

# AAP

## NEWS

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AAP News, the official newsmagazine of the American Academy of Pediatrics, is dedicated to informing, educating and inspiring readers on matters related to pediatric health care.

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## SECOND OPINIONS

### Apnea guideline questioned

Publication of the process for formulating AAP practice guidelines (*AAP News*. 2002;20:197) makes for interesting reading as a backdrop to the announcement of the new guideline (*AAP News*. 2002;20:152) pertaining to obstructive sleep apnea syndrome (OSAS).

This new guideline directs primary care pediatricians to screen for snoring in the context of health maintenance for all children over age 1 year.

A sleep study is proposed for all snorers (7% of population). The catch is that the abbreviated sleep studies all carry a significant false negative rate, necessitating an overnight polysomnogram for at least half of these subjects.

The cost for this study at my local referral hospital is \$3,500, not including the cost of analysis. Extrapolating to the overall U.S. pediatric population based on the 2000 census, the total price tag for diagnostic screening would be at least \$20 billion.

What would be the payoff from this staggering investment? Certainly not saving lives. The guideline authors are only able to reference a few isolated case reports of deaths from uncomplicated OSAS.

Preventing cor pulmonale? The authors state that this condition is now rare but even if it is worth screening for, an EKG would be the cheapest and most reliable tool.

That leaves a heterogeneous group of lesser morbidities that could be dealt with through targeted screening based on history and exam, exempting all asymptomatic snorers with normal development and normal exams from sleep studies.

To return to the issue of AAP oversight of guideline formulation, several questions arise:

- Were the OSAS guidelines reviewed only through the guideline pathway or also through the more stringent policy pathway? Most practice guidelines have dealt with current practice standards, whereas this guideline proposes a new dimension for universal screening, surely a policy issue.
- Does the AAP have a benchmark in place for assessing whether any disease qualifies for universal screening, such as the criteria cited in the classic and still timely article by Frankenburg (*Pediatrics*. 1974;54:612-616)? If so, does the standard include a cost-benefit ratio criterion?
- Were the opinions of primary care pediatricians, those after all responsible for carrying out the guidelines, elicited at any point in the review process?

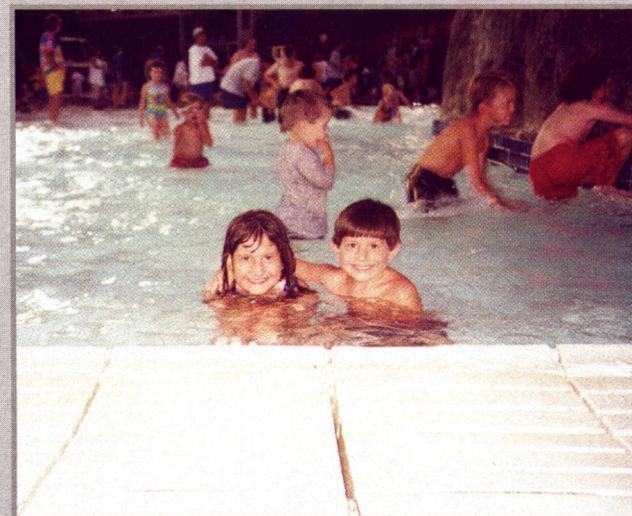
The abstract for the new OSAS guidelines (*Pediatrics*. 2002;109:704-712) concludes with a disclaimer which states that the guidelines are not intended to replace clinical judgment, establish a protocol for all children, or provide the only appropriate approach to the problem. Part of the thrust here is medicolegal, but wouldn't it be better to start with a protocol that has already achieved a broad, interdisciplinary consensus? Then, maybe such a sweeping disclaimer wouldn't be necessary.

John F. Hick, M.D., FAAP  
St. Paul, Minn.

*Following is a response from Carole L. Marcus, M.D., M.B.Ch., FAAP, chair, AAP Subcommittee on Obstructive Sleep Apnea Syndrome*

We appreciate the interest displayed by Dr. Hick in the recent clinical practice guideline on the obstructive sleep apnea syndrome (*Pediatrics*. 2002;109:704-712). Dr. Hick states that "a sleep study is proposed for all snorers." Unfortunately, Dr. Hick has misinterpreted the AAP statement. We appreciate the opportunity to clarify any misunderstandings. Nowhere does the statement recommend performing sleep studies on all snorers. We agree

## PORTRAIT



### Make a splash

Kids' favorite way to beat the heat in August?  
A day at the water park is sure to bring big smiles.

that performing polysomnography on all snorers would be a huge (and unnecessary) task. The guidelines and accompanying algorithm clearly state that only those children with snoring accompanied by symptoms of OSAS require testing. As noted in the guidelines, if a history of nightly snoring is elicited, a more detailed history regarding labored breathing during sleep, observed apnea, daytime symptoms, etc., should be obtained. Numerous studies have shown that history is not sensitive or specific enough to determine which patients require surgery.<sup>1-7</sup> However, it does help distinguish which patients require further evaluation.

In regard to Dr. Hick's other questions, the guidelines went through an extensive review process over a three-year period. The guideline recommendations were made following a very extensive review of more than 2,000 articles in the medical literature (*Pediatrics*. 2002;109:E69-E69). Following the committee report, the draft document was reviewed by several external reviewers, including members of other AAP committees such as the Section on Otolaryngology and Bronchoesophagology, as well as the American College of Chest Physicians, American Thoracic Society and American Academy of Sleep Medicine, before final AAP approval. A primary care pediatrician, Dale Chapman, M.D., FAAP, was a member of the OSAS subcommittee. We are, therefore, confident that these guidelines do, in fact, represent a broad interdisciplinary consensus.

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