

## Emergency Physician Could Address Obstructive Sleep Apnea

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Obstructive sleep apnea (OSA) is prevalent all over the world. It is a serious disease but under-recognized and under-treated. It seems OSA is a public health problem but underscored. It is an independent cause of car crashes in USA [1]. OSA is a respiratory sleep disorder with recurrent episodes of hypopnea, apnea, and associated arousals leading to fragmented sleep due to repetitive collapse of the upper airway during sleep. OSA has potential consequences and adverse clinical associations, like excessive daytime sleepiness, impaired daytime function, metabolic dysfunction, and an increased risk of cardiovascular disease [2,3].

OSA is linked with substantial morbidity, and significant mortality. Disproportionate sleepiness in daytime leads to impaired quality of life and neurocognitive performance in patients having OSA [2,4]. Certain jobs like salesman, drivers, seamen, engine and motor operators, and cooks and stewards are at increased risk of being diagnosed with OSA. They are liable to receive injury while on work and referred to emergency department for management [2,5]. OSA is common among patients with acute ischemic stroke and transient ischemic attack. They may also visit emergency department for care [6]. OSA is associated with cluster headache, migraine and tension-type headache, chronic daily headache, morning headache and awakening headache. Obstructive sleep apnoea patients have moderate to severe headache may present to the emergency department [7]. Asthma and OSA may coexist and patient may present as an overlap syndrome in emergency department [8,9]. Atrial fibrillation (AF) is the most common arrhythmia in adults, and is associated with significant morbidity and mortality There is a high prevalence of OSA) among patients with AF. These patients may also visit emergency department for care.

Physicians working in emergency department can play a vital role in the recognizing OSA, providing initial care and referral of patients for special care. A focused history and physical examination or the use of a structured evaluation can identify patients who at risk for OSA [10]. Hence it is important to educate emergency physicians on the pathophysiology, epidemiology, diagnosis, and management of OSA.

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