

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/medical-industry-feature/prevalence-of-excessive-daytime-sleepiness-in-obstructive-sleep-apnea/11666/>

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Prevalence of Excessive Daytime Sleepiness in Obstructive Sleep Apnea

Announcer: Welcome to ReachMD.

This medical industry feature, titled “Prevalence of Excessive Daytime Sleepiness in Obstructive Sleep Apnea” is provided in partnership with Jazz Pharmaceuticals, Inc. This program is intended for physicians.

Here’s Dr. Richard Bogan, Associate Clinical Professor at the University of South Carolina School of Medicine and Chairman and Chief Medical Officer at SleepMed, Inc.

Dr. Bogan is a paid consultant for Jazz Pharmaceuticals, Inc.

Dr. Bogan: Hi. I’m Dr Richard Bogan.

If you treat excessive sleepiness in obstructive sleep apnea (OSA), airway management is the first-line treatment for patients with moderate to severe OSA.

While positive airway pressure is the standard of care, emerging research raises important observations about why excessive sleepiness may persist, even when patients adhere to CPAP therapy. Let’s look at some “eye-opening” research.

One hundred and twenty eight patients with obstructive sleep apnea, which was defined as having an apnea-hypopnea index of at least 15, were treated with CPAP for 3 months.

Patients were assessed for sleepiness before and after airway treatment using the self-report Epworth Sleepiness Scale, or ESS, the Functional Outcomes of Sleep Questionnaire, or FOSQ, and the clinically derived Multiple Sleep Latency Test, or MSLT.

So, what did the findings show?

Of the 96 patients reporting at least 6 hours of CPAP use per night, a significant percentage did not achieve normal scores in the ESS, MSLT, and FOSQ tests. 22, 52, and 32 percent failed to achieve normal scores in the ESS, MSLT, and FOSQ, respectively. Even with at least 6 hours of CPAP use per night.

Let’s consider another multicenter clinical study that involved patients with moderate to severe OSA. Similar to the previous study, 174 patients with OSA were evaluated for sleepiness before and after 3 months of CPAP treatment.

A substantial number of patients did not normalize, despite CPAP adherence. For example, as measured by the ESS, 34% of patients had scores of more than 10 following at least 5 hours of CPAP use per night. Even in those who appeared to be adequately treated using their CPAP for more than 7 hours per night, 1 in 5 still remained sleepy.

So what do these data mean? They suggest that sleepiness may persist, despite CPAP adherence.

For this reason, it’s important to monitor patients and ask about excessive sleepiness—even in patients treated with CPAP.

Announcer: This program was brought to you by Jazz Pharmaceuticals, Incorporated.

To find out more about the prevalence of excessive daytime sleepiness in obstructive sleep apnea please visit EDAandOSA.com That’s E-D-A A-N-D O-S-A.com.

If you missed any part of this discussion or to find others in this series, visit ReachMD.com/SleepScience. This is ReachMD. Be part of

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References:

Qaseem A, Holty JE, Owens DK, Dallas P, Starkey M, Shekelle P. Management of obstructive sleep apnea in adults: a clinical practice guideline from the American College of Physicians. *Ann Intern Med.* 2013;159(7):471-483.

Weaver TE, Maislin G, Dinges DF, et al. Relationship between hours of CPAP use and achieving normal levels of sleepiness and daily functioning. *Sleep.* 2007;30(6):711-719.

Antic NA, Catcheside P, Buchan C, et al. The effect of CPAP in normalizing daytime sleepiness, quality of life, and neurocognitive function in patients with moderate to severe OSA. *Sleep.* 2011;34(1):111-119.

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