

# AASM publishes new guideline for diagnostic testing for adult sleep apnea

March 14 2017

Table 5—Summary of recommendations.

Recommendation Statement	Strength of Recommendation	Evidence Quality	Benefits versus Harms	Patient Values and Preferences
1. We recommend that clinical tools, questionnaires or prediction algorithms not be used to diagnose OSA in adults, in the absence of PSG or HSAT.	Strong	Moderate	High certainty that harms outweigh benefits	Vast majority of well-informed patients would most likely not choose clinical tools, questionnaires or prediction algorithms for diagnosis
2. We recommend that PSG, or HSAT with a technically adequate device, be used for the diagnosis of OSA in uncomplicated adult patients presenting with signs and symptoms that indicate an increased risk of moderate to severe OSA.	Strong	Moderate	High certainty that benefits outweigh harms	Vast majority of well-informed patients would want PSG or HSAT
3. We recommend that if a single HSAT is negative, inconclusive or technically inadequate, PSG be performed for the diagnosis of OSA.	Strong	Low	High certainty that benefits outweigh harms	Vast majority of well-informed patients would want PSG performed if the initial HSAT is negative, inconclusive, or technically inadequate
4. We recommend that PSG, rather than HSAT, be used for the diagnosis of OSA in patients with significant cardiorespiratory disease, potential respiratory muscle weakness due to neuromuscular condition, awake hypoventilation or suspicion of sleep related hypoventilation, chronic opioid medication use, history of stroke or severe insomnia.	Strong	Very Low	High certainty that benefits outweigh harms	Vast majority of well-informed patients would most likely choose PSG to diagnose suspected OSA
5. We suggest that, if clinically appropriate, a split-night diagnostic protocol, rather than a full-night diagnostic protocol for PSG be used for the diagnosis of OSA.	Weak	Low	Low certainty that benefits outweigh harms	Majority of well-informed patients would most likely choose a split-night diagnostic protocol to diagnose suspected OSA
6. We suggest that when the initial PSG is negative, and there is still clinical suspicion for OSA, a second PSG be considered for the diagnosis of OSA.	Weak	Very low	Low certainty that benefits outweigh harms	Majority of well-informed patients would most likely choose a second PSG to diagnose suspected OSA when the initial PSG is negative and there is still a suspicion that OSA is present

A summary of the recommendation statements in the Clinical Practice Guideline for Diagnostic Testing for Adult Obstructive Sleep Apnea, including the strength of recommendation and quality of evidence. Credit: American Academy of Sleep Medicine

A new clinical practice guideline from the American Academy of Sleep Medicine establishes clinical practice recommendations for the diagnosis of obstructive sleep apnea in adults.

The guideline, which is published in the March 15 issue of the *Journal of Clinical Sleep Medicine*, describes the circumstances under which attended polysomnography in an accredited [sleep](#) center or home sleep apnea testing should be performed for suspected [obstructive sleep apnea](#). Developed by an expert task force of board-certified sleep medicine physicians and approved by the AASM board of directors, the guideline was based on a systematic literature review, meta-analyses, and assessment of the evidence using the GRADE methodology. A draft of the guideline was previously made available for public comment.

"This [clinical practice guideline](#) provides important recommendations for the diagnosis of obstructive sleep apnea, a chronic disease that afflicts millions of people in the U.S.," said AASM President Dr. Ronald D. Chervin. "Because people who suffer from untreated sleep apnea have an increased risk of numerous health problems, including hypertension and cardiovascular disease, the accurate diagnosis of obstructive sleep apnea is essential for achieving optimal health through better sleep."

It is estimated that [nearly 30 million adults](#) in the U.S. have obstructive sleep apnea, which is a sleep-related breathing disorder characterized by repetitive episodes of complete or partial upper airway obstruction occurring during sleep. One treatment option for obstructive sleep apnea is continuous positive airway pressure (CPAP) therapy, which uses mild levels of air pressure, provided through a mask, to keep the throat open while you sleep.

The task force identified two "good practice statements" that underpin the provision of high quality care for the diagnosis of obstructive sleep

apnea: that diagnostic testing for obstructive sleep apnea should be performed in conjunction with a comprehensive sleep evaluation and adequate follow-up, and that polysomnography is the standard diagnostic test for adult patients in whom obstructive sleep apnea is suspected based on a comprehensive sleep evaluation.

The new clinical practice guideline combines and updates recommendations from previous practice parameters and clinical guidelines published in 2005 and 2007. One of the guideline's 6 recommendations is that both polysomnography and home sleep apnea testing are diagnostic testing options for uncomplicated adult patients who have an increased risk of moderate to severe sleep apnea. This level of risk is indicated by the presence of excessive daytime sleepiness and at least two of the following three criteria: habitual loud snoring, witnessed apnea or gasping or choking, or diagnosed hypertension.

However, the task force found that home sleep apnea testing has not been adequately validated or demonstrated to provide favorable clinical outcomes and efficient care in certain patient populations with complicating conditions. Therefore, the guideline recommends that polysomnography, rather than home sleep apnea testing, be used for the diagnosis of obstructive sleep apnea in patients with significant cardiorespiratory disease; potential respiratory muscle weakness due to neuromuscular condition; awake hypoventilation or suspicion of sleep-related hypoventilation; chronic opioid medication use; or a history of stroke or severe insomnia.

As the most comprehensive method of evaluating sleep, attended overnight polysomnography in an accredited sleep center typically measures the following parameters, which allow for the identification of sleep stages and the detection of a variety of sleep disorders: brain waves; eye, chin and leg movements; airflow, respiratory effort and oxygen saturation; body position; and the electrical activity of the heart.

Home sleep apnea testing uses limited-channel devices that gather less data, typically recording only airflow, respiratory effort and oxygen saturation to identify sleep-disordered breathing. Recognizing that clinical expertise is required to make an accurate diagnosis based on this limited data, the task force noted that home sleep apnea testing is to be administered by an accredited sleep center under the supervision of a board-certified sleep medicine physician, or a board-eligible [sleep medicine](#) provider.

Anyone who has warning signs of obstructive sleep apnea such as snoring, gasping or choking during sleep should discuss these symptoms with a doctor. Help for obstructive sleep apnea is available from more than 2,500 sleep centers that are accredited by the American Academy of Sleep Medicine.

**More information:** *Journal of Clinical Sleep Medicine*, [DOI: 10.5664/jcsm.6506](#)

Provided by American Academy of Sleep Medicine

Citation: AASM publishes new guideline for diagnostic testing for adult sleep apnea (2017, March 14) retrieved 19 April 2024 from <https://medicalxpress.com/news/2017-03-aasm-publishes-guideline-diagnostic-adult.html>

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