Obstructive Sleep Apnea and Associated Comorbidities: Educating Patients in a Rural Clinic

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Purpose of the Project

To evaluate and synthesize evidence related to the screening, referral, and education of patients with obstructive sleep apnea and associated comorbidities, and propose best practice guidelines in a rural health care clinic.

Review of the Literature

- When screening patients with risk factors for obstructive sleep apnea, education can be done about associated comorbidities, as well as testing and treatment options for management.
- Educating the patient can help them to make more informed decisions regarding their health, move forward with testing and treatment, and help to prevent more serious consequences in the future—education can have a positive impact on the outcome of the patient’s health status.
- In a rural setting, referral by the primary care provider to a specialist can be difficult for the patient due to distance and travel required to be seen.
- Printed educational materials should be simple and easy to understand, helping patients to retain information provided at the office visit, improve understanding, and encouraging patients to be involved and responsible in their own care and long-term health.

Proposed Best Practice

- Adult patients presenting for primary care should be: Screened for obstructive sleep apnea risk factors—snoring, obesity, alcohol use, smoking, neck circumference greater than 17 inches/men and 16 inches/women, tonsillar hypertrophy, macrogllossia.
- Educated on comorbidities associated with obstructive sleep apnea—hypertension, myocardial infarction, stroke, depression, heart failure, diabetes, obesity, cardiac arrhythmia, cancer.
- Referred to specialist for evaluation with polysomnography (sleep study) and recommended treatment if diagnosed with obstructive sleep apnea.
- Given printed educational material to take home and review after the appointment as they may not remember verbal information given at the time of visit.

Case Study

Male patient in his 30's with diagnosed hypertension, morbid obesity, asthma, and peripheral edema. He was evaluated at a rural health care clinic by a nurse practitioner for obstructive sleep apnea (OSA) risk factors: obesity, alcohol use, and neck circumference greater than 17 inches. Patient education performed verbally and written materials provided on OSA and associated comorbidities. Referral placed and patient followed-up for a sleep study with a specialist in a different city and was subsequently diagnosed with OSA and started on treatment with continuous positive airway pressure (CPAP) at night. Discussed additional positive lifestyle changes (nutrition/exercise), patient will continue to be followed for multiple chronic medical conditions.

Patient Population and Setting

Adult patients (18 years and older) presenting to a rural clinic for primary care health with a family nurse practitioner.

Clinical Question

In rural areas, will patients presenting with risk factors for obstructive sleep apnea be more likely to travel for specialist follow-up if provided with written educational materials describing associated comorbidities?

References


Conclusion

Providing written educational material regarding obstructive sleep apnea and associated comorbidities to the patient with risk factors seen in a rural clinic, allows them to take information home and review—improving understanding and reinforcing the need for them to follow-up with specialists for testing and treatment evaluation.