



# Obstructive Sleep Apnea

## DIAGNOSIS GUIDELINE IN CHILDREN

For physicians

SCAN ME!



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Polysomnography, an in-laboratory sleep study, is the current recommended test to diagnose obstructive sleep apnea (OSA) in children. However, many children cannot access this test where they live, experience long wait times, or face significant travel distance and costs to access testing. Delayed or missed diagnoses can affect children's health and make treatment decisions more difficult.

To address this gap, a panel of experts reviewed more than 250 studies to **evaluate the accuracy of alternatives to polysomnography for the diagnosis of OSA in children**. This information, alongside the expertise of the panel members led to three key recommendations:

## Recommendations

### POLYSOMNOGRAPHY

Polysomnography remains the **recommended standard** for the diagnosis of Obstructive Sleep Apnea in children. There is currently no replacement for polysomnography.

### HOME SLEEP APNEA TESTING

Home Sleep Apnea Testing (HSAT) can be used as a second line option for OSA diagnosing **in otherwise healthy children over 5 years of age**<sup>1</sup> for whom access to polysomnography is effectively absent<sup>2</sup>.

### COMPLEMENTARY TOOLS

The following tests may be considered as adjunct tools in the assessment of children with suspected OSA, but **should NOT be used in isolation to diagnose OSA in children**:

- Pediatric Sleep Questionnaire
- Overnight oximetry including the McGill oximetry score

1. The age cutoff reflects current evidence and does not exclude future use in other groups of children as new evidence is available.

2. Effectively absent describes situations where polysomnography testing is technically offered but practically unavailable because of limited access, long wait-times, or travel distance and cost for families.



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