

# Guidelines at-a-Glance

**ADAPTED FROM**

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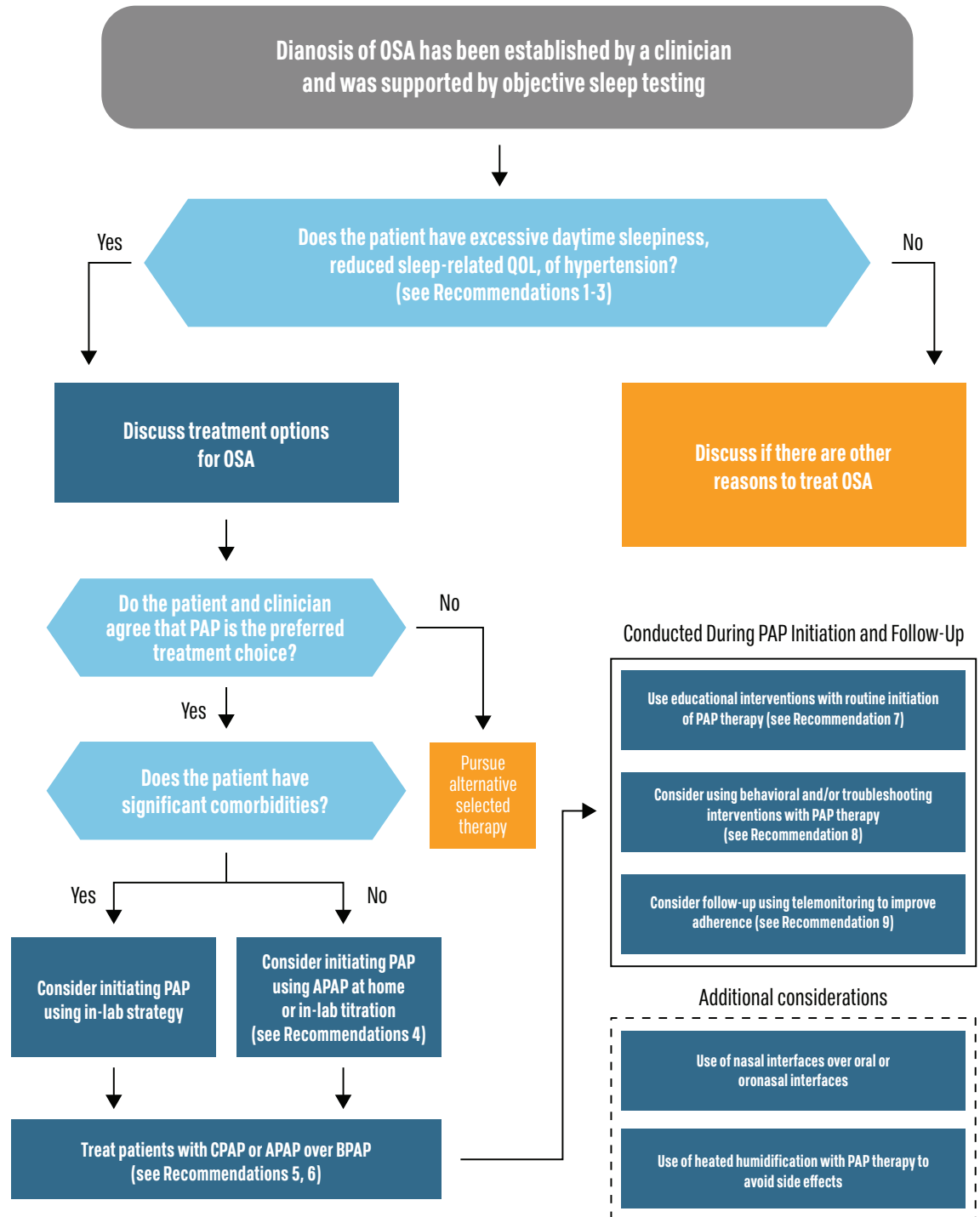
## Treatment of Adult Obstructive Sleep Apnea with Positive Airway Pressure: An American Academy of Sleep Medicine Clinical Practice Guideline

**IMPLICATIONS OF STRONG AND CONDITIONAL RECOMMENDATIONS FOR CLINICIAN USERS OF AASM CLINICAL PRACTICE GUIDELINES**

**Strong Recommendation (We recommend...)**  
Almost all patients should receive the recommended course of action. Adherence to this recommendation could be used as a quality criterion or performance indicator.

**Conditional Recommendation (We suggest...)**  
Different choices will be appropriate for different patients, and the clinician must help each patient arrive at a management decision consistent with her or his values and preferences.

The ultimate judgment regarding the suitability of any specific recommendation must be made by the clinician.







## QUALITY OF EVIDENCE

- ⊕⊕⊕⊕ High
- ⊕⊕⊕⊖ Moderate
- ⊕⊕⊖⊖ Low
- ⊕⊖⊖⊖ Very Low










## BENEFITS VERSUS HARMS

- B>h** Benefits outweigh harms
- B=H** Benefits approximately equal harms
- H>b** Harms outweigh benefits

## PATIENT VALUES AND PREFERENCES

-  Vast majority of patients would use
-  Majority of patients would use
-  Majority of patients would not use
-  Vast majority of patients would not use

## RECOMMENDATIONS FOR THE DIAGNOSIS OF OSA IN ADULTS

- |           |   |  |
|-----------|---|--|
| <b>1.</b> | We recommend that clinicians use PAP, compared to no therapy, to treat OSA in adults with excessive sleepiness. [STRONG]                                    | ⊕⊕⊕⊕<br><b>B&gt;h</b><br>   |
| <b>2.</b> | We suggest that clinicians use PAP, compared to no therapy, to treat OSA in adults with impaired sleep-related quality of life. [CONDITIONAL]               | ⊕⊕⊕⊖<br><b>B&gt;h</b><br>   |
| <b>3.</b> | We suggest that clinicians use PAP, compared to no therapy, to treat OSA in adults with co-morbid hypertension. [CONDITIONAL]                               | ⊕⊕⊕⊖<br><b>B&gt;h</b><br>   |
| <b>4.</b> | We recommend that PAP therapy be initiated using either APAP at home or in-lab CPAP titration in adults with OSA and no significant comorbidities. [STRONG] | ⊕⊕⊕⊕<br><b>B&gt;h</b><br>   |
| <b>5.</b> | We recommend that clinicians use either CPAP or APAP for ongoing treatment of OSA in adults. [STRONG]   | ⊕⊕⊕⊖<br><b>B=H</b><br>      |
| <b>6.</b> | We suggest that clinicians use CPAP or APAP over BPAP in the routine treatment of adults with OSA. [CONDITIONAL]  | ⊕⊖⊖⊖<br><b>B&gt;h</b><br> |
| <b>7.</b> | We recommend that educational interventions be given with initiation of PAP therapy in adults with OSA. [STRONG]  | ⊕⊕⊕⊖<br><b>B&gt;h</b><br> |
| <b>8.</b> | We suggest that behavioral and/or troubleshooting interventions be given during the initial period of PAP therapy in adults with OSA. [CONDITIONAL]         | ⊕⊕⊕⊖<br><b>B&gt;h</b><br> |
| <b>9.</b> | We suggest that clinicians use telemonitoring-guided interventions during the initial period of PAP therapy in adults with OSA. [CONDITIONAL]               | ⊕⊕⊕⊖<br><b>B&gt;h</b><br> |