

# Guidelines at-a-Glance

## ADAPTED FROM

Morgenthaler TI; Kapen S; Lee-Chiong T et al. Practice parameters for the medical therapy of obstructive sleep apnea. *SLEEP* 2006;29(8):1031-1035

## Practice Parameters for the Medical Therapy of Obstructive Sleep Apnea

### AASM LEVELS OF RECOMMENDATIONS

TERM	DEFINITION
<b>STANDARD</b>	This is a generally accepted patient-care strategy, which reflects a high degree of clinical certainty. The term standard generally implies the use of Level I Evidence, which directly addresses the clinical issue, or overwhelming Level II Evidence.
<b>GUIDELINE</b>	This is a patient-care strategy, which reflects a moderate degree of clinical certainty. The term guideline implies the use of Level II Evidence or a consensus of Level III Evidence.
<b>OPTION</b>	This is a patient-care strategy, which reflects uncertain clinical use. The term option implies either inconclusive or conflicting evidence or conflicting expert opinion.

### RECOMMENDATIONS FOR WEIGHT REDUCTION

<b>3.1.1</b>	Behavioral interventions are effective and recommended in the treatment of bedtime problems and night wakings in young children.	GUIDELINE
<b>3.1.2</b>	Dietary weight loss should be combined with a primary treatment for OSA.	OPTION
<b>3.1.3</b>	Bariatric surgery may be adjunctive in the treatment of OSA in obese patients.	OPTION

### RECOMMENDATIONS FOR PHARMACOLOGIC AGENTS

<b>3.2.1</b>	Selective serotonergic uptake inhibitors (SSRIs) are not recommended for treatment of OSA.	STANDARD
<b>3.2.2</b>	Protriptyline is not recommended as a primary treatment for OSA.	GUIDELINE
<b>3.2.3</b>	Methylxanthine derivatives (aminophylline and theophylline) are not recommended for treatment of OSA.	STANDARD
<b>3.2.4</b>	Estrogen therapy (estrogen preparations with or without progesterone) is not indicated for the treatment of OSA.	STANDARD
<b>3.2.5</b>	Modafinil is recommended for the treatment of residual excessive daytime sleepiness in OSA patients who have sleepiness despite effective PAP treatment and who are lacking any other identifiable cause for their sleepiness.	STANDARD

## RECOMMENDATIONS FOR SUPPLEMENTAL OXYGEN

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| <b>3.3.1</b> | Oxygen supplementation is not recommended as a primary treatment for OSA. | OPTION |
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## RECOMMENDATIONS FOR MEDICAL THERAPIES INTENDED TO IMPROVE NASAL PATENCY

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| <b>3.4.1</b> | Short-acting nasal decongestants are not recommended for treatment of OSA.   | OPTION    |
| <b>3.4.2</b> | Topical nasal corticosteroids may improve the AHI in patients with OSA and concurrent rhinitis, and thus may be a useful adjunct to primary therapies for OSA. | GUIDELINE |

## RECOMMENDATIONS FOR POSITIONAL THERAPIES

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| <b>3.5.1</b> | Positional therapy, consisting of a method that keeps the patient in a non-supine position, is an effective secondary therapy or can be a supplement to primary therapies for OSA in patients who have a low AHI in the non-supine versus that in the supine position. | GUIDELINE |
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