

Systematic delay in the time to sleep apnea diagnosis in women

Data from the Swedish National Sleep Apnea Registry

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Introduction

Obstructive sleep apnea (OSA) is a highly prevalent disorder which is associated with morbidity and reduced quality of life. Severity of comorbidities, clinical symptoms and signs of OSA influence time on waiting lists at clinical centers. This study aimed to analyse the time from referral to diagnosis of OSA in the Swedish Sleep Apnea Registry (SESAR).

Methods

Data on time from referral to diagnosis of OSA collected in 2016 and 2017 (20 sleep centers) was captured in the SESAR registry. Variables potentially associated with time to diagnosis including gender, body mass index (BMI), Epworth Sleepiness Scale (ESS) score, cardiovascular comorbidity and site (sleep center) were entered in a multivariate analysis. Mean adjusted waiting time was calculated and defined according to three severity classes of OSA; Apnea Hypopnea Index of 5-<15 (mild), 15-<30 (moderate), and ≥30 (severe). Computations were made by gender.

Results

Data from 10,799 patients (32.4% female, mean age 55±23 years, BMI 30±6 kg/m², and AHI 30±23 n/h) were analysed. Information about anthropometrics, comorbidities and OSA event frequency is provided in the figures to the right. Mean waiting time to diagnosis was independently predicted by BMI (<25 kg/m² 131 (107-154) days and ≥35 kg/m² 110 (86-134) days, p<0.001), cardiovascular comorbidity (yes: 117 (94-140) and no: 132 (109-155) days; p=0.0025) and gender (female 132 (108-155) versus male 117 (94-140), p=0.0023).

Conclusions

More than 50 % of referred patients waited >90 days to undergo a diagnostic sleep study. This contrasts to the Swedish National Stipulated Target of ≤90 days. Comorbid obesity and cardiovascular disease associated with shorter waiting time while there was an unexplained approximately 10% diagnostic delay for women irrespective of confounders.

