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THE ROLE OF SLEEP SCREENING WITH A PORTABLE HOME DEVICE FOR OBSTRUCTIVE SLEEP APNEA

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Background: Obstructive sleep apnea (OSA) has been established as a contributing factor in multiple chronic cardiovascular diseases. These effects include difficult to treat hypertension, aggravating coronary artery disease, fatigue, atrial fibrillation and heart failure among others. In North America, the average wait time for a sleep lab study is 3-6 months. Unfortunately, patients that would benefit from OSA treatment are difficult to manage during this time and their conditions can worsen while waiting for a sleep lab study. Accurate and timely diagnosis of OSA with a home sleep screening device can help in management of these patients and their conditions.

Purpose: This study supports the accuracy of screening with a home sleep screening device (NOX). This also shows the benefit of rapid assessment and management of suspected OSA patients who require treatment allowing for earlier sleep study bookings and treatment initiation.

Methods: 30 patients from a single center cardiology practice were screened for OSA using the NOX home sleep monitoring device. The Nox sleep monitor is made by Nox Medical and is outfitted with a nasal cannula and oxygen saturation monitor to provide sleep diagnostics. A cardiac Holter monitor is also placed to corroborate this data throughout the night. The data is then downloaded the morning after, and a report is generated with apnea-hypopnea index (AHI) and oxygen desaturation index (ODI) values. The patients are then classified into mild, moderate, severe or ruled out of having OSA. All patients screened positively for OSA were immediately booked for a full sleep lab study and the data was collected from their sleep lab reports.

Results: Of the 30 patients screened, 3 were evaluated as having none-mild sleep apnea whereas the remaining 27 were evaluated as having moderate to severe sleep apnea. These patients were further assessed with a full sleep lab study and were confirmed to have moderate to severe sleep apnea. Their sleep screening assessments allowed for sooner sleep study bookings (within 2 months) and earlier intervention. On follow-up these patients were easier to manage as their chronic cardiovascular disease processes lessened.

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