

# Sleep Medicine Referral Guidelines

## Sleep Disordered Breathing

### Sleep Apnea

#### Definition

- Sleep apnea is a reduction or cessation of breathing during sleep. There are three types of apneas: obstructive, central and mixed
  - **Obstructive:** Results from compressing or collapsing of the airway during sleep
  - **Central:** Results when the brain fails to signal the muscles involved in respiration during sleep. This is seen more often in patients with previous head injury (i.e. stroke), neuromuscular disease (such as myopathy) and/ or long standing congestive heart failure
  - **Mixed or “complex”:** Combination of both obstructive and central apneas

#### Diagnosis

- History and Physical with particular attention to body habitus, neck and airway exam  
[Link to Mallampati airway scoring diagram](#)
- Sleep study with and RDI>15 regardless of symptoms or an RDI≥ 5 with excessive daytime sleepiness

#### Referrals – Who needs a consult to Sleep Medicine?

- Witness breathing holding while sleeping
- Witnessed gasping or frequent abrupt awakenings from sleep from unknown cause
  - Please screen for other comorbid conditions
    - ✓ GERD
    - ✓ Nocturnal asthma
    - ✓ Nocturia (urinates > 2 times per night)
    - ✓ Pain
    - ✓ Anxiety
    - ✓ Panic attacks, nightmares
    - ✓ Urge to move legs ( see *Restless Leg Syndrome*- RLS)\*\*
- Excessive daytime sleepiness (EDS)- despite adequate consolidated sleep (6-8 ours/ night)-  
[Epworth Sleepiness Score](#) >9
  - Please review any medications that could be causing the symptoms
- Chronic loud snoring + one other listed symptom
- Hypertension + one other listed symptom
- Erectile dysfunction + one other listed symptom
- Cardiomyopathy
- Neuromuscular disease
- Pulmonary hypertension
- Violent or other abnormal behaviors when sleeping
- Patients with known OSA treated with CPAP/BiPAP need to be seen for follow up every 6-12 months to assess therapy.

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\*\* RLS is a clinical diagnosis and does not require a sleep study. See CPG for RLS