

**Figure. Screening for Obstructive Sleep Apnea in Adults: Clinical Summary**

<b>Population</b>	<b>Asymptomatic adults, including those with unrecognized symptoms</b>
<b>Recommendation</b>	<b>No recommendation. Grade: I (insufficient evidence)</b>

<b>Risk Assessment</b>	Risk factors associated with obstructive sleep apnea (OSA) include male sex, older age (40 to 70 y), postmenopausal status, higher body mass index, and craniofacial and upper airway abnormalities. Evidence on other risk factors, such as smoking, alcohol and sedative use, and nasal congestion, is sparse or mixed.
<b>Screening Tests</b>	Evidence on the use of validated screening questionnaires in asymptomatic adults (or adults with unrecognized symptoms) to accurately identify who will benefit from further testing for OSA is inadequate.
<b>Treatment and Interventions</b>	Treatment with continuous positive airway pressure or mandibular advancement devices can improve intermediate outcomes (apnea-hypopnea index, Epworth Sleepiness Scale score, and blood pressure) in populations referred for treatment. However, the applicability of this evidence to screen-detected populations is limited.
<b>Balance of Benefits and Harms</b>	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for OSA in asymptomatic adults.

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to <https://www.uspreventiveservicestaskforce.org>.