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| **Burden of obstructive sleep apnoea at a major tertiary centre in Australia** |
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| **Introduction/Aim:** Obstructive sleep apnoea is prevalent in our local health district with a lack of access to a public sleep laboratory. Earlier diagnosis and treatment of obstructive sleep apnoea has been shown to improve patient quality of life. Patients can qualify to receive government funded devices if they meet several criteria of which one is compliance to therapy, which often is shown through renting the device first. Currently there is no data evaluating wait time experienced by patients referred for publicly funded diagnostic and titration polysomnography in our health district. The aim of this audit was to evaluate the delays in the diagnosis and treatment of obstructive sleep apnoea (OSA) in our local health district and the financial burden the wait time can inflict. We also sought to characterise the clinical phenotype of the population sample.**Methods:** A retrospective cohort study was conducted using data from Jan 2022 through to Dec 2022 of patients attending the local sleep apnoea clinic. Demographic data was collected along with polysomnography characteristics, wait time involved and cost involved of renting positive airway pressure machines.**Results:** Thirty-two patients were referred for a total of 46 polysomnography studies (PSG). The median apnoea-hypopnea index was 43 (IQR: 25 – 78) with a median oxygen desaturation index of 25.7 (IQR: 9.5 – 54.1). Median wait time between referral and diagnostic PSG was 64 days (IQR: 42.5 – 77.3), and 56.5 days for titration studies to occur (IQR 29.5 – 136.75). Median duration of renting positive airway pressure devices was 7 months with a median cost of $1742.**Conclusion:** Access to diagnostic sleep services for patients in our health district, where severe sleep apnoea is prevalent, is below recommended standards. Patients experienced lengthy wait time for diagnosis and treatment of their sleep apnoea. This added cost of hiring a positive airway pressure device impacted patient financial burden. **Grant Support:** NA |