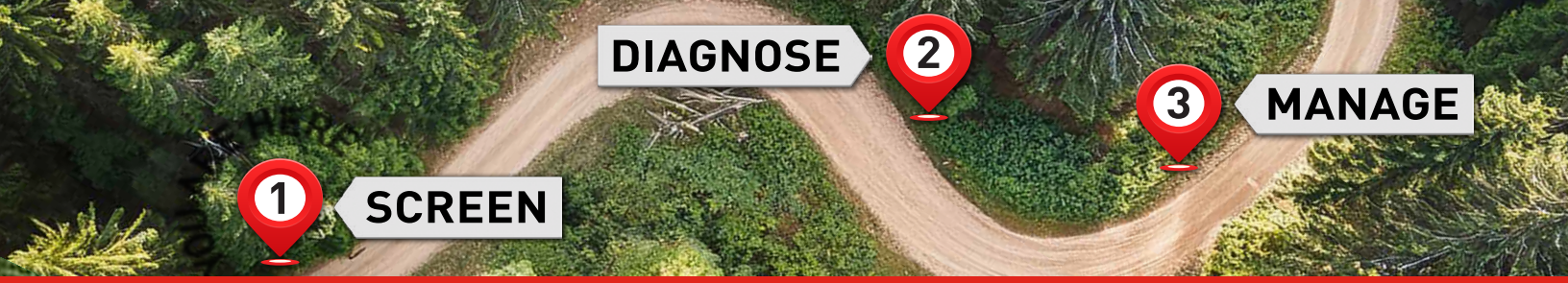

Real-Life Scenarios for Managing Obstructive Sleep Apnea in Primary Care: A Patient With Nonspecific Symptoms

Meet Linda

Age: 63 years
Weight: 215 lb
Height: 5'5"
BMI: 35.8 kg/m^2
Blood pressure: 120/80 mm Hg

Clinical presentation

- Recently diagnosed with atrial fibrillation
- Depression
- Insomnia
- Type 2 diabetes

Step 1: Clinical assessment and risk stratification[1]

Linda's clinician reviews her sleep patterns, habits, and symptoms and conducts an examination of her throat and neck. She has a **large neck circumference** and **enlarged tongue**, risk factors that may contribute to obstructive sleep apnea (OSA).[2,3]

The clinician reviews Linda's responses to the **STOP-Bang questionnaire**, available in her electronic health record. She answers "yes" to 4 of 8 questions, suggesting intermediate risk for OSA.[1,4,5]

Step 2: Identify and order the appropriate diagnostic test

Linda has nonspecific OSA symptoms, such as insomnia and depression, and the STOP-Bang questionnaire indicated intermediate risk,[1,4,5] so the preferred test for her might likely be **polysomnography (PSG)**.[6]

Step 3: Review results and develop a treatment plan

The raw PSG data 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 Linda. Her breathing paused on average **16 times per hour of sleep** during her sleep test, indicating **moderate OSA**.[7,8] Linda and her 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.[7,9]

Step 4: Follow up and provide ongoing support

Linda's clinician follows up with her and the specialists to monitor and adjust the treatment plan as needed. Linda feels supported throughout the process and as though her 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 Linda'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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