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Severity of OSA — a multitude of predictors

To the Editor

We read with interest the recent article published by Sousa et al. [1] regarding the utility of phenotyping patients of OSA. The use of Baveno classification to grade Obstructive Sleep Apnea (OSA) patients in A, B, C and D groups based on symptoms and comorbidities has been suggested to guide treatment better than Apnea Hypopnea Index (AHI). Sousa et al have also found that treatment is provided more in group C and D, with group D showing the maximum adherence. On therapy, daytime sleepiness improves in both group B and D. These findings are significant, though raise a few points to ponder

The conclusion that Baveno system is a superior predictor of severity than AHI stems from the long-drawn facts that symptoms and comorbidities are important predictors of severity. However, severity of desaturation and time spent in hypoxemia are also important to assess a patient of OSA. It has been shown that hypoxic burden predicts cardiovascular risk, risk of stroke and mortality [2, 3].

Compliance was found by Sousa et al. [1] to be maximum in patients having symptoms and comorbidities. However, it has also been seen that anatomical factor including large tonsils and turbinate hypertrophy lead to decreased compliance with Positive airway pressure (PAP) therapy [4].

Besides, regular follow-up by treating physician helps in sorting out issues like mask type, mask fitting, humidification which further improve compliance. These factors are therefore not to be ignored to predict therapeutic compliance.

Thus, phenotyping OSA [5] is the need of the hour to determine severity and treatment and compliance of therapy. Thus, a holistic approach of evaluating symptoms, pathophysiology, comorbidities, AHI, hypoxic burden and compliance can help in improving patient outcome in OSA.

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