

## A review of a new Polysomnography service in a District General Hospital sleep clinic

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### Introduction

Polysomnography (PSG) is the gold standard test for sleep-related breathing disorders. The American Academy of Sleep Medicine (AASM) have clear guidelines when to use PSG to ensure effective treatment outcomes and rationalise health care costs. We reviewed our PSG results over an 18 month period to establish the range and rate of positive diagnoses in a District General Hospital (DGH) sleep clinic.

### Method

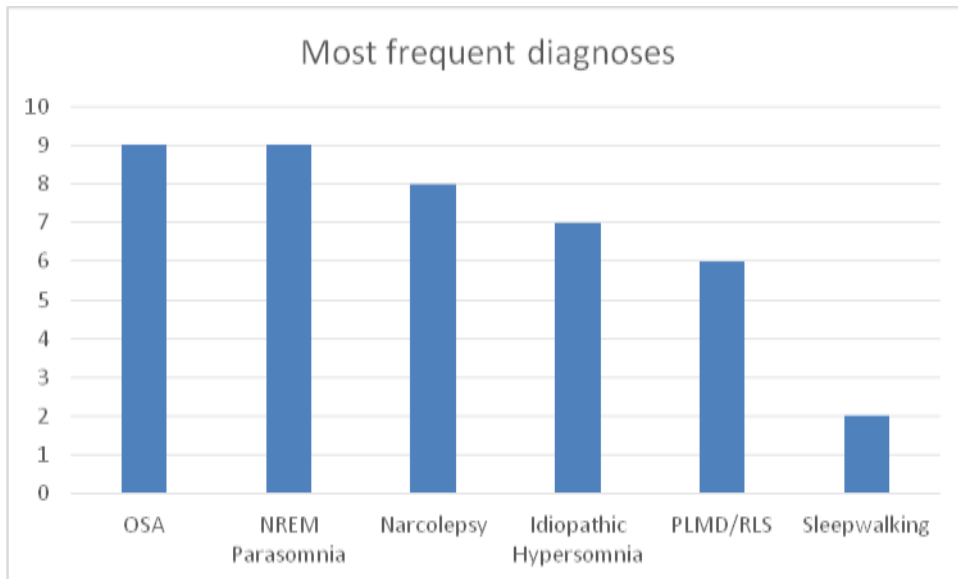
We reviewed our PSG and Multiple Sleep Latency Tests (MSLT) results over the last 18 months. Patient demographics were recorded along with the indication for the test, diagnosis, Epworth Sleepiness Score (ESS), sleep efficiency (SE), apnoea-hypopnoea index (AHI) and if a MSLT was performed, mean sleep latency.

### Results

In 18 months, we performed 78 PSGs and 30 MSLTs. 3 were excluded due to unavailable notes. The mean age was 43 years old. The majority were female (55%). The most frequent indication was daytime sleepiness and the commonest diagnoses were Obstructive Sleep Apnoea (OSA) and NREM/REM parasomnias, 9 patients each (12%). PSG was normal in 9 patients (12%) and non-diagnostic in 2 (3%). 12 patients had more than one diagnosis from PSG. 24 'sleepy' patients (30%) had a normal ESS.

Of the MSLT's performed, 14 patients (47%) had a sleep latency less than 8 minutes and only 20% were positive for narcolepsy.

Most Frequent Diagnoses	Total Number of Patients	Percentage (%)
<b>OSA</b>	9	12%
<b>NREM/REM Parasomnia</b>	9	12%
<b>Narcolepsy</b>	8	10%
<b>Idiopathic Hypersomnia</b>	7	9%
<b>PLMD/RLS</b>	6	8%
<b>Sleepwalking</b>	2	3%



### Conclusion

PSG is an expensive and time consuming test, patients should be carefully selected. It is easier for patients and GP's to access this test at a local DGH allowing faster diagnosis and treatment that would otherwise be delayed if it was performed at a tertiary sleep centre. Of those diagnosed with OSA/PLMD (20%), diagnosis may have been achieved by a simpler, cheaper study such as pulse oximetry, leg actigraphy or a respiratory sleep study.