

## **USPSTF Bulletin**

An independent, volunteer panel of national experts in prevention and evidence-based medicine

## U.S. Preventive Services Task Force Issues Draft Recommendation Statement on Screening for Obstructive Sleep Apnea in Adults

Task Force calling for more research about whether screening for obstructive sleep apnea leads to improved health outcomes

WASHINGTON, D.C. – June 14, 2016 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement on screening for obstructive sleep apnea (OSA) in asymptomatic adults in primary care settings. This draft recommendation statement applies to people without recognized symptoms of OSA. After reviewing the evidence, the Task Force concluded that there is not enough evidence to determine whether

screening for OSA in adults without recognized symptoms leads to improved health outcomes. This is an **I statement**.

OSA is when a person stops breathing many times when sleeping. This occurs because an individual's airway collapses and airflow becomes blocked. Symptoms of OSA include daytime sleepiness, fatigue, insomnia, and problems from a lack of sleep such as issues with memory,

## Grade in this recommendation:

I: The balance of benefits and harms cannot be determined.

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concentration, and mood changes. OSA has been linked to cardiovascular disease and an increased risk of death.

"The Task Force is calling for more research on whether screening in adults without known symptoms leads to improvements in health outcomes such as heart attacks, strokes, quality of life, and mortality," says Task Force member Alex H. Krist, M.D., M.P.H.

This is the first time that the Task Force has reviewed the evidence on screening for OSA. The Task Force draft recommendation does not apply to adults who have symptoms of or concerns about OSA, or who have an acute condition that could trigger the onset of OSA, such as a stroke. It also does not apply to children, adolescents, or pregnant women.

"Clinicians should continue to use their best clinical judgment when deciding whether or not to screen their patients for OSA," says former Task Force member Jessica Herzstein, M.D., M.P.H.

The Task Force's draft recommendation statement and draft evidence review has been posted for public comment on the Task Force Web site at <u>www.uspreventiveservicestaskforce.org</u>. Comments can be submitted from June 14 to July 11, 2016 at <u>www.uspreventiveservicestaskforce.org/tfcomment.htm</u>. A fact sheet that explains the recommendation statement in plain language is also available.

The Task Force is an independent, volunteer panel of national experts in prevention and evidencebased medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications. Dr. Krist is an associate professor of family medicine and population health at Virginia Commonwealth University and an active clinician and teacher at the Fairfax Family Practice Residency. He is codirector of the Virginia Ambulatory Care Outcomes Research Network and director of communityengaged research at the Center for Clinical and Translational Research.

Dr. Herzstein, a board-certified specialist in preventive medicine and internal medicine, is an independent consultant in occupational, environmental, and preventive health.

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