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ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Overcoming Hurdles: Effective OSA Screening in Primary Care

Announcer:
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Dr. Yurcheshen:
Hey, everybody. Good afternoon. This is Mike Yurcheshen from the University of Rochester, and I'm glad to be able to spend some time with you today to talk about overcoming hurdles for effective sleep apnea screening in the primary care office.

So, I just want to start with a slide about a hurdle that you don't need to overcome. So, there's a recent US Preventive Services Task Force recommendation from 2022 that recommends against screening of asymptomatic individuals. So, this means that you don't have to be measuring neck circumferences on every person who comes to your primary care office, or using any of the prediction tools, such as an Epworth Sleepiness Scale score, or any of the other screening questionnaires that are available. This is not recommended. None of this has been proven to be effective in identifying sleep apnea or for effective management.

Now, having said that, this is not a recommendation for people with symptoms, and so this brings us to our first potential barrier in a primary care office, and what and how you would screen a patient for obstructive sleep apnea when they present with some symptoms. So, this could happen any number of different ways. A person could come to you as part of a routine health maintenance evaluation, you might just be doing some questions about feeling tired or other concerns just in general. A person could come to you as part of an evaluation for sleep apnea, so these are people who come to you with specific sleep complaints. Or you might have a high-risk individual who's in front of you in your office, so BMI above 35, somebody who has cardiac concerns such as congestive heart failure or atrial fibrillation. These are all examples of people who you might want to move on for general symptomatic screening.

You could consider at that point using a STOP-BANG questionnaire, and this is something that will be gone – be addressed in more detail in another talk available to you. But if you have a high-risk individual with a score greater than 3, or even if you have a somewhat lower-risk individual, but you still have high suspicion for sleep apnea, you could offer a sleep study. Hopefully the patient would agree, and you can move on to actual sleep testing. If the patient disagrees, I would make a notation of that in the chart, just so you can get back to it at the next visit.

So, there are other barriers as well, and these are 5 different steps in a flow diagram, 1, 2, 3, 4 and 5. Steps 1 and 2: So patient awareness of symptoms and their decision to seek care - that happens before they get to your office, patients' presentation to a clinician, your recognition as a provider, and then, also, a clinician referral and diagnosis. Those are after they get to your office. So, what are some of the barriers? Well, in steps 1 and 2, patient's lack of awareness of the seriousness that can be obstructive sleep apnea, or maybe they are aware of the seriousness, but they have concerns about the testing and the management of sleep apnea, and overcoming those things by education, I think, can go a long way. Also, having a bed partner or roommate, somebody who is aware of the symptoms but also in a position to encourage a patient to come and seek help from a provider. Those things go a long way. There are apps out there. They don't – they're not as personalized, obviously, as a bed partner, but they are more – some of them are more

than just sleep tracking. They can be apps that actually record snoring data from a patient, digitize it, and then can give a patient a feedback and that can help and stand instead of a bed partner in some cases.

Once they come to your office, it's important to recognize sleep apnea, what it is and how serious it can be. So, this is also recognition, but this is, you know, clinician recognition rather than patient recognition. And then, having the good working relationship with a Sleep Center. And so, with a nod to the Beach Boys, good coordination is important. This is, you know, a model that could be used not just for Sleep Centers and sleep specialists, but all specialists. And so, with an accredited Sleep Center, you know more than just a testing service at the center, they're well-qualified for the diagnosis and also management of patients and coordinating with several different primary care offices with good communication coming from the PCP office. And then, also, results going back to the primary care office and a management plan also well-established. And having a good working relationship with these types of providers can go a long way with overcoming hurdles.

So, that's the conclusion of the talk. Thank you for your participation. I hope you learned something that will be to the benefit of your office and to your patients.

Announcer:
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