

# ATS publishes clinical guideline on obesity hypoventilation syndrome

August 1 2019

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New ATS clinical practice guidelines on obesity hypoventilation syndrome released. Credit: ATS

The American Thoracic Society has published an official [clinical guideline on the evaluation and management of obesity hypoventilation](#)

[syndrome](#) in the Society's Aug. 1 *American Journal of Respiratory and Critical Care Medicine*.

Obesity hypoventilation syndrome (OHS) is a breathing disorder that affects some people who are obese, causing them to have too much carbon dioxide and too little oxygen in their blood. Medically, OHS is defined by the combination of obesity (body mass index  $\geq 30$  kg/m<sup>2</sup>), sleep-disordered breathing and awake daytime hypercapnia (awake resting partial pressure of arterial CO<sub>2</sub> or PaCO<sub>2</sub>  $\geq 45$  mmHg at sea level), after excluding other causes for hypoventilation.

Studies have estimated that 8-20 percent of [obese patients](#) with [sleep apnea](#) have this potentially life-threatening condition. According to the authors of the guideline, most patients with OHS are undiagnosed or misdiagnosed, jeopardizing their health and resulting in increased [health care costs](#).

"The purpose of the guideline is to improve early recognition of OHS and advise clinicians concerning the management of OHS, with the goal of reducing variability in [clinical practice](#) and optimizing the evaluation and management of patients with OHS," said guideline panel chair Babak Mokhlesi, MD, MSc, a pulmonologist and a sleep specialist who is a professor of medicine and director of the Sleep Disorders Center and the Sleep Medicine Fellowship training program at the University of Chicago. "The panel believes that early recognition and effective treatment of OHS are important in improving morbidity and mortality."

The panel of 18 experts who produced the guideline included pulmonologists with expertise in sleep-disordered breathing, sleep specialists, a respiratory therapist, a critical care physician, a pulmonary hypertension specialist, an expert in weight reduction and a patient. The group reviewed the results of a systematic search of clinically relevant questions and focused on patient-centered outcomes, such as improving

quality of life and quality of sleep, [daytime sleepiness](#), gas exchange, need for [supplemental oxygen](#), hospital resource utilization and death.

Using the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) framework, the panel made five recommendations:

1) that clinicians use a serum bicarbonate level

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