

## PRACTICAL PEARL: Obstructive Sleep Apnea

<b>INTRODUCTION</b>	<ul style="list-style-type: none"><li>OSA is a disorder of breathing during sleep caused by partial/complete upper airway obstruction disrupting normal air flow</li><li>Prevalence 2% - 4% in healthy children; most common in 2 to 6 years olds and adolescents. In Down syndrome, prevalence 50% or higher</li><li><a href="#">AAP Clinical Practice Guidelines</a>:</li><li>Untreated OSA has been associated with failure to thrive, hypertension, pulmonary hypertension, poor learning, behavioral problems, and ADHD</li><li>Risk factors include Adenotonsillar hypertrophy, although size of tonsils and adenoids does not predict disease; Obesity; Micrognathia or other craniofacial abnormalities; Hypotonia or neuromuscular disease; Hypothyroidism</li></ul>
<b>INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE</b>	<ul style="list-style-type: none"><li>Utilize <a href="#">the BEARS screening tool</a>; Typical symptoms include loud nightly snoring, observed apnea spells, frequent nighttime awakenings, sleeping in an abnormal position (i.e., head extended), daytime sleepiness, behavioral or mood problems, enuresis</li><li>Snoring alone does not establish a diagnosis, occasional snoring &lt; 3x/week in the setting of upper respiratory infection is not as concerning</li><li>Polysomnogram is the diagnostic test of choice</li><li>An adenotonsillectomy is the first line of treatment in pediatric OSA</li><li>Other treatments include weight loss (if overweight or obese), rapid palate expansion, and long-term CPAP (continuous positive airway pressure).</li></ul>
<b>WHEN TO REFER</b>	<ul style="list-style-type: none"><li>Questions about diagnosis, management, persistent OSA symptoms after adenotonsillectomy, recurrent symptoms in a previously treated patient</li><li>High risk patients with neuromuscular disorders, genetic syndromes, craniofacial disorders, and central hypoventilation syndromes</li></ul>
<b>HOW TO REFER</b>	<ul style="list-style-type: none"><li>(413) 794-5600 (Option 2) – Baystate Sleep Medicine, Dr. Eva Mok</li><li>Current patient information and pertinent medical records from the primary care office will be requested prior to the visit for review</li></ul>