CLINICAL GUIDELINES	Guideline up for revision
Topic: *(Examples: Diabetes, Asthma, COPD, Women's Health, etc.)*	**Physician Champion:** Bleistein Sleep Apnea
Guideline Source: *(Examples: ADA, USPSTF, HTW, NHLBI, etc)*	American College of Physicians
Guideline Original or Revision Date:	Original
QCEC Approval Date:	03/09/2015
Guideline Summary and link to guideline (Summarize guideline for Memo and link to full guideline + note on Updates	http://annals.org/article.aspx?articleid=1742606 *Ann Intern Med.* 2013;159(7):471-483. Recommendation 1: All overweight and obese patients diagnosied with OSA should be encouraged to lose weight. (Grade: strong recommendation, low quality evidence). Recommendation 2: Continuous Positive Airway Pressure (CPAP) treatment as initial therapy for patients diagnosed with OSA. (Grade: strong recommendation, moderate quality recommendation). Recommendation 3: Mandibular advancement devices (MAD) as an alternative therapy to CPAP treatment for patients diagnosed with OSA who prefer MAD or for those with adverse effects associated with CPAP treatment. (Grade: weak recommendation, low quality evidence).

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Guideline Summary and link to guideline (Summarize guideline for Memo and link to full guideline + note on Updates	• Clinicians should target evaluation and treatment of OSA to patients with unexplained daytime sleepiness. • Assessment of effectiveness is primarily based on improvement of daytime sleepiness; however, the effect o other clinical outcomes, including hypertension, cardiovascular events, and death is uncertain. • Adherence to therapies, especially CPAP treatment, is an important issue related to the effective treatment of OSA. Clinicians should keep patient preferences and adherence, specific reasons for non-adherence, and costs in mind before initiating CPAP treatment. • Clinicians should encourage weight loss in obese patients because obesity is associated with increased risk for OSA, and weight loss may improve OSA symptoms and provide other health benefits. • Pharmacologic therapy is not currently supported by the available evidence and should not be prescribed for OSA treatment. • Surgical treatments are associated with risks and harms. Current evidence evaluating surgery was limited and insufficient to to show the benefits of surgery as an approach to treat OSA; therefore, surgery should not be used as an initial treatment. Management of a patient with OSA begins with diagnosis and establishing severity of the condition. There are no data to determine which patients benefit most from specific OSA treatment strategies. Behavioral modifications, such as weight loss strategies, should be based on discussion with the patient and characteristics of the patient. Not all patients tolerate CPAP treatment, and these patients can be treated with MADs. It is important to stress adherence to OSA interventions. Patients with excessive daytime sleepiness should be warned to avoid such activities as driving or operating dangerous equipment.