



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

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

WASHINGTON, D.C.—January 24, 2017—The U.S. Preventive Services Task Force (Task Force) today published a final recommendation statement and evidence summary on screening for obstructive sleep apnea (OSA) in asymptomatic adults in primary care settings. This recommendation statement applies to people without symptoms or who do not recognize their 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 leads to improved health outcomes. This is an **I statement**.

OSA occurs when a person stops breathing many times when sleeping. This is caused by a temporary collapse of the airway, reducing airflow while sleeping. Symptoms include excessive daytime sleepiness, snoring, fatigue, insomnia, and problems from fatigue such as issues with memory, concentration, and mood changes. Among those at increased risk for OSA are men and postmenopausal women, as well as people who are overweight or obese. A person's risk increases between 40 and 70 years of age.

Grade in this recommendation:

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

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“This is the first time that the Task Force has reviewed the evidence on screening for OSA,” says Task Force member Alex H. Krist, M.D., M.P.H. “OSA represents a major health concern; it affects 10 to 15 percent of the U.S. population and is associated with heart disease, diabetes, reduced quality of life, and increased risk of death. Primary care doctors want to know if screening is beneficial for patients. Unfortunately, right now, there is not enough evidence to know.”

The Task Force 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.

“The Task Force is calling for more research among primary care patients on whether screening adults without known symptoms leads to improvements in health outcomes,” says Jessica Herzstein, M.D., M.P.H., a coauthor of the recommendation, “Clinicians should use their clinical judgment when deciding whether or not to screen their patients for OSA.”

The Task Force's recommendation has been published online in *JAMA*, as well as on the Task Force Web site at: <http://www.uspreventiveservicestaskforce.org>. A draft version of the recommendation was available for public comment from June 14 to July 11, 2016.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based 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 community-engaged 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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