

Timing of test, surgery, insurance examined in sleep-disordered-breathing cases

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Children with public insurance waited longer after initial evaluation for sleep-disordered breathing (SDB) to undergo polysomnography (PSG, the gold standard diagnostic test) and also waited longer after PSG to have surgery to treat the condition with adenotonsillectomy (AT) compared with children who were privately insured, according to a report published online by *JAMA Otolaryngology-Head & Neck Surgery*.

Low socioeconomic status (SES) is a barrier to quality care and improved health outcomes. SDB is a spectrum of sleep disruption that ranges from snoring to obstructive sleep apnea (OSA). Low SES is a risk factor for SDB. PSG is an overnight sleep test and is the standard for diagnosing OSA, according to the study background.

Emily F. Boss, M.D., M.P.H., of the Johns Hopkins School of Medicine, Baltimore, and co-authors examined the timing of PSG in relation to ultimate surgical therapy with AT and the differences based on SES as measured by receipt of public insurance. The study looked at patients newly evaluated for SDB over a three-month period in outpatient pediatric otolaryngology clinics who did not have a prior PSG ordered and had a minimum of one year of follow-up.

A total of 136 children (without PSG) were evaluated and 62 children (45.6 percent) had public insurance. Polysomnography was recommended for 55 children (27 of 55 [49 percent] with public insurance vs. 28 of 55 [50 percent] with private insurance), according to the study results. After the initial visit, 24 of 55 children with PSG

requested (44 percent) were lost to follow-up regardless of insurance status.

Results show children with public insurance who obtained PSG waited longer between the initial encounter and PSG (average interval, 141.1 days) than children who were privately insured (average interval, 49.9 days). For children who ultimately had surgery after getting a PSG (n=14), the average time to AT was longer for children with [public insurance](#) (222.3 days vs. 95.2 days).

"To our knowledge, this is the first study to evaluate differences in timing by insurance status of PSG and [surgery](#) for [children](#) with SDB. Findings from this study, while profound, should be further validated with patient-level prospective research prior to formal changes in practice or policy," the authors note.

More information: *JAMA Otolaryngol Head Neck Surg.* Published online December 11, 2014. [DOI: 10.1001/jamaoto.2014.3085](https://doi.org/10.1001/jamaoto.2014.3085)

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