

PREVALENCE OF UNDIAGNOSED OSA IN PATIENTS STARTING THE CARDIAC RHB PROGRAM

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Background and Aims

Determine the prevalence of undiagnosed obstructive sleep apnea syndrome (OSAS) in patients starting a cardiac rehabilitation program.

Methods

The risk of OSA was assessed using the STOP-BANG questionnaire in patients who began the cardiac rehabilitation program between October 2023 and October 2024. Data collected included sex, age, CVRF, neck circumference, BMI, and smoking status.

Results

460 patients were seen in the cardiac RHB between October 2023 and October 2024. Of these, 11.52% (n=53) had ≥ 3 positive findings on the STOP-BANG questionnaire, which implies a high risk of OSAS. Of these 53 patients, 16.98% (n=9) were women with a mean age of 63.42 (SD 6.64) years, and 83.01% (n=44) were men with a mean age of 57.59 (SD 11.06) years. 64.15% (n=34) had a BMI >30 , and 24.52% (n=13) had a BMI of 25-29.9. Regarding neck circumference, 73.58% (n=39) had a circumference >40 cm. A total of 35.71% (n=20) of patients had a previous diagnosis of OSAS, and 62.26% (n=33) had not been evaluated and were therefore referred to the pulmonology department. A total of 69.7% of referred patients were diagnosed with OSAS, 9.09% (n=3) had the diagnosis excluded, and 24.2% (n=8) are awaiting overnight polysomnography. The analysis found a statistically significant relationship ($p < 0.05$) between neck circumference >40 cm and a high risk of OSAS. No statistically significant relationships were found between being overweight ($p=0.261$) or obese ($p=0.45$) and an increased risk of OSAS.

Conclusion

A high percentage of patients enrolled in cardiac rehabilitation programs are at high risk for OSA, and most of them are undiagnosed and untreated. A screening method should be included in cardiac rehabilitation consultations. Neck circumference is a simple measure and has been shown to be an important predictor of OSA risk. Diagnosis and treatment of OSA has been shown to reduce the risk of further cardiovascular events.

Keywords: OSAS, Cardiac rehabilitation