

Dear Provider:

One of the most common questions I am asked related to sleep apnea is how to screen patients. To date, no screening tool for sleep apnea is comprehensive enough, or to the degree needed to account for all of the associated conditions we know are affected by sleep disordered breathing.

The following checklist has been prepared in an effort to assist decision making regarding diagnostic testing, specific to possible sleep apnea. As with any screening device, it is likely to be more sensitive than specific. Please be aware that these are my recommendations based on sound evidence, but this is not intended to be a “validated” screening mechanism, nor is it intended to replace good clinical judgment. Also, remember that sleep studies may be indicated for other diagnoses in addition to sleep apnea. Nonetheless, I hope you will find this guide helpful.

signature

Kevin L. Lewis M.D/ Chief Medical Officer/ Sleep Disorder Centers/ Nocturna

**Overnight attended polysomnography is appropriate if any ONE of the following is present:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Witnessed apneas during sleep or conscious sedation by a bed partner or onlooker        | <input type="checkbox"/> Awakenings from sleep related to choking or gasping for breath      | <input type="checkbox"/> Body Mass Index greater than 40, or pre-op for bariatric surgery |
| <input type="checkbox"/> Epworth Sleepiness Scale greater than 14 or sleepiness that is impairing in the daytime | <input type="checkbox"/> Pulmonary Hypertension, especially without another identified cause | <input type="checkbox"/> Systolic congestive heart failure with LVEF 35% or less          |
| <input type="checkbox"/> A Berlin Screening Questionnaire where two out the three categories are positive        | <input type="checkbox"/> Hypertension requiring more than 2 anti-hypertensive medications    | <input type="checkbox"/> Recurrence of atrial fibrillation after successful cardioversion |

**Overnight attended polysomnography may be appropriate if any TWO of the following are present:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Regular Snoring                                 | <input type="checkbox"/> Congestive Heart Failure   | <input type="checkbox"/> Use of narcotics or alcohol in the evening or pre-bedtime                        |
| <input type="checkbox"/> Hypertension                                    | <input type="checkbox"/> Body Mass Index greater than 30 in a male or 28 in a female      | <input type="checkbox"/> Morning headaches  |
| <input type="checkbox"/> Epworth Sleepiness Score of 10 or greater       | <input type="checkbox"/> Neck circumference 17 inches or more in a male or 16 in a female | <input type="checkbox"/> Isolated nocturnal palpitations  |
| <input type="checkbox"/> Frequent unexplained awakenings at night        | <input type="checkbox"/> Atrial Fibrillation  | <input type="checkbox"/> Stroke   |
| <input type="checkbox"/> Nocturia more than twice per night              | <input type="checkbox"/> Unexplained fatigue  | <input type="checkbox"/> Major Depression   |
| <input type="checkbox"/> Diabetes Mellitus related to insulin resistance | <input type="checkbox"/> Significant pharyngeal crowding on exam                          | <input type="checkbox"/> Unexplained erectile dysfunction or hypotestosterone in males or PCOS in females |

For information on sleep apnea or sleep testing clinics,

visit: [www.sleepdisordercenters.com](http://www.sleepdisordercenters.com) or call toll-free:

**Oklahoma: 1-877-81-SLEEP • Texas: 1-877.-98-SLEEP.**