Predicting Obstructive Sleep Apnea in People with Down Syndrome



Brian G. Skotko, MD, MPP^{1,2}, Eric A. Macklin, PhD³, Marco Muselli, MSc^{4,5}, Lauren Voelz, BS⁶, Mary Ellen McDonough, RN¹, Emily Davidson, MD, MPH^{2,6}, Veerasathpurush Allareddy, BDS, MBA, MHA, PhD, MMSc⁷, Yasas S.N. Jayaratne, BDS, PhD⁸, Richard Brunn, DDS⁹, Nicholas Ching, DDS¹⁰, Gil Weintraub, MD¹¹, Lisa Albers Prock, MD, MPH^{2,6}, David Gozal, MD, MBA¹², Dennis Rosen, MD^{2,13}

1. Down Syndrome Program, Division of Medical Genetics, Department of Pediatrics, Massachusetts General Hospital, Boston, Massachusetts; 3. Biostatistics Center, Massachusetts General Hospital and Harvard Medical School, Boston, Massachusetts; 3. Biostatistics Center, Massachusetts; 3. Biostatistics Center, Massachusetts General Hospital, Boston, Massachusetts; 3. Biostatistics Center, Massachusetts; 3. Biostatistics; 3. B Massachusetts; 4. Rulex, Inc., Boston, Massachusetts; 5. Institute of Electronics, Computer, and Telecommunication of Developmental Medicine, Department of Medicine, Boston Children's Hospital, Boston, Massachusetts; 7. Department of Orthodontics, The University of Iowa College of Dentistry and Dental Clinics, Iowa City, Iowa; 8. Division of Orthodontics, Department of Craniofacial Sciences, University of Connecticut; 9. Department of Dentistry, Boston Children's Hospital, Boston Massachusetts; 10. Children's Dentistry, El Cerrito, California; 11. Beth Israel Deaconess Medical Center, Boston, Massachusetts; 12. Department of Respiratory Diseases, Department of Medicine, Boston Children's Hospital, Boston, Massachusetts;



- tolerated, and inconvenient.

OBJECTIVES

To develop a novel model that ulletcould predict OSA in individuals with Down

3D Photogrammetry





Positive Pred (PPV): Negative Pred (NPV):		AH /): 55° /): 73°	l l > 1 / % 2 % 9	AHI > 5 25% 00%
Actu	AHI > 5 mod-severe	3	2	13
al Res	1 < AHI <u><</u> 5 <i>mild</i>	8	6	13
ults	AHI <u><</u> 1 none	29	3	25

Boston Children's

Hospital

Variables in Final Model

- Questionnaires: CSHQ, SRBD
- Medication usage (e.g., thyroid, reflux meds)
- Anthropometric measurements (e.g., BMI)
- Vital signs (e.g, BP, Awake SpO₂)
- Age
- **Physical exam** (e.g., Mallampati, neck circum)

- syndrome.
- The model should use comfortable, practical, and cost-effective measures, for diagnosing OSA in individuals with Down syndrome



Lateral Cephalograms

DESIGN/METHODS

All people with Down syndrome, ages 3-35, who were already enrolled in the Down Syndrome Program at Boston Children's Hospital.

exclusion: already had adenoids, tonsils, or both removed; previous sleep study within past 6 months



Sleep Questionnaires

CONCLUSIONS

With simple procedures that can be collected at minimal cost, the proposed model accurately predicted when patients with DS were less likely to have moderate to severe obstructive sleep apnea and thus may not need a diagnostic sleep study.

Before we recommend implementing this predictive model, we are validating our prediction accuracy with a new set of patients.

ACKNOWLEDGEMENTS

We thank Al Ozonoff, Ron Becker, Angela Lombardo, Olyn Andrade, Beatrice Duvert, Katherine Pawlowski, Kara Stock-Guild, Brian Voelz, Shelly Abramowicz, and the technologists, nurses, and staff of Sleep Center, Boston Children's Hospital. We thank Shimon Sharon and Yossi Shamir of ToolsGroup and Ester Pescio of Rulex, Inc., for providing access for the statistical analyses.

Nonin WristOx₂ **Model 3150**

1. Sleep-Related Breathing Disorders (SRBD) Scale of the **Pediatric Sleep** Questionnaire (PSQ), a validated tool to assess OSA in the pediatric population.

2. Children's Sleep Habits Questionnaire (CSHQ), another validated and reliable instrument for the pediatric population.

Funding from Sircar/Dynan Fund; T32 GM007748-32; CTSU UL1RR025758; F32 HD068101-01A1; R40 MC25322-01-00. In-kind donation from Nonin.

CONTACT: bskotko@mgh.harvard.edu