WRS FOR GP

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“NORMAL STOP-BANG. NORMAL EPWORTH. STILL SLEEP APNOEA.”

THE FIRST CLINICAL SIGNAL WAS NOT A SYMPTOM, BUT A CONSEQUENCE.

Shirley presented following a motor vehicle accident.
She did not report excessive sleepiness and felt her sleep was *“normal.”*

Subsequent sleep study demonstrated severe obstructive sleep apnoea.

Following CPAP therapy, she reported a clear improvement in daytime function—only then recognising that her prior state was not normal.

No prior suspicion of sleep apnoea had been raised before the event.



Here is the lesson from the case
Patients often calibrate their sense of *“normal”* to chronic sleep disruption.

As a result:
- Symptoms are under-reported
- Sleepiness may not be perceived
- Clinical suspicion is lowered

In many cases, the first “clinical signal” is not a symptom—but a ***consequence.***

THE DIAGNOSTIC BLINDSPOT

Obstructive sleep apnoea does not always present as:
- Loud snoring
- Daytime sleepiness
- Obesity

Instead, it often presents indirectly:
- Atrial fibrillation
- Resistant hypertension
- Depression / anxiety
- Chronic fatigue
- Motor vehicle or workplace incidents

These patients frequently do not identify themselves as sleepy.

Patients you are likely missing

- Fatigue without clear cause
- Cardiometabolic disease with “normal” sleep history
- Patients who report “sleeping fine” but remain unrefreshed
- Occupational or driving-related incidents without clear explanation



Why screening tools miss these patients

Epworth Sleepiness Scale

- Measures perceived sleepiness, not fatigue or cognitive impairment
- Relies on patient insight → often inaccurate

STOP-BANG questionnaire

- Weighted toward classical phenotype (male, obese, snoring)
- May not identify:
  Women, Non-obese patients, Asian

Refer when your clinical instinct disagrees with screening

- There is unexplained fatigue or functional impairment

- There are safety-critical concerns (e.g. driving, machinery)

FINAL THOUGHT

Absence of perceived sleepiness *does not* exclude significant sleep apnoea.

In many patients, the disease is only recognised *after* a consequence has occurred.

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