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This Issue in the Journal

Societal costs of obstructive sleep apnoea syndrome
Philippa H Gander, Guy Scott, Kara Mihaere, Helen Scott

Obstructive sleep apnoea syndrome (OSAS) is a treatable disorder in which people experience multiple breathing pauses during sleep. Untreated OSAS is associated with increased risk of other health problems and increased sleepiness, causing increased risk of accidents. This paper estimated the societal costs of OSAS among New Zealanders aged 30–59 yrs at $40 million per year (range $33–$90 million). The analyses suggest that treatment is very cost-effective, by comparison with pharmaceutical treatments that the government already funds for other conditions. Thus, this economic analysis supports the case for improving the availability and accessibility of services for the diagnosis and treatment of OSAS.

Exploring knowledge and attitudes of taxi drivers with regard to obstructive sleep apnoea syndrome
Ridvan T Firestone, Philippa H Gander

Obstructive sleep apnoea syndrome (OSAS) is a medical condition where a sufferers' airway is repetitively blocked completely or partially during evening sleep. It results in fragmented sleep, daytime sleepiness, high risk of motor vehicle accidents, and poor cognitive functioning. There is research that suggests that OSAS may be highly prevalent among professional drivers. Our study examined taxi drivers' attitudes about symptoms of OSAS (i.e. excessive daytime sleepiness, having a large neck size as a proxy measure of Body Mass Index (BMI), snoring, and whether they stopped breathing at night (as observed by their bed partners) and how these views influenced their health and safety behaviours as professional passenger drivers. We found that there is a lack of knowledge about OSAS symptoms and how they are managed by the health professional, driver, and company managers. This lack of awareness has led to drivers avoiding addressing these issues due to fear of loss of employment and income. Clear guidelines for professional drivers, company managers, and healthcare professionals on the diagnosis and management of sleep disorders among drivers, and the potential consequences for driver licensing is needed.

Improved speech discrimination after cochlear implantation in the Southern Cochlear Implant Adult Programme
Justine Bradley, Philip Bird, Penny Monteath, Elisabeth Wells

The Southern Cochlear Implant Programme provides cochlear implant services for adults and children with severe to profound deafness in the lower North Island and South Island. This study looked at the ability of adult patients to understand speech following cochlear implantation. The results show a huge improvement in the ability to understand speech, which compares highly favorably with results throughout the

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world. Older adults were able to benefit just as much as younger adults. The majority of the improvement occurred within six months of the people receiving their cochlear implants. Cochlear implantation can provide enormous improvements in hearing and quality of life for adults with severe to profound deafness.

Nasal fractures: patient satisfaction following closed reduction
Rachelle L Love

Nasal bone fracture can change the way the nose functions and looks. Surgery after nasal bone fracture aims to restore the nose to a satisfactory position. Results of surgery reported in the literature are mixed, with some authors advocating extensive surgery at the start in order to avoid the need for further surgery later on. This study demonstrates that manipulation of the nasal bones during a brief general anaesthetic is successful in restoring function and appearance in most patients and that few require further corrective surgery.

Self-dilation for refractory oesophageal strictures: an Auckland City Hospital study
Kenneth K S Wong, Dagmar Hendel

The oesophagus (gullet) may be narrowed as a result of injury and this may cause difficulty in swallowing. Traditionally, the area of narrowing can be re-expanded using a gastroscopy or video tube study but some patients need repeated procedures because of recurrent narrowing. The cost of repeated gastroscopies is expensive; patients can instead elect to use self-dilators which are specialised tubes that can be inserted by the patient through the oesophagus and are cost-effective as patients can do this without gastroscopy guidance. We report our experience of Auckland City Hospital patients using self-dilators and demonstrate that self-dilators are well-tolerated, easily administered and associated with minimal adverse outcomes. However, patients need proper education and ongoing support for this treatment to be effective.