Phase 1   Class of 2022

1-2020

Identifying the Prevalence of underdiagnosed Obstructive Sleep Apnea (OSA) in the Primary Care Population via Targeted Screening Measures

Risa Goldberg
Thomas Jefferson University, risa.goldberg@jefferson.edu

Alyssa Givens
Thomas Jefferson University, alyssa.givens@jefferson.edu

Cynthia Cheng, MD, PhD
Thomas Jefferson University, Cynthia.Cheng@jefferson.edu

Follow this and additional works at: https://jdc.jefferson.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

Identifying the Prevalence of underdiagnosed Obstructive Sleep Apnea (OSA) in the Primary Care Population via Targeted Screening Measures

Risa Goldberg, Alyssa Givens**, Cynthia Cheng*

(*) indicates primary project advisor
(**) indicates another student who is declaring the same project as primary for SI

Introduction:

Obstructive sleep apnea (OSA) is a condition with detrimental health consequences, yet over 75% of OSA cases remain undiagnosed in the United States. This study aimed to determine the efficacy of using targeted screening measures to determine the prevalence of undiagnosed OSA in a primary care population.

Methods:

This prospective pilot study utilized a primary care population from Thomas Jefferson University's family medicine department. Participants were selected using three risk criteria for OSA from STOP-BANG identifiable from their EMR records (BMI >35, age over 50, and hypertension). After screening out patients previously diagnosed with OSA, patients were called and further screened with the entire STOP-BANG questionnaire; Patients who scored > 6/8 were referred for sleep study testing.

Results:

Of the 112 patients meeting the three initial criteria, 5 were excluded for having previously undocumented OSA diagnoses, and 81 were unable to be contacted or not interested. Of the 31

remaining participants, 11 patients had a STOP-BANG score >6 (35%); 3 of these patients (27%) were diagnosed with OSA after going in for a sleep study (100%).

Discussion:

The main obstacle in our pilot to date is low patient contact and participation. However, all of the patients who qualified for and completed sleep study testing using our screening algorithm were effectively diagnosed with OSA. We will continue to screen more patients in the upcoming months and test methodologies to increase patient participation.