INTRODUCTION

- There are approximately 54 million cases of obstructive sleep apnea (OSA) in the USA, and almost 80% are undiagnosed and untreated.
- Psychiatric populations are rarely screened for OSA.
- Prevalence of OSA among individuals with psychiatric comorbidities:
  - Depression, up to 48.1%
  - Post-traumatic stress disorder, up to 42.7%
  - Schizophrenia, up to 51.1%
- Suicidal ideation and suicide are more common when individuals have both psychiatric illness and OSA.
- Individuals with major depressive disorder and OSA are 27% more likely to have suicidal ideation or attempt suicide.
- No OSA screening tool has been validated in psychiatric populations, but the STOP-Bang questionnaire has been validated in more diverse populations than any other tool.

OBJECTIVES

Goal: Develop and implement an OSA screening and referral protocol using the STOP-Bang questionnaire screening tool and a sleep specialist referral process at an outpatient psychiatric office.

Aims:
1. Develop an OSA screening and referral process
2. Evaluate completed screenings and referrals
3. Recommendations for scaling and sustainability

METHODS

This DNP Project used a quality improvement design to implement OSA screening and sleep specialist referral into medication management appointments at an outpatient community mental health clinic in the Southern United States.

Aim 1: Develop an OSA screening and referral process for an outpatient psychiatric population
- Comprehensive literature review completed to determine need
- Protocol created to assess individuals for sleep disturbance, screen when symptomatic, and refer to sleep specialist with positive screenings

Aim 2: Evaluate completed screenings and referrals over a 10-week period
- Completed education and training for 4 nurse practitioners, 1 psychiatrist, and 1 licensed practical nurse
- Implemented protocol for 10 weeks
- Monitored screenings and referrals weekly

Aim 3: Make recommendations for scaling and sustainability based on results
- Recommended permanent incorporation of the protocol
- Recommended expansion of the protocol to other outpatient sites

RESULTS

- 149 screenings completed
- 103 positive (69.1%)
- 46 negative (30.9%)
- 65 sleep specialist referrals completed
- 38 positive screenings declined or lacked referral
- Results consistent with literature that OSA occurs in high rates among psychiatric populations
- Mean STOP-Bang score was 5, indicating high OSA risk

Implications

- Screening for OSA and referring to sleep specialists in psychiatric patient populations is feasible, efficient, and cost-effective in outpatient mental health
- Potential improvements include decreasing declined referrals, securing more provider interest, and following up on referral outcomes to confirm diagnosis of OSA
- Scalability could include expansion to inpatient locations

REFERENCES