

Developing an Obstructive Sleep Apnoea Clinic Audit

by

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Questions???

1. What is the condition?
2. Why important?
3. How to diagnose? Gold standard/ shorter version
4. What equipment required?
5. Where to conduct diagnostic test? Home/ Hospital
6. How to manage? APAP Trial/ APAP/CPAP purchase
7. How to structure MDT? Evidence/ Experience
8. How to develop knowledge and skills?
9. How to follow up with outcome measurements? Subjective scales, Questionnaires, ResScan

Referral

MDT: Interpretation and Recommendations

Vetting

Therapeutic Trail (APAP);
Hospital ?2/52

Epworth
scoring

Therapeutic Effect Analysis
(Epworth Score, ResScan,
?modified Goal attainment
scale)

Life style
Questionnaire

Prescription:
APAP/CPAP/BiPAP

Limited Sleep
Study (Oximetry;
Nasal Air Flow);
Hospital

Follow up ?????
1. Once a month follow up
clinic;
2. Telemedicine

Multidisciplinary Team

- Chair : Prof Rajan
- Deputy Chair : Dr A Naidoo
- Diagnostic & Therapeutic Advise and QC: Dr A Prasad
- Sleep Study & Therapeutic Trail: Mr P Subong;
Mr R Sijub
Mrs V Mokari
- Research, Training & Skills Development: Mrs Sue Cross

Retrospective audit of individuals referred to the OSA clinic from July 2015-May 2016

- ▶ Reasons for referral
- ▶ Diagnostic tools used
- ▶ OSA severity
- ▶ Recommended treatment
- ▶ Monitoring of treatment effectiveness

Compared these parameters to the **NICE** guidelines for OSA, Scottish Intercollegiate guideline network (**SIGN**) and the **Ontario** guidelines advisory committee

Retrospective audit of individuals referred to the OSA clinic from July 2015 to May 2016

Total of 15 (13 inpatients and 2 outpatients) patients were referred to the clinic

- ▶ Age: 36 – 74 years;
- ▶ Man : Woman: 11:4;
- ▶ Neurological Level: 9 Cervical; 6 Thoracic;
- ▶ ASIA AIS: 6 A, 3 B, 1 C, 5 D;

Results:

ESS:

- <10 – 6 (40%)
- >10 – 8 (55%)
- Not done – 1 (5%)

AHI: Range: 6 - 56

- <14 – 4 (27%)
- >14 <29 – 4 (27%)
- >29 – 7 (46%)

Therapeutic Trail 11/15 (73%)

- ESS (↓2 points): 10 (90%)
- AHI (↓5 points): 8 (82%)
- Ease of Performance: N=15. VAS: 8/10

Variable	NSIC	NICE	Sign	Ontario
Reasons for Referrals	<ul style="list-style-type: none"> • Frequently desaturating at nights • Day time sleepiness 	<ul style="list-style-type: none"> • Day time sleepiness; • Sleepiness whilst driving 	Subjective assessment of sleepiness	Sleepiness in dangerous conditions
Diagnostic Tools Used	<ul style="list-style-type: none"> • ESS • LSS (Oximetry, Pulse Rate, Nasal Air Flow) 	Oximetry	<ul style="list-style-type: none"> • ESS • Snoring • LSS (+thoraco-abdominal movement) • PSG 	<ul style="list-style-type: none"> • ESS • PSG
Severity	AHI>14	AHI>14	AHI>14	AHI>10
Recommended Treatment	<ul style="list-style-type: none"> • CPAP • APAP • Bi PAP 	<ul style="list-style-type: none"> • CPAP • APAP 	<ul style="list-style-type: none"> • CPAP • APAP • Intra oral devices 	CPAP
Monitoring Treatment Effectiveness	<ul style="list-style-type: none"> • ESS • AHI (ResScan) 	ESS	-	-

Conclusion

- ▶ Though the current practice is not optimal, the diagnostic service complies with the current guidelines
- ▶ Follow up at regional sleep centre is a barrier to organise long-term follow ups at NSIC
- ▶ We are aiming to provide this service in the home environment pending the outcome of COSAQ and SOSAT studies and the development of telemedicine service
- ▶ Re-audit: once outpatient clinic and home service is established