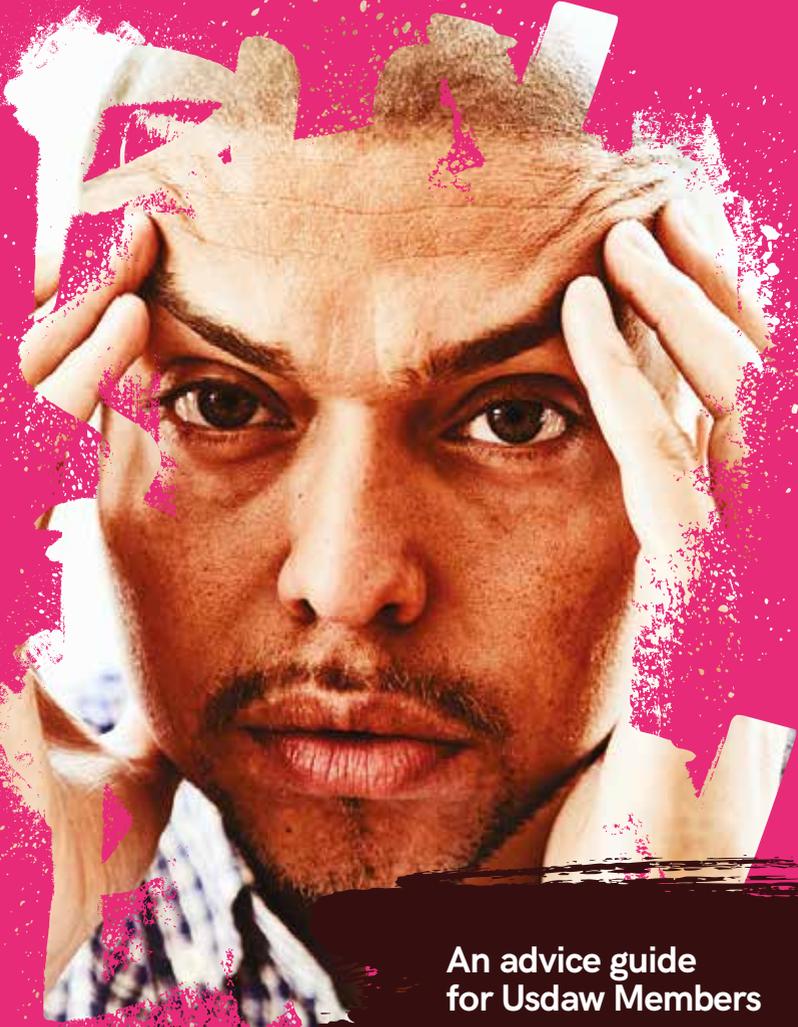


Usdaw

Disability
Sleep Apnoea



An advice guide
for Usdaw Members



What is sleep apnoea?

Obstructive Sleep Apnoea (OSA) is a serious condition where the muscles in the throat relax during sleep causing the sufferer to temporarily stop breathing.

If untreated it can occur hundreds of times a night leading to regularly interrupted sleep which can have a big impact on the quality of life and increases the risk of high blood pressure, strokes and heart attacks – more so for professional drivers suffering from OSA – they can be up to seven times more likely to have crashes.

Fatigue seriously impairs your driving abilities. Untreated sleep apnoea can lead to serious consequences with your job and possibly worse. This leaflet is designed for reps and members to think if they, or colleagues at their workplace are suffering with sleep apnoea and to seek treatment.

Who is affected by OSA?

In the UK, it is estimated around 4% of middle-aged men and 2% of middle-aged women have it.

What are the symptoms?

The main symptoms of OSA are snoring and excessive daytime sleepiness. Often the first symptoms of OSA are spotted by a partner during sleep, which may include laboured breathing, choking episodes during sleep.

There are other symptoms that may indicate OSA:

- Depression.
- Difficulty concentrating and irritability.
- Waking up feeling unrefreshed.
- Morning headaches.

What causes sleep apnoea?

Being overweight – excess body fat increases the bulk of soft tissue in the neck which can place a strain on the throat muscles. Excess stomach weight can also cause breathing difficulties.

Being 40 years of age or over

Although you can develop sleep apnoea at any age, it's more common in people who are over 40.

Having a large neck

Men with a collar size greater than around 43cm (17 inches) have an increased risk of developing OSA.

Smoking

You're more likely to develop sleep apnoea if you smoke.

Why are professional drivers particularly at risk?

Due to general lifestyle and working conditions, drivers seem to be much more susceptible to sleep apnoea. It is believed 41% of professional drivers in the UK have some form of sleep disorder with 16% of those suffering with sleep apnoea.

You **must** tell DVLA if you have obstructive sleep apnoea which affects your ability to drive safely.

Please remember the DVLA are not concerned with OSA, more the tiredness that goes with it so you will not lose your licence for seeking medical treatment. In fact, if you are suffering with OSA, seeking medical treatment will improve the likelihood of keeping your licence.

How is OSA treated?

The good news is OSA is treatable, but its best to seek medical advice as soon as possible to prevent any further episodes of interrupted sleep.

Referral to a sleep unit will almost always be necessary for suspected sufferers of sleep apnoea so that they can be diagnosed and offered treatment. Some simple approaches are also worth trying to reduce the causes of mild sleep apnoea:

- Losing weight.
- Stopping smoking.
- Sleeping on your side.
- Keeping the nose clear, for example by using a nasal spray, or raising the head end of the mattress.
- Reducing or stopping evening alcohol consumption.



Information and support

The following organisations offer further information, advice and support:

Brake

A road safety charity working to stop the tragedy of road deaths and injuries

web: www.brake.org.uk

The Sleep Apnoea Trust

Working to improve the lives of sleep apnoea patients, their partners and their families

web: www.sleep-apnoea-trust.org



Do you have sleep apnoea?

Take the quiz below to assess whether you may be suffering from sleep apnoea. If you snore excessively and have any of the additional problems listed in the quiz, please talk to your GP.

We emphasise treatment normally works so drivers should not be afraid of losing their licence if they seek treatment. 99% of drivers diagnosed with OSA keep their licence!

1. Do you snore loudly? Yes No
2. Does your bedroom partner complain about your snoring? Yes No
3. Does your snoring wake you up at night? Yes No
4. Do you or your bedroom partner notice that you make gasping and choking noises during sleep? Yes No
5. Do you have a dry mouth, sore throat or headache in the morning? Yes No
6. Do you often fall asleep during the daytime when you want to stay awake? Yes No
7. Are you often tired during the day? Yes No
8. Do you have high blood pressure? Yes No

The social vs the medical model of disability

For some time now disabled people have emphasised that it is not so much their disability that prevents them from fully participating in society, but instead it is the way in which society fails to make adjustments for their disability that excludes them.

This emphasis on changing the barriers put up by society, rather than seeing the disabled person as the 'problem', is known as the 'social model of disability'. In other words, disabled people are people with impairments/health conditions who are disabled by discrimination, exclusion, prejudice and negative attitudes towards disability. Their impairment is not the problem.

The 'medical model' attributes the problems resulting from a disability to medical conditions alone. It concentrates on a person's impairment. Rather than focusing on the barriers society throws up that prevents disabled people from participating equally, the 'medical model' focuses on what disabled people should do to adapt to fit into the world as it is. If they are unable to adapt, the medical model accepts their exclusion.

For example, while a mobility difficulty can have an adverse effect on a person's ability to walk, the fact that the transport system is inaccessible to them has a far greater effect on their ability to get around.

The law is unfortunately rooted in the medical model. It has been rightly criticised for focusing on an individual's impairments and their ability to carry out normal day-to-day activities, rather than on getting rid of the barriers society puts in the way of disabled people.

This booklet is designed to help understand how the law can support disabled members in the workplace and therefore tends to focus on the medical model.

The emphasis on changing the barriers put up by society, rather than seeing the disabled person as the 'problem', is known as the 'social model of disability'.

Usdaw contacts

To find out more about Usdaw or to join, phone our helpline on 0800 030 80 30, visit our website at www.usdaw.org.uk or contact your local office.

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Midlands Division

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North Eastern Division

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Scottish Division

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Improving workers' lives -
Winning for members
www.usdaw.org.uk/equalities

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