Doctor, PAP thyself: commentary on Yasmin R, Muntham D, and Chirakalwasan N's Uncovering the sleep disorders among young doctors

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In this issue of Sleep and Breathing, Yasmin and co-workers report on their study of 52 physicians in training who were tested for obstructive sleep apnea (OSA) using home sleep apnea testing (HSAT) [1]. Subjects who completed the study were 50 % female, under the age of 40, non-obese (BMI mean = 23.3) and of Thai or Malaysian ethnicity. Extensive questionnaires were used to determine symptoms of sleepiness, perceptions of inadequate sleep as well as sleep, night call and napping history. Presence of sleep disordered breathing defined as an AHI >5 was 69 % in males and 11.5 % in females. OSA was mild in 42 % of males and moderate in 27 %. All of the females who tested positive were mild. The Obstructive sleep apnea syndrome (OSAS) was much lower however (7.7 % male, 6.9 % female). These surprising findings have important implications for the health and safety of medical professionals and their patients and identify an opportunity for program directors to initiate screening programs for all physicians as they enter training.

The prevalence of OSA in physicians in this study, as they begin their professional journeys, is indeed quite striking. Previous studies have identified inadequate and disrupted sleep as a cause for serious sleepiness among physicians [2, 3], leading to regulation of work hour schedules in an attempt to protect patient safety. Physicians themselves are subject to increased risk for fatal and non-fatal car crashes due to their sleep deficit. We should encourage young physicians to identify OSA in themselves early to avoid the compounding effects of sleep deprivation with underlying sleep pathology due to OSA. The long-term health consequences of untreated sleep

apnea are a concern in any population, but we should start within our own profession. The under-recognition of sleep apnea among the young physicians in the Yasmin paper needs to be evaluated on several levels. First, 15 subjects enrolled in the study but were not included in the final analysis as they refused to complete the HSAT and questionnaire. Further research into reluctance to test among doctors might show that these subjects feared they might test positive. I find it quite interesting also that so many males had at least moderate OSA but only 7.7 % had OSAS. My experience in treating physicians with OSA, particularly those in training, is that they attribute their symptoms to their work schedule and not to sleep apnea. Unfortunately, those providing medical care to them are as likely to make the same mistakes. In contrast, the findings in this study show a strong correlation with the perception of inadequate sleep and OSA, not the on-call schedule.

OSA was first described in Europe and the USA, leading to a stereotype based upon a Western European ethnicity. The middle-aged obese male has become the caricature of OSA [4], often leading to under-recognition in other groups. The Yasmin study was comprised of Asians, who were under the age of 40 and non-obese. Far-East Asians have lower BMIs than Caucasians with OSA [5], reinforcing the need to increase our awareness of OSA in these non-obese populations. Educating physicians in recognizing non-obese OSA is critical to addressing the public health problem of unrecognized OSA. The authors speak of “occult OSA” among young physicians, but I would postulate that most of the OSA worldwide is “occult” since the vast majority is undiagnosed. Those who are non-obese, female and non-middle aged are particularly likely to fall into that “occult” category.

Physicians who enter training programs who are male and snore, admit to inadequate sleep and or have witnessed apneas should be encouraged to be evaluated for OSA. The

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implications for patient safety and for the long-term health of these physicians are compelling and rather obvious. The Yasmin study, although representing a rather small sample, is compelling evidence that we need to learn more about the presence of OSA in physicians and particularly to understand the physicians' attitudes and belief systems concerning sleep apnea. The least obvious and most important conclusion one can draw from this study is that a program to identify OSA in doctors is an unexplored educational tool. The medical community has largely failed to address the problems of millions of undiagnosed and unsuspected OSA patients leading to poor medical outcomes and great financial burdens on all health systems. Those of us in the sleep world have not been able to effect an improvement in physician recognition of OSA despite overwhelming evidence of its ubiquitous presence. Medical schools have introduced rudimentary sleep curricula, but have barely budged the needle. What better way to increase awareness and build an appreciation for the heterogeneity of OSA than encouraging young physicians to experience the diagnosis of OSA in themselves and their colleagues?

Medical educators can take a leadership role by encouraging and facilitating diagnosis and treatment without stigma in their trainees.

How are we to recognize OSA in our patients if we cannot diagnose it in ourselves?

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