



Llywodraeth Cymru  
Welsh Government

# **Diagnostic & Therapy Services and Referral to Treatment Waiting Times Returns – Sleep Disordered Breathing**

**Implementation Date: 1<sup>st</sup> June 2019**

## **Supporting Definitions**

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### Introduction

The purpose of this document is to provide additional definitions to that contained in the Information Specification of DSCN 2019 / 06

### Background

DSCN 2019 / 06 increases the scope of the Diagnostic and Therapy Services Waiting Time and Referral to Treatment Times (Combined) returns to include additional diagnostic tests and treatments for sleep disordered breathing services for a 12 month pilot period. In addition to the list of disorders, tests and treatment within scope, the Standard stipulates that Tertiary Sleep Services are excluded, and that these typically these relate to Level 4 and some Level 3 patients.

**Supporting Definitions**

<p>Tertiary Sleep Service</p>	<p>Most patients seen in the “tertiary” service have sleep disorders other than sleep apnoea. Altogether, there are over 60 separate primary sleep disorders that are seen in this service. In addition, some patients with sleep apnoea have sleep symptoms that continue after treatment with CPAP. These patients will need assessment in the tertiary service.</p> <p>All patients referred to this service need clinical assessment by a Sleep Medicine Physician. Most will need advanced sleep studies.</p> <p>Advanced sleep studies include full Polysomnography (full PSG), Multiple Sleep Latency Test (MSLT), Maintenance of Wakefulness Test (MWT) and Actigraphy. Some patients need assessment for Orexin in the Cerebrospinal fluid (obtained at lumbar puncture). A few will need blood/urine tests for Melatonin metabolites to confirm Circadian Rhythm Sleep-Wake Disorders.</p> <p>The service also takes referrals for insomnia, which is not provided by sleep disordered breathing services. About 50% of patients referred for insomnia have other underlying sleep disorders, such as Restless Legs Syndrome (RLS), Periodic Limb Movement Disorder of sleep (PLMD) and Circadian rhythm Sleep-Wake Disorders (CRSWD). These patients need initial assessment by a sleep medicine physician followed by appropriate advanced sleep studies.</p> <p>Those patients whose main problem is insomnia will need Cognitive Behavioural Therapy for Insomnia (CBT-I), provided by a sleep psychologist. The sleep psychologist will not only see patients with insomnia, but also provide psychological support for patients with CPAP intolerance, Circadian Rhythm Sleep-Wake Disorders and other complex sleep problems.</p> <p>In summary, the tertiary sleep service provides clinical assessment, advanced sleep diagnostics, treatment and psychological support for the full spectrum of sleep disorders.</p>
<p>Level 3 Sleep Study</p>	<p>Home Polysomnography: Consists of at least 7 channels, measuring oxygen saturation, pulse rate, respiratory flow, respiratory effort, body position, snoring, electroencephalography for sleep staging (EEG), electro-oculography (EOG), electrocardiography (ECG), electromyography (EMG), leg EMG and audio recording.</p>
<p>Level 4 Sleep Study</p>	<p>Standards Attended Polysomnography: Consists of at least 7 channels, measuring oxygen saturation, pulse rate, respiratory flow, respiratory effort, body position, snoring, electroencephalography for sleep staging (EEG), electro-oculography (EOG), electrocardiography (ECG), electromyography (EMG), leg EMG, video and audio recording. The recording usually takes place within a</p>

	specialised sleep laboratory setting and may have a healthcare scientist in attendance throughout the study. Patients requiring Multiple Sleep Latency Test (MSLT) or Maintenance of Wakefulness Test (MWT) should have a Polysomnogram (PSG) performed the night before.
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