

DIAGNOSE

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MANAGE

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SCREEN

Real-Life Scenarios for Managing Obstructive Sleep Apnea (OSA) in Primary Care: A Patient With OSA-Specific Symptoms



Meet Charlie

Age: 47 years
Weight: 216 lb
Height: 5'10"
BMI: 31.0 kg/m²
Blood pressure: 147/90 mm Hg

Chief Complaints

- Snoring
- Low energy during the day
- Daily need for a nap
- Difficulty concentrating
- Bedpartner reports he sometimes gasps for air at night

Clinical Presentation

- Unrefreshing sleep
- Irregular breathing at night

Step 1: Clinical assessment and risk stratification¹

Charlie's clinician reviews his sleep patterns, habits, and symptoms and conducts an examination of his throat and neck. Noticing a **larger neck circumference** and **enlarged tongue**, the clinician identifies potential risk factors that may contribute to the possibility of upper airway obstruction.^{2,3}

The clinician reviews Charlie's response to the STOP-Bang questionnaire, which is part of his electronic health records. Charlie answers "yes" to 5 of 8 questions, suggesting a high risk for OSA.^{1,4}



Step 2: Identify and order the appropriate diagnostic test

Given Charlie's signs, symptoms,⁵ and high-risk STOP-Bang score, his clinician may recommend referral to a sleep specialist or order a **home sleep apnea test (HSAT)** as the next step.^{1,6} His clinician orders the test. Charlie will either receive his HSAT kit by mail or pick it up from a sleep center.^{1,7}



Step 3: Review results and develop a treatment plan

The raw data from the HSAT device are reviewed and interpreted by a physician who is either board-certified in sleep medicine or overseen by a board-certified sleep medicine physician. Once the results are available, the clinician reviews them with Charlie. Charlie's breathing paused on average **18 times per hour of sleep** during the test, suggesting **moderate OSA**.^{4,5} Charlie and his clinician discuss several treatment options, including lifestyle modifications, the potential use of a continuous positive airway pressure (CPAP) machine or pharmacotherapy, and other approaches that might help.^{8,9}



Step 4: Follow up and provide ongoing support

Charlie's clinician follows up with him and the specialists to monitor and adjust the treatment plan as needed. Charlie feels supported throughout the process and as though his providers are working as a connected team.¹⁰



Scan the QR code to watch a video series demonstrating effective diagnosis and management of OSA, including Charlie's case.



References

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The patient case presented here is entirely hypothetical and intended for educational purposes only. Any resemblance to real persons, living or deceased, is purely coincidental.

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