

Obstructive Sleep Apnea(OSA) Screening and Diagnostic Barriers: A Survey among Outpatient Medicine Residents

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Rationale

- Obstructive sleep apnea has been shown to increase the risk of diabetes, metabolic syndrome, coronary artery disease, heart failure, stroke. But, due to difficulty in detecting OSA, it has been underdiagnosed despite high prevalence.
- Primary care clinics are important in detecting OSA patients. But clinical practice varies depending on providers.
- In 2021, American Heart Association recommended screening patients with resistant/poorly controlled hypertension, pulmonary hypertension, recurrent atrial fibrillation.

Purpose

- This study was performed to identify barriers to OSA detection in primary care settings and to improve the practice of the OSA detection.

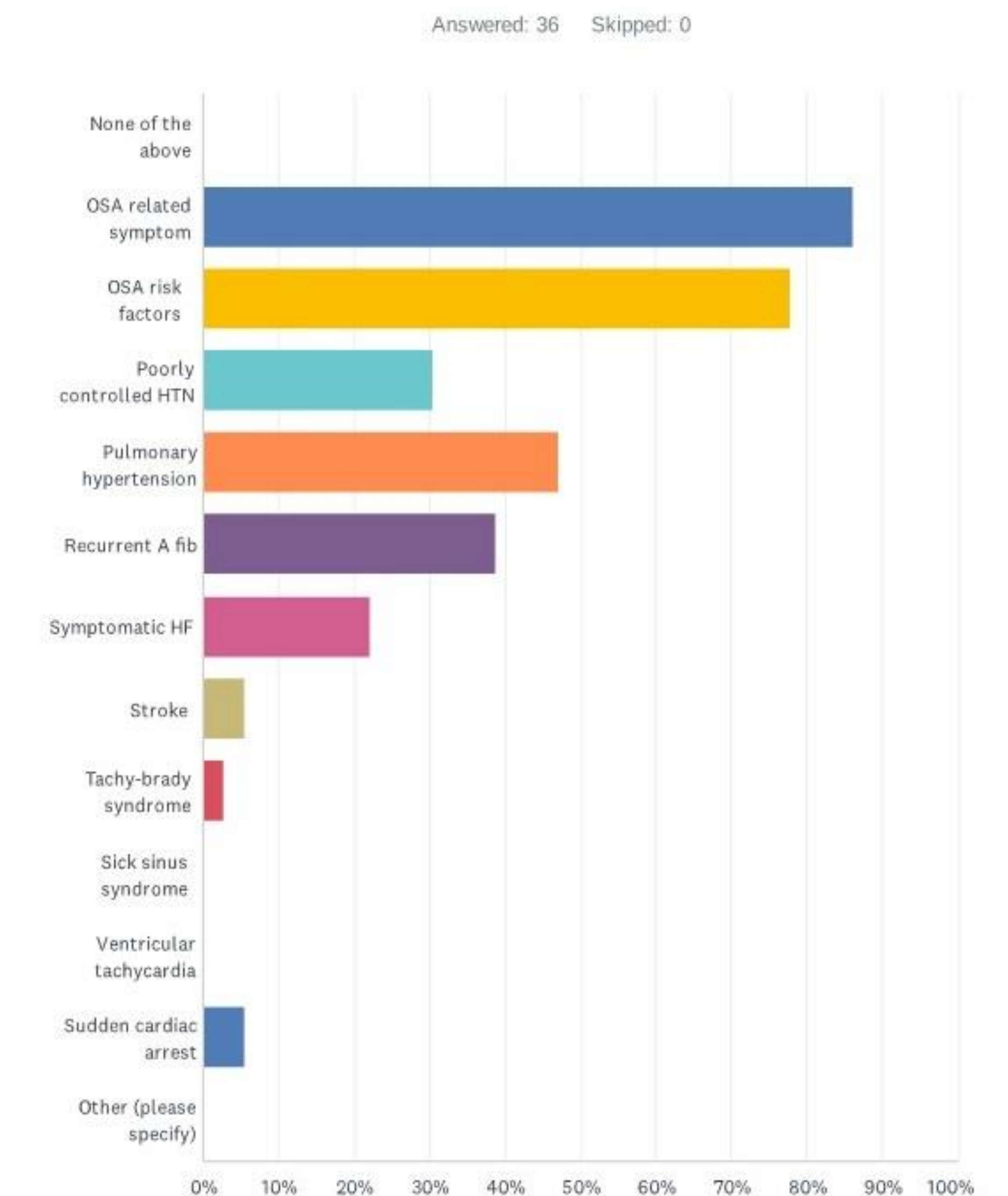
Conclusion

- Highlighting the need for OSA screening is important for patients with uncontrolled hypertension, pulmonary hypertension, and recurring atrial fibrillation.
- Additional measures need be taken to boost the frequency of OSA screening and referrals. Our next steps are to stream line the process of referral.

Description

- 36 residents (92%) replied to the survey. Most residents (86%) reported having exposure to OSA in the clinic, choosing sometimes/usually
- Regarding OSA screening, symptoms (86%) and risk factors (78%) are the main trigger for screening OSA. However, a lower percentage of residents reported they screen patients with poorly controlled hypertension (30%), pulmonary hypertension (47%), recurrent atrial fibrillation (39%). This is concerning as poorly controlled hypertension is often evaluated in primary care settings. From this survey, we show that further education in residents will be necessary.
- Also, the survey revealed multiple barriers for referral to a sleep specialist. Limited residents (61%) screened patients with OSA symptoms, choosing always/usually. The reasons not to screen were time strain (50%), less priority (50%), socioeconomic condition (43%), patient's indifference (36%). Similarly, 56% of residents referred the patients with positive screening to specialists for similar reasons. This is partially explained by low awareness of OSA as a risk factor. Only a limited number of residents (47%) always/usually considered OSA as risk factors for conditions such as coronary artery disease, stroke, atrial fibrillation.
- As limitation for this analysis, our clinic is Federally Qualified Health Center, where many patients have difficulty getting coverage for polysomnography. But a significant portion of patients with no income or low income can get hospital care payment assistance, which makes OSA treatment feasible for those patients.

Which patient do you assess the risk of obstructive sleep apnea(OSA)? (multiple choice)



Reference

- 1. Yeghiazarians Y, Jneid H, Tietjens JR, et al. Obstructive Sleep Apnea and Cardiovascular Disease: A Scientific Statement From the American Heart Association [published correction appears in Circulation. 2022 Mar 22;145(12):e775]. Circulation. 2021;144(3):e56-e67. doi:10.1161/CIR.0000000000000988
- 2. McEvoy RD, Antic NA, Heeley E, et al. CPAP for Prevention of Cardiovascular Events in Obstructive Sleep Apnea. N Engl J Med. 2016;375(10):919-931. doi:10.1056/NEJMoa1606599