

# Diagnosis and Treatment Indicators for Obstructive Sleep Apnea

## Risk Factors for OSA

Age, predominantly 40-70 year olds  
Anatomic abnormalities (upper airway, cranio-facial)  
Obesity (thick neck, central obesity)  
Menopause

## Symptoms of OSA

Snoring	Depression
Sleepiness	Hypertension
Nocturia	Diabetes
AM headaches	GERD
Irritability	CHF
Poor memory	Atrial fibrillation

## Diagnosis of OSA

Screening  
Sleep history, including OSA symptoms  
Physical exam, including BMI, neck girth, upper airway physiology, cardiopulmonary exam  
Epworth Sleepiness Scale or Berlin Questionnaire

## Polysomnography

### In-Lab Testing

If Sleep Apnea, REM Behavior Disorder, or prior to an MSLT  
If significant comorbid disease affecting sleep (HF, COPD, or neuromuscular disease)  
Allows for split-night protocols  
Patient factors (access, intensity of usual home care, etc.)  
Financial considerations: Plan coverage/OOP expense

### Home Testing

If dx of OSA is strongly suspected  
Absence of complicated HF or COPD  
Pre-operative screening prior to surgery  
Patient/caregiver able to operate testing equipment  
Financial considerations: Plan coverage/OOP expense

## Treatment of OSA – Candidate Profiles

### Lifestyle/ Conservative Therapies

Weight loss  
Avoidance of alcohol, tobacco, medications  
Sleep positioning  
Regular exercise  
Treat associated conditions / consequences such as nasal sinus allergies/obstruction, GERD, depression

### CPAP

AHI  $\geq 15$   
AHI  $\geq 5$  with symptoms

### Bilevel PAP

Patients requiring or poorly tolerant of high pressure  
Restrictive lung disease or hypoventilation state

### Oral Appliance

Snoring  
Mild-moderate OSA  
Patient preference  
Not candidate for CPAP  
CPAP or surgery failure  
Necessary teeth present

### Surgery

Children  
Adults with severe OSA  
Intolerance to CPAP  
Refractory to CPAP  
Anatomical obstructions  
Morbid obesity  
Ancillary, curative or salvage