Evaluation, Management and Long-Term Care of OSA in Adults

PRACTICE STANDARDS
EVOLVE SLEEP

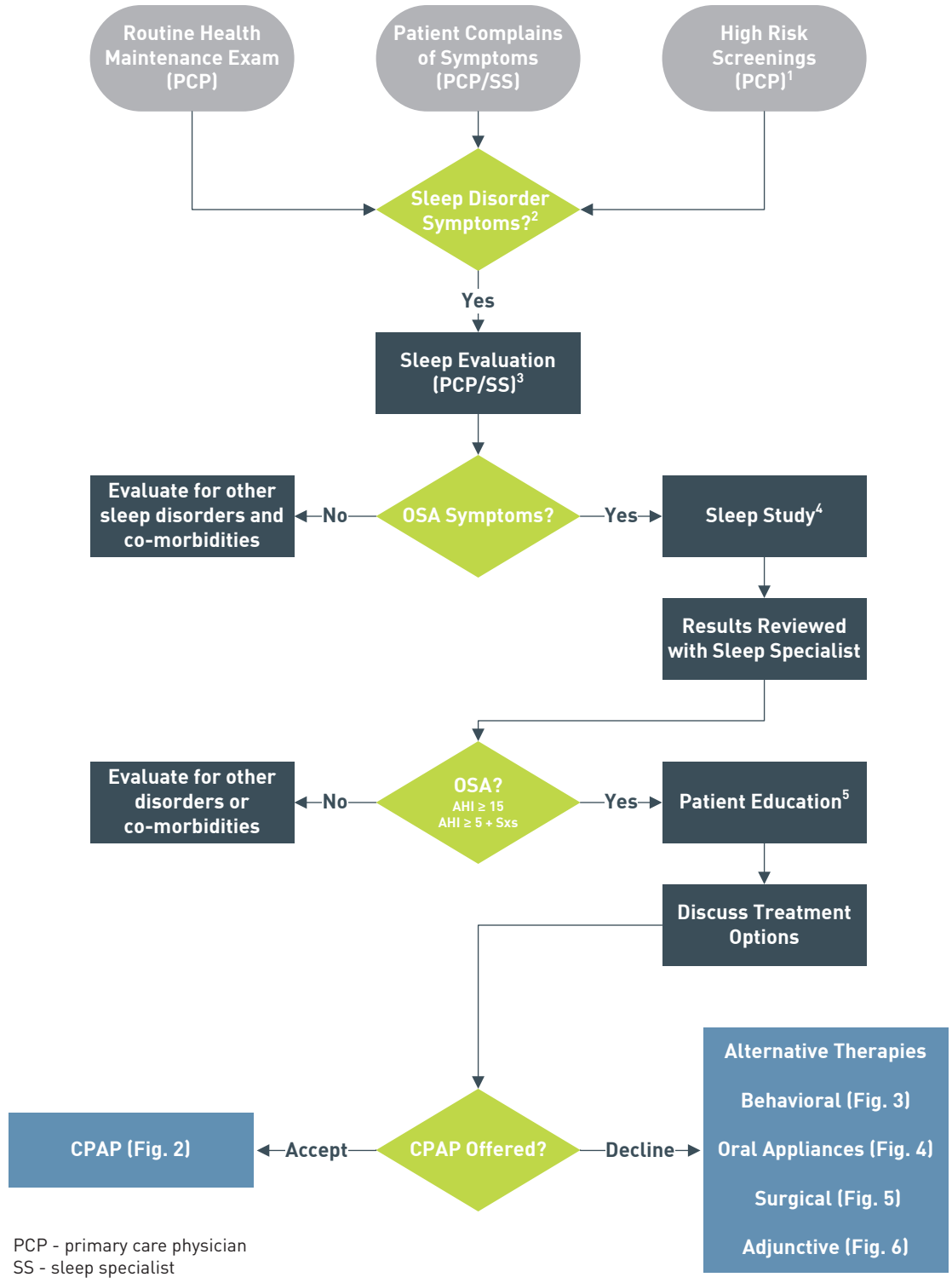
AUGUST 2015

Providing diagnostic tools and therapies that are evidence-based is a key part of a successful sleep practice. This Evolve Sleep resource outlines the recommended process for evaluating and treating patients with obstructive sleep apnea.

ADAPTED FROM

Epstein LJ, Kristo D, Strollo PJ, Friedman N, Malhotra A, Patil SP, Ramar K, Rogers R, Schwab RJ, Weaver EM, Weinstein MD. Clinical guideline for the evaluation, management and long-term care of obstructive sleep apnea in adults. *J Clin Sleep Med* 2009;5(3):263–276

Fig. 1 Evaluation



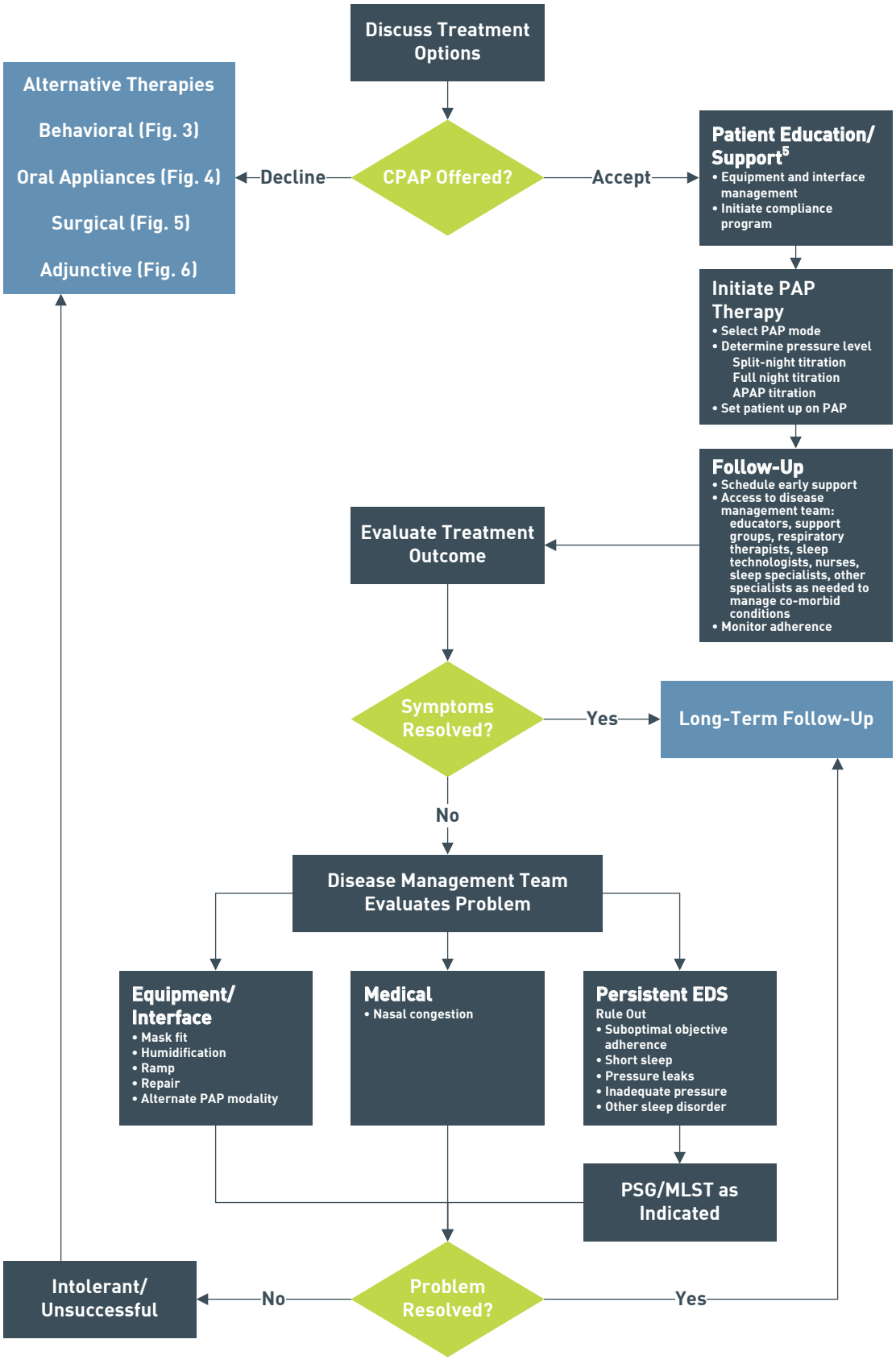
PCP - primary care physician
SS - sleep specialist

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Fig. 2 CPAP Treatment

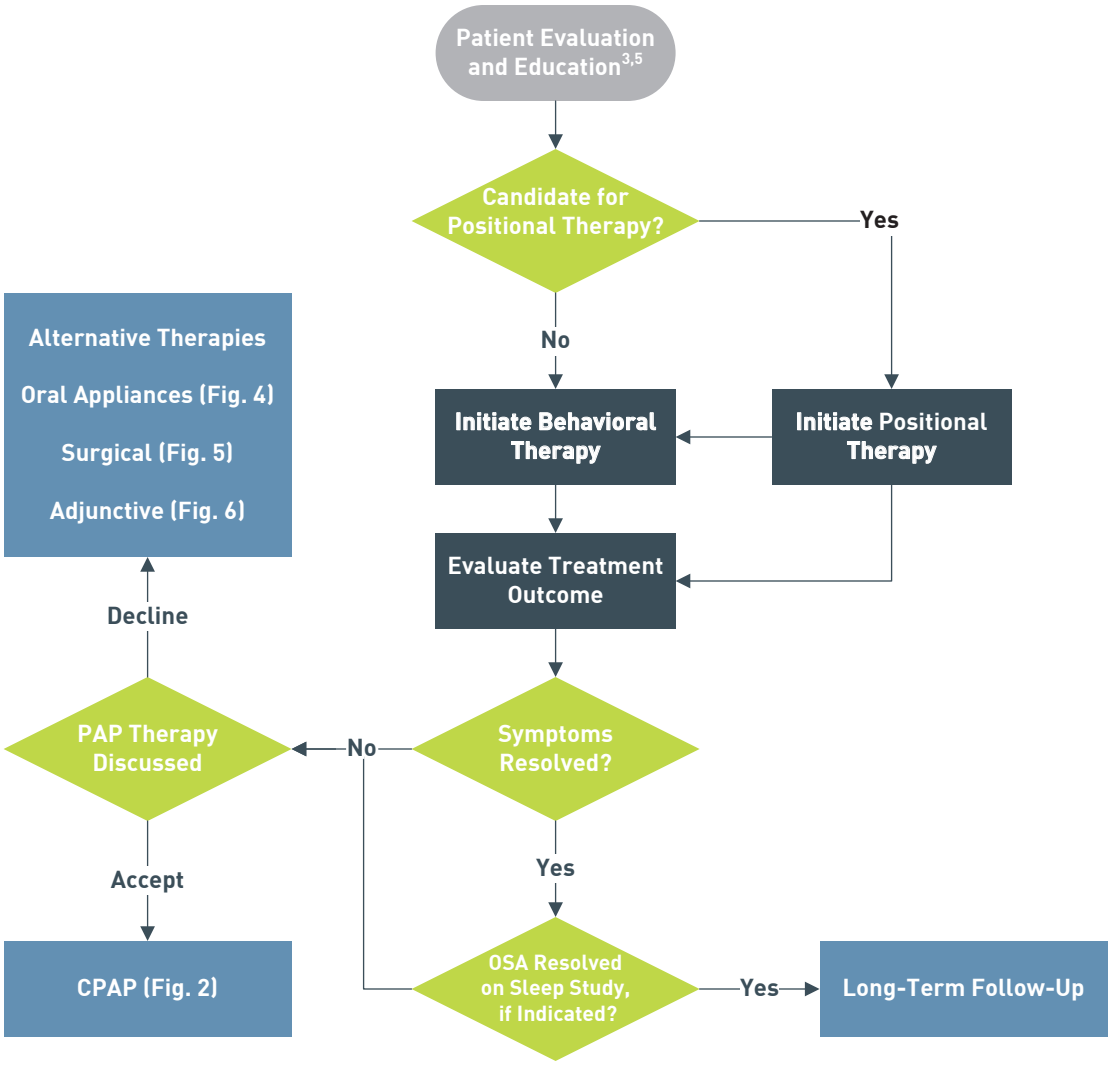


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Fig. 3 Behavioral Treatment

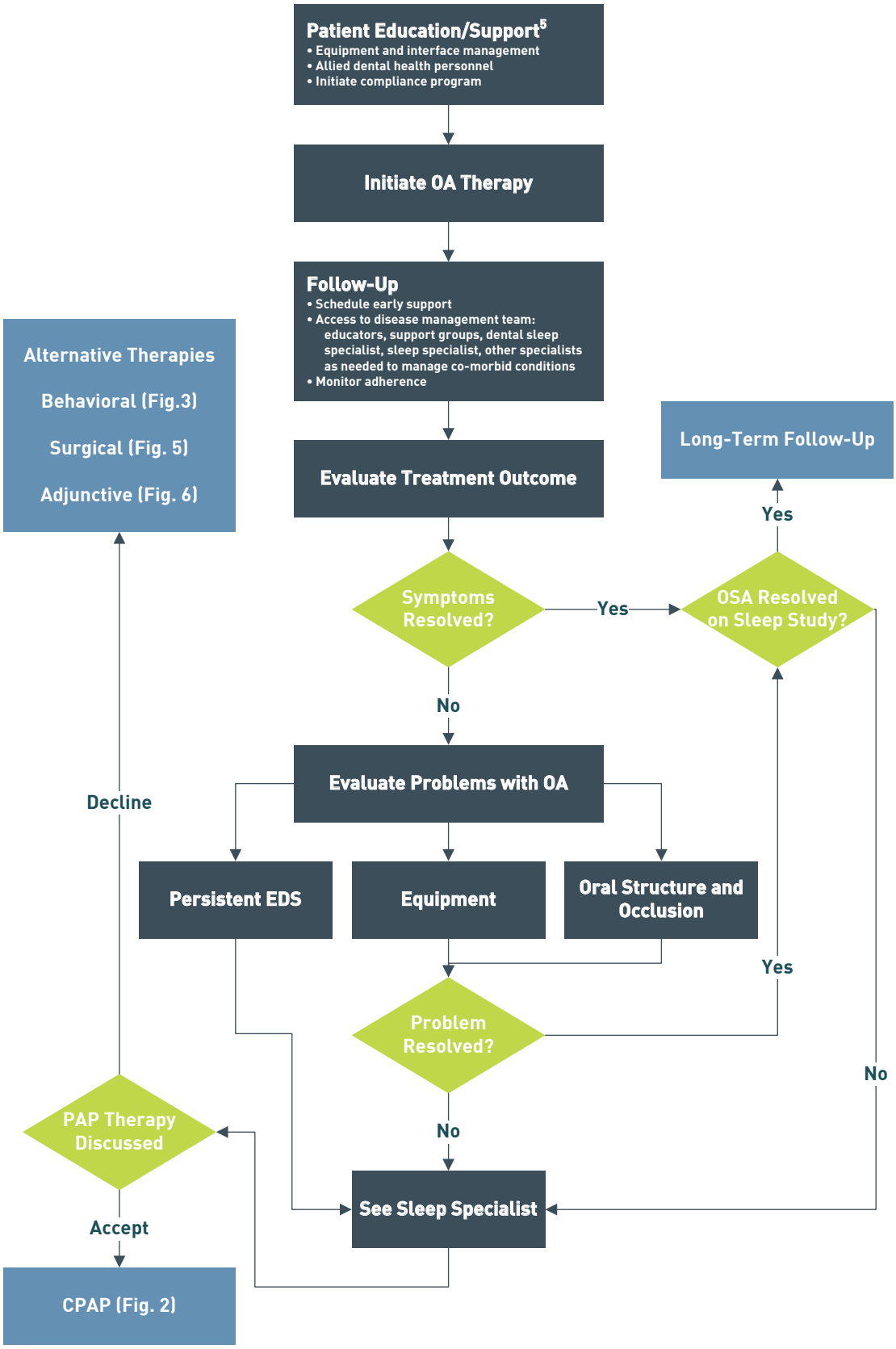


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Fig. 4 Oral Appliance Treatment

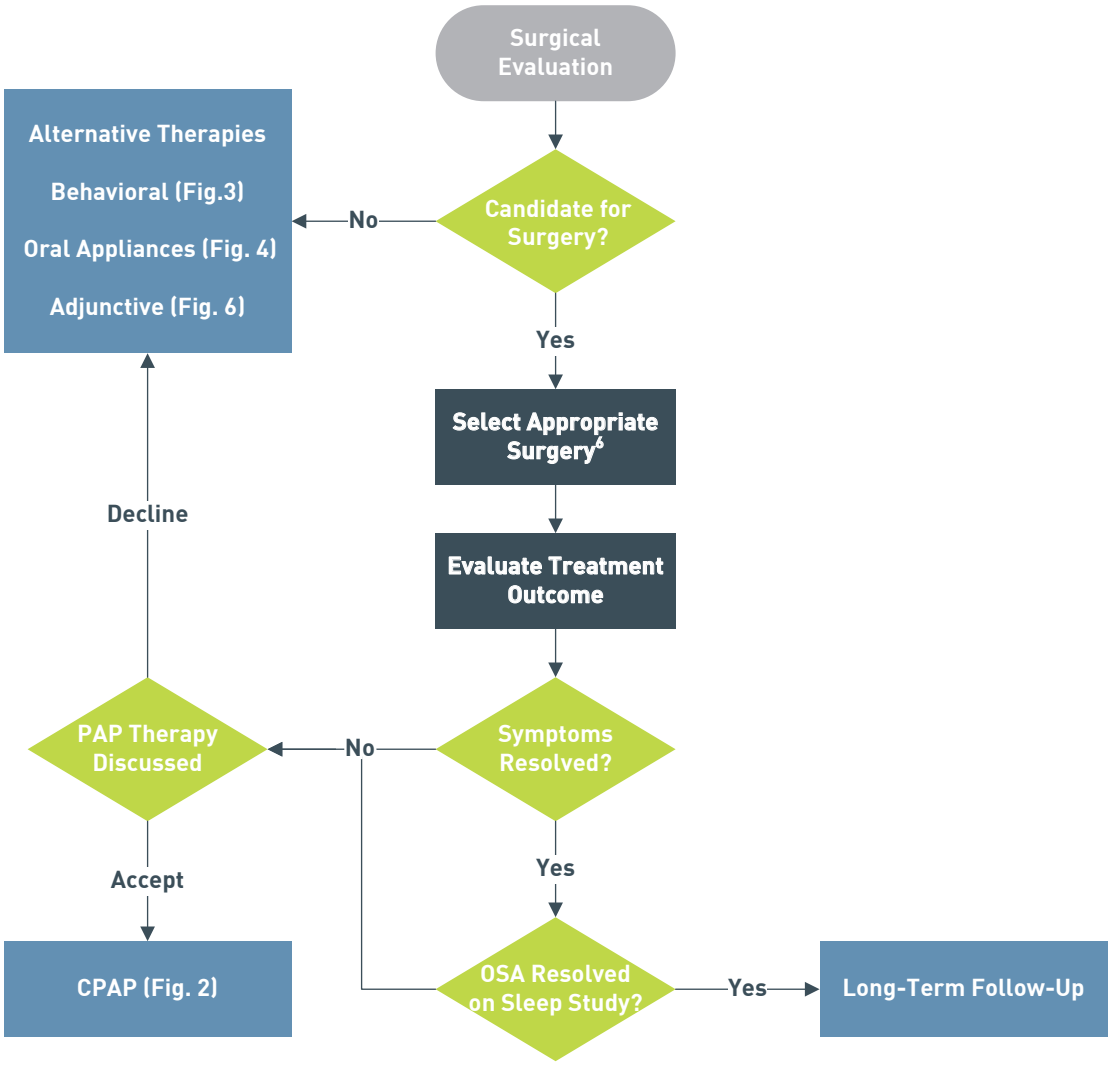


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Fig. 5 Surgical Treatment

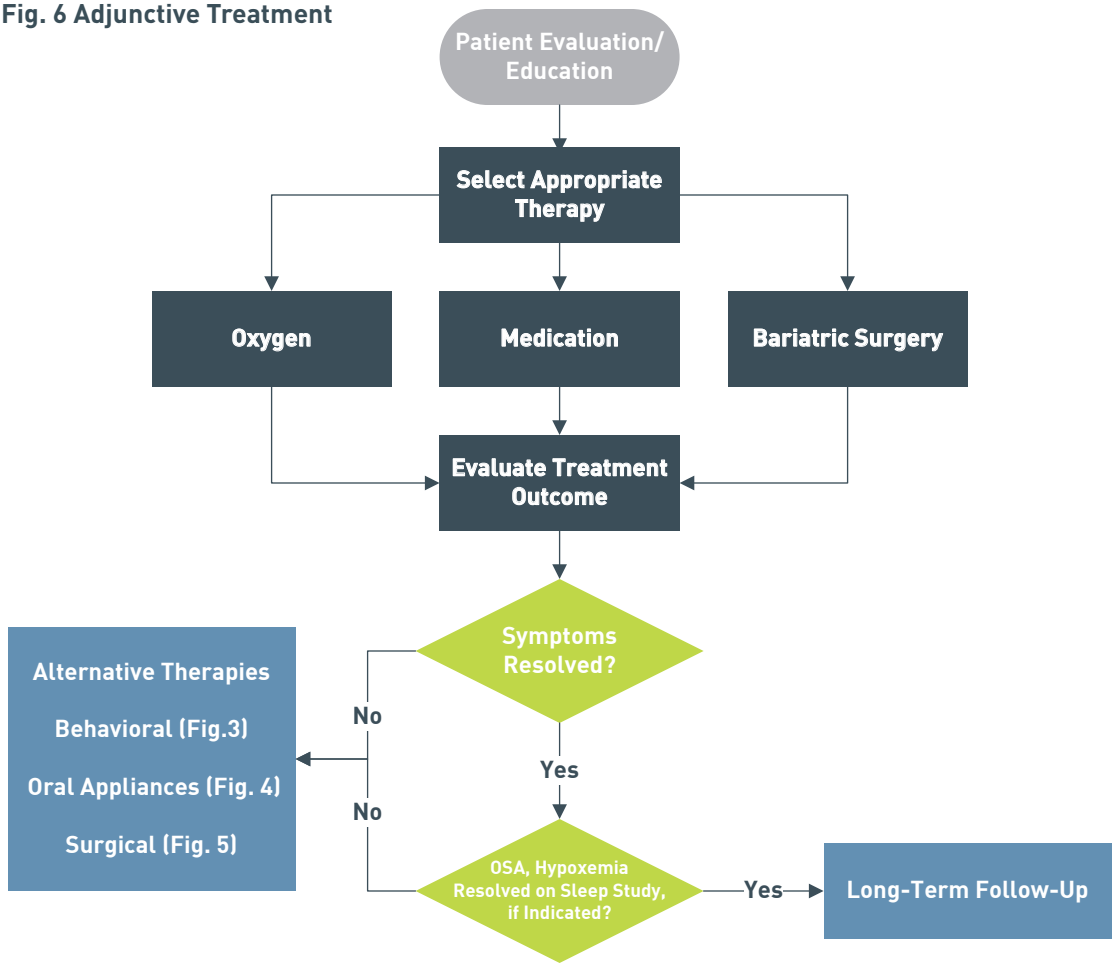


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Fig. 6 Adjunctive Treatment



END NOTES

1. Patient characteristics that indicate they are high risk for OSA include: obesity (BMI >35), congestive heart failure, atrial fibrillation, treatment refractory hypertension, type 2 diabetes, nocturnal dysrhythmias, stroke, pulmonary hypertension, member of a high-risk driving population, and preoperative for bariatric surgery.
2. Along with reviewing the patient's past medical history and physical evaluations, the following are questions about OSA that should be included in routine health maintenance: Is the patient obese? Is the patient retrognathic? Does the patient complain of daytime sleepiness? Does the patient snore? Does the patient have hypertension? The patient should also be assessed for OSA risk factors.
3. The following sleep disorder symptoms should be evaluated during a comprehensive sleep evaluation: witnessed apneas; snoring, gasping, or choking at night; excessive sleepiness not explained by other factors; nonrefreshing sleep; total sleep amount; sleep fragmentation/maintenance insomnia; nocturia; morning headaches; decreased concentration; memory loss; decreased libido; and irritability.
4. Sleep studies can include polysomnography (full night or split-night), home sleep apnea testing, and/or other sleep procedures.
5. Components of patient education programs for sleep medicine include: discussion of the patient's sleep study and the severity of their disease; pathophysiology of OSA; explanation of the natural course of the disease and associated disorders; risk factor identification, explanation of exacerbating factors, and risk factor modification; genetic counseling when indicated; treatment options; what to expect from treatment; an outline of the patient's role in treatment, addressing their concerns, and setting goals; consequences of untreated disease; drowsy driving/sleepiness counseling; and patient quality assessment and other feedback regarding evaluation.
6. **Upper airway bypass procedure:** tracheotomy. **Nasal procedures:** septoplasty, functional rhinoplasty, nasal valve surgery, turbinate reduction, nasal polypectomy, endoscopic procedures. **Oral, oropharyngeal, and nasopharyngeal procedures:** uvulopalatopharyngoplasty and variations, palatal advancement pharyngoplasty, tonsillectomy and/or adenoidectomy, excision of tori mandibularis, palatal implants. **Hypopharyngeal procedures:** TONGUE REDUCTION: partial glossectomy, tongue ablation, lingual tonsillectomy; TONGUE ADVANCEMENT/STABILIZATION: genioglossus advancement, hyoid suspension, mandibular advancement, tongue suspension. **Laryngeal procedures:** epiglottoplasty, hyoid suspension. **Global airway procedures:** maxillomandibular advancement, bariatric surgery.

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