

College of Dentistry

PEDIATRIC OBSTRUCTIVE SLEEP APNEA (POSA): PROPOSED ABBREVIATED SCREENING QUESTIONNAIRE

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Background

- POSA is the most common sleep-related breathing disorder in the pediatric population
- It may impact oral, systemic, cognitive, and behavioral health, as well as increases risk of complications from general anesthesia
- The American Academy of Pediatrics (AAP) recommends screening of all pediatric patients for POSA
- Existing POSA screening instruments are often long and inefficient
- Short questionnaires have varied reports of validity, sensitivity, and specificity
- Many questionnaires have sample bias, with validation performed among individuals at sleep study centers

Hypothesis and Objective

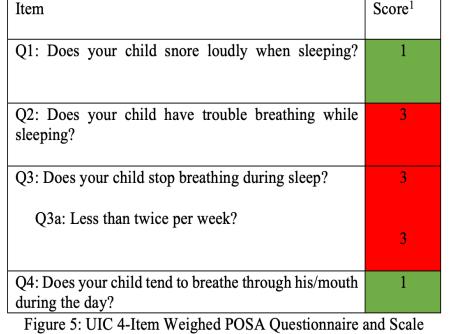
- •Objective: To determine the predictive utility of a 5-item POSA screening questionnaire in establishing appropriate sleep-study referrals
- •Null Hypothesis: There is no significant association between positive answers to proposed UIC abbreviated screening questionnaire and POSA diagnosis from referral

Methods

- Electronic health records were reviewed for children seen at UIC Pediatric Dentistry Clinic
- Included patients ages 0 months 12 years who were seen during 09/02/2020 – 05/20/2022 and had a completed Pediatrics Exam form
- Data included information from the POSA questionnaire, medical alerts/history, chart notes, consultations and demographic information
- Data analysis included bivariate analysis and Mantel-Haenszel chisquared test
- A POSA Index was created and measured our questionnaire's sensitivity and specificity for predicting POSA diagnosis, using weighting based on bivariate strength of association
- The maximum score on our POSA Index was 11 points

Obstructive Sleep Apnea Assessment	
1.	Does your child snore loudly when sleeping?
	a. More than twice per week?
2.	Does your child have trouble breathing while
	sleeping?
3.	Does your child stop breathing during sleep?
	a. Less than twice per week?
4.	Does your child tend to breathe through his/her
	mouth during the day?
	a. Does this also occur during sleep?
5.	Have you or the teacher noticed that your child
	appears sleepy during the day?

Fig. 1 UIC 5-item POSA Screening Questionnaire



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¹A score of 3+ indicates referral is recommended

Fig. 2 UIC 4-Item Weighed POSA Questionnaire and Index

References

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Results

- 58 (11.2) 33 (6.2) > Twice per week 52 (16.2) <.0001 31 (9.3) rouble breathing whil 20 (27.4) 37 (54.4) <Twice per week? 14 (73.7) 7 (35.0) Breathe through moutl 14 (7.5) 30 (6.8) 20 (4.4) 22 (19.6) 31 (6.7) 11 (9.7) 20 (4.2) <.0001
 - ¹Responses may not total to 648 due to missing data ²Excludes children diagnosed with POSA before questionnaire administration (n=12) ³Chi-square test

Table. 1 Frequency. Distribution of Responses



Fig. 3 Relation of Sensitivity and Specificity with Overall Score

- A total of 648 patients met the inclusion criteria
- A positive (yes) answer to any item in the POSA questionnaire was significantly associated with referrals for POSA evaluation
- Individuals who answered positively on snoring ≥2 times/ week, trouble breathing, stop breathing, or mouth breathing during sleep were significantly more likely to be diagnosed with POSA
- Sleepiness during the day was not significantly associated with POSA diagnosis and was therefore eliminated from our POSA Index
- An overall POSA Index score of ≥3 had sensitivity of 68.2% and specificity of 94.0%

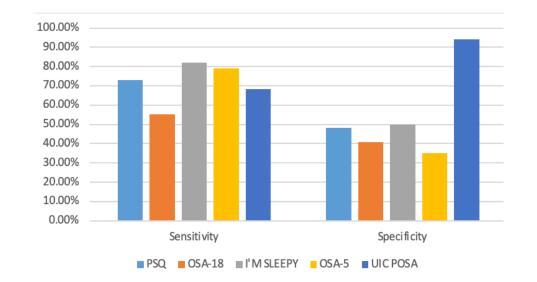


Fig. 4 Abbreviated Questionnaire Sensitivity and Specificity Comparison

Conclusions

- Our questionnaire is effective in identifying youth at high risk for POSA, as well as was validated in a large sample population
- When used with our weighted scale, it shows moderate-to-high sensitivity and specificity
- It is the shortest questionnaire in existing literature
- Implementation of this questionnaire may facilitate large scale screening and pertinent referrals in a busy clinical setting.