

# Clinical pathway uncovers obstructive sleep apnea in hospitalized patients

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Obstructive Sleep Apnea (OSA) remains under-recognized in hospitalized patients, despite being associated with cardiovascular complications and sudden death. A multi-disciplinary group of researchers and physicians at Thomas Jefferson University and Hospitals have created a clinical pathway, or screening process, to identify the disorder in higher-risk, hospitalized patients and recently published the results in the *Journal of Clinical Sleep Medicine*.

"The results showed that our screening process identified [sleep disordered breathing](#) in 87 percent of patients who followed up with a polysomnography," said first author Sunil Sharma, M.D., F.A.A.S.M., Associate Professor of Pulmonary Medicine in the Sidney Kimmel Medical College at Thomas Jefferson University. "We confirmed the high prevalence of undetected sleep disordered breathing among hospitalized patients and also validated a low-cost protocol to detect it."

The researchers piloted the program in patients admitted to the hospital under cardiology, internal medicine and family medicine. Those patients with a body mass index over 30, a known risk factor for [sleep apnea](#), were automatically screened with the Snoring, Tiredness during daytime, Observed apnea, high blood Pressure (STOP) Questionnaire.

If the patient screened positive, they received a formal sleep consult during their hospital stay and underwent overnight pulse-oximetry testing, which assessed the patient's [oxygen desaturation](#) index (ODI). The researchers hypothesized that patients who were positive on the

STOP questionnaire and experienced a high oxygen desaturation during the night, might be experiencing sleep apnea.

Patients with a high ODI were recommended to undergo overnight polysomnography as an outpatient. Of those who followed up with the recommended polysomnography (n=149), 87 percent (n=129) were diagnosed with sleep disordered breathing. The authors were able to show that overnight pulse-oximetry, a simple low-cost device used in hospitalized settings, co-relates well with polysomnography.

Interestingly, the authors also noted an increasing number of direct sleep medicine consult requests after implementing the program, suggesting that the new screening process increased awareness among admitting physicians and house staff.

"Sleep disordered breathing is associated with [cardiovascular complications](#) and [sudden death](#)," Dr. Sharma said. "This study should be of great interest to hospitals looking at ways to reduce complications. Recent data suggests that for inpatients with cardiovascular disorders, early diagnosis and intervention for sleep apnea may lead to reduced readmission rates."

**More information:** *Journal of Clinical Sleep Medicine*, [www.aasmnet.org/jcsm/ViewAbstract.aspx?pid=30090](http://www.aasmnet.org/jcsm/ViewAbstract.aspx?pid=30090)

Provided by Thomas Jefferson University

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