



주 은 연

성균관의대 삼성서울병원 신경과

Indication of polysomnography and how to manage sleep laboratory

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Polysomnography is the standard diagnostic test for the diagnosis of obstructive sleep apnea (OSA) in adult patients in whom there is a concern for OSA based on a comprehensive sleep evaluation. Diagnostic testing for OSA should be performed in conjunction with a comprehensive sleep evaluation and adequate follow-up. This lecture will introduce the clinical practice guideline for diagnostic testing for adult obstructive sleep apnea based on an American Academy of Sleep Medicine Clinical Practice Guideline.¹

AASM recommend that clinical tools, questionnaires and prediction algorithms not be used to diagnose OSA in adults, in the absence of polysomnography or home sleep apnea testing. (STRONG)

AASM recommend that polysomnography, or home sleep apnea testing with a technically adequate device, be used for the diagnosis of OSA in uncomplicated adult patients presenting with signs and symptoms that indicate an increased risk of moderate to severe OSA. (STRONG)

AASM recommend that if a single home sleep apnea

test is negative, inconclusive, or technically inadequate, polysomnography be performed for the diagnosis of OSA. (STRONG)

AASM recommend that polysomnography, rather than home sleep apnea testing, be used for the diagnosis of OSA in patients with significant cardiorespiratory disease, potential respiratory muscle weakness due to neuromuscular condition, awake hypoventilation or suspicion of sleep related hypoventilation, chronic opioid medication use, history of stroke or severe insomnia. (STRONG)

AASM suggest that, if clinically appropriate, a split-night diagnostic protocol, rather than a full-night diagnostic protocol for polysomnography be used for the diagnosis of OSA. (WEAK)

AASM suggest that when the initial polysomnogram is negative and clinical suspicion for OSA remains, a second polysomnogram be considered for the diagnosis of OSA. (WEAK)

A STRONG recommendation means that clinicians should follow under most circumstances. A WEAK recommendation reflects a lower degree of certainty regarding the outcome and appropriateness of the patient-care strategy for all patients.

The Sleep Laboratory provides a diagnostic and consultative service for the management of adults with

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sleep disorders. Efficient management of sleep lab. depends on effective shift systems of sleep technicians. There have been several suggestions regarding shift systems to protect shift workers from negative health consequences, such as forward rotation in the case of 8-h shifts, avoidance of permanent night shifts, a minimum of 11 h of recovery time between shifts, work times not exceeding 12 h and no more than 3 consecutive nights of work.²⁻⁴ However, individualized guidelines are needed according to the characteristics and intensity of the work. Recently the survey of the current shift schedules and the effects on the health and quality of life in sleep technician has been published in Korea for the first time.⁵ Later part of this lecture is allotted to introduce this interesting research.

References

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