

Thomas Jefferson University Jefferson Digital Commons

Phase 1 Class of 2022

1-2020

Primary Care Obstructive Sleep Apnea Screening (PCOSA)

Alyssa Givens

Thomas Jefferson University, alyssa.givens@jefferson.edu

Risa Goldberg

Thomas Jefferson University, risa.goldberg@jefferson.edu

Cynthia Cheng, MD, PhD

Thomas Jefferson University, Cynthia. Cheng@jefferson.edu

Follow this and additional works at: https://jdc.iefferson.edu/si_ctr_2022_phase1

Part of the Family Medicine Commons, Sleep Medicine Commons, and the Translational Medical Research Commons

Let us know how access to this document benefits you

Recommended Citation

Givens, Alyssa; Goldberg, Risa; and Cheng, MD, PhD, Cynthia, "Primary Care Obstructive Sleep Apnea Screening (PCOSA)" (2020). *Phase 1.* Paper 64. https://jdc.jefferson.edu/si_ctr_2022_phase1/64

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's Center for Teaching and Learning (CTL). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Phase 1 by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.

SI/CTR Abstract

Word count: 250 words

Primary Care Obstructive Sleep Apnea Screening (PCOSA)

Alyssa Givens, Risa Goldberg**, Cynthia Cheng, MD, PhD*

Introduction: Obstructive sleep apnea (OSA) is a largely underdiagnosed disorder of

upper airway collapse during sleep. Primary care providers do not routinely screen for

OSA. This project aims to determine the yield of using the STOP-BANG questionnaire

to identify previously undiagnosed OSA in a primary care population.

Methods: This prospective quality improvement pilot project included 181 patients of

the Jefferson Department of Family Medicine identified as high-risk for OSA based on 3

EMR-based search criteria taken from STOP-BANG: hypertension, age >50 years, and

BMI >35 kg/m². We attempted contact with patients by mail, followed by up to 3 weekly

telephone calls to verbally screen patients with the full STOP-BANG questionnaire. A

score of >6 was considered high-risk for OSA. High risk patients were referred for sleep

study testing.

Results: From the initial 181 patients, 71 were excluded due to a prior OSA diagnosis;

3 were excluded for various other reasons; and 53 could not be reached. Of those

reached, 28 patients refused participation, and 15 patients had a low-risk STOP-BANG

score <6. The remaining 11 patients had a high-risk STOP-BANG score >6 and were

referred for sleep study testing. While data collection is ongoing, all 3 patients (100%)

who completed sleep studies have been newly diagnosed with OSA.

Discussion: Preliminary results confirm utility of the STOP-BANG questionnaire to

identify patients at high risk for OSA. The main limitation in our pilot project was difficulty

contacting patients. We are adding alternate forms of communication (email, outreach at upcoming patient visits).