Excessive Sleepiness (ES) in Obstructive Sleep Apnea (OSA): Identifying ES in the Clinical Interview

Patients may underreport symptoms of ES to their physician. This is problematic because ES in OSA is associated with significant adverse health consequences. Proactively initiating a discussion about sleepiness may help reveal patients that are symptomatic but not informing their physician during the clinical interview.

American Thoracic Society (ATS) guidelines recommend routinely asking patients with OSA about their sleepiness and educating them about the risks of ES. ES may be uncovered with validated tools and/or informal conversations with your patients.

Questionnaires to Evaluate Sleepiness

- The Epworth Sleepiness Scale (ESS) is the most commonly used, validated, subjective assessment of a patient’s sleepiness. The ESS can also be used to monitor the progression of, or improvement in, ES and has been shown to be reliable for test-retest use over a period of months.

- The Functional Outcomes of Sleep Questionnaire 10 (FOSQ-10) is a modified, shorter version of the original FOSQ designed for easier implementation in clinical practice. Rather than sleepiness, the FOSQ-10 assesses the impact of a person’s sleepiness on their daily activities.

Identifying High-Risk Drivers

While there are other adverse consequences of ES, driving risk has been recognized as one of particular importance. ATS guidelines recommend interviewing patients with OSA about:
- Unintentional sleep episodes, including while driving
- Recent car crashes or near misses attributable to sleepiness

For patients identified as high risk, defined as those with moderate to severe sleepiness and a recent car crash or near miss, drowsy-driving risk should be reassessed at subsequent visits.

Integrating ES Monitoring into Clinical Practice

There are many options to consider for integrating ongoing assessment of ES in patients with OSA in clinical practice—and in ways that may not consume a lot of physician and staff time:

- Have patients complete the ESS and/or FOSQ-10 in advance of coming in for their visit, or while waiting to be seen, and use their responses to evaluate whether a discussion of ES is needed

- Include one or both tools as part of the regular information intake package for patients with OSA, much as you would a health history update or a privacy document

- Select a few questions that work best for you and:
  - Incorporate these questions in your regular visits with patients with OSA and/or,
  - Have nursing or other staff ask these questions and note the responses in the patient’s chart so they are available for physician-patient discussion

For more information about ES in OSA, please visit www.ESandOSA.com


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