

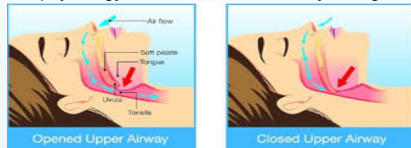
Obstructive Sleep Apnea (OSA) in Women in a Primary Care Practice



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Introduction

Pathophysiology of OSA: closure of airway during sleep



- OSA is a precursor to negative cardiovascular outcomes: stroke, heart attacks, hypertension, sudden death
- ~1 in 4 adults in the U.S. have OSA
- Estimate of cost of undiagnosed OSA in the U.S. ~ \$26 billion
- Women are less likely to be diagnosed than men
- Women have worse CV outcomes than men due to late diagnoses

Purpose

Implement an assessment tool for women and men with co-morbidities of HTN and BMI ≥ 35 to consistently identify high-risk patients for OSA and refer for definitive diagnosis sleep study and treatment to prevent negative cardiovascular outcomes

Methodology

- Quasi-experimental, Quality Improvement Project
- Compared 12 weeks pre and post implementation # of sleep study referrals for OSA

Subjects convenience sample:

- Male or female
- Ages 18-75
- Co-morbidities obesity and hypertension
- Non-pregnant
- Own healthcare decisionmaker
- English-speaking
- Not already diagnosed OSA

What Do You Do if OSA is Suspected: STOP-BANG

STOP Questionnaire	BANG
• Snoring	• BMI >35
• Tiredness	• Age >50
• Observed you stop breathing	• Neck circumference >40 cm (>15.7")
• Blood Pressure	• Gender male

High risk: Yes to ≥ 3 items \rightarrow Refer for sleep testing

Low risk OSA: 0-2
Intermediate risk OSA: 3-4
High risk OSA: 5-8

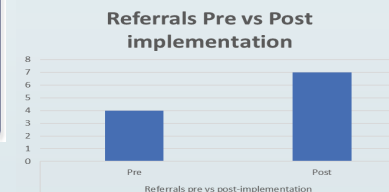
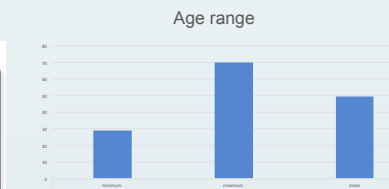
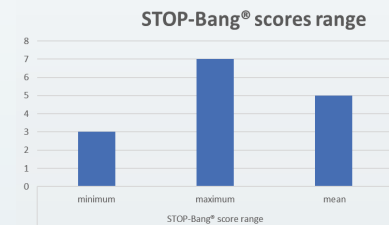


Results

n=11

Cronbach's alpha for tool was .098

STOP-Bang® Scores 3 to 7; all pts. were intermediate to high risk for OSA.



Increased overall referrals by 75%, increased women referrals by 50%

Conclusion

Clinical Significance:

- STOP-Bang® tool effective in identifying intermediate and high-risk patients for OSA sleep study in primary care setting
- Patients may be experiencing OSA symptoms before age 50

- Use of a consistent assessment tool increases identification of OSA risk

Limitations of the study:

- Small sample size made parametric testing impossible
- Conclusions must be interpreted with caution due to small sample size
- Provider compliance was a barrier
- Higher number of females were in the sample

References

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