Unmasking the Blind Spot: Ignorance in Doctors and Patients about OSA and Suggested Solutions at Academic Level

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Dear Editor,

Obstructive sleep apnea (OSA) is a prevalent yet often overlooked sleep disorder characterized by recurrent disruptions in breathing during sleep. It poses serious health risks and can significantly impair quality of life. Despite its potential consequences, many patients tend to ignore the signs and symptoms of OSA, leading to delayed diagnosis and treatment. This comment aims to shed light on the factors contributing to the ignorance surrounding OSA among patients, encompassing the lack of awareness, misconceptions, fear of diagnosis, social stigma, and barriers to seeking medical help.¹²

Lack of awareness: One key reason for patients’ ignorance of OSA is the lack of awareness about the disorder. Sleep apnea is often mistakenly perceived as mere snoring or attributed to other causes, such as fatigue or aging. Insufficient education about the symptoms, risk factors, and consequences of OSA contributes to patients’ failure to recognize the seriousness of their condition.³

Misconceptions: Misconceptions regarding sleep apnea play a pivotal role in patients’ decision to ignore the disorder. Many believe that OSA only affects overweight or obese individuals, dismissing the possibility of being affected themselves. Moreover, some patients wrongly assume that snoring is harmless and fail to recognize it as a potential symptom of a more significant underlying problem.³

Fear of diagnosis: The fear of receiving a diagnosis of sleep apnea can deter patients from seeking medical attention. The prospect of undergoing sleep studies, using continuous positive airway pressure (CPAP) machines, or undergoing surgical interventions can be intimidating and overwhelming for individuals. Anxiety about the potential lifestyle changes and the need to wear a mask during sleep further adds to the fear of diagnosis, making patients hesitant to confront their symptoms.

Social stigma: Sleep disorders, including OSA, often carry a social stigma that hinders open discussions and seeking help. Snoring and interruptions in breathing during sleep can cause embarrassment and shame, leading individuals to avoid discussing their symptoms with healthcare providers or loved ones. The fear of being judged or ridiculed can prevent individuals from acknowledging and addressing their sleep-related concerns.

Barriers to seeking medical help: Multiple barriers to accessing healthcare contribute to patients’ ignorance of OSA. Limited access to healthcare professionals, long waiting times for appointments, and the associated financial burden can discourage individuals from pursuing medical evaluations. Moreover, the lack of sleep disorder specialists in certain regions further compounds the issue, making it difficult for patients to obtain timely and accurate diagnoses.

Raising public awareness about OSA, educating individuals about the symptoms and risks, debunking misconceptions, and reducing the stigma associated with sleep disorders are vital steps to encourage patients to address their symptoms, seek medical advice, and obtain timely treatment. By bridging the gap between patients’ understanding and the reality of obstructive sleep apnea, we can ensure that individuals receive the care they need, leading to improved overall health outcomes and enhanced quality of life.

However, besides patient-related factors, a major factor for underdiagnosis and undertreatment of OSA is ignorance among physicians which can have multiple aspects-

Challenges in diagnosis: Diagnosing OSA can be challenging due to its overlapping symptoms with other conditions and the complexity of sleep studies. Symptoms such as snoring, fatigue, and daytime sleepiness can be attributed to various causes, making it difficult to pinpoint OSA as the underlying issue.³ The reliance on patient self-reporting can also lead to underdiagnosis or misdiagnosis. Furthermore, the availability and accessibility of sleep studies may be limited, delaying, or hindering the diagnosis process.

Limited awareness: Despite the high prevalence of OSA, there is evidence to suggest that healthcare professionals, including doctors, may have limited awareness of the disorder. OSA may not receive adequate attention in medical school curricula or continuing medical education programs, leading to a lack of understanding among physicians. Insufficient awareness can result in a failure to recognize the symptoms, risk factors, and associated

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Ignorance in Doctors and Patients about OSA

Providing ongoing education and in current digital times, simulated learning can improve diagnostic accuracy, enhance decision-making skills, and build confidence in handling sleep-related patient scenarios.

Time constraints: Time constraints in healthcare settings pose a significant challenge to comprehensive patient care. Doctors often have limited time during patient consultations, making it challenging to address complex conditions like OSA adequately. The extensive questioning and evaluation required for an accurate diagnosis of OSA may not fit within the time constraints of a typical office visit. As a result, OSA symptoms may be overlooked or overshadowed by more immediate and pressing concerns.

Financial considerations: Healthcare systems and insurance coverage can influence doctors’ attention to certain conditions, including OSA. The reimbursement structures and financial incentives in place may prioritize other medical conditions over sleep disorders. The lack of adequate reimbursement for sleep studies, treatment devices, and follow-up care may discourage doctors from prioritizing OSA diagnosis and management, particularly in resource-constrained settings. Policy changes and appropriate reimbursement mechanisms are necessary to incentivize doctors to prioritize OSA diagnosis and management.

At the educational level, improving sleep medicine training in medical colleges is crucial for enhancing doctors’ ability to recognize, diagnose, and manage sleep disorders effectively. Few helpful measures include the following:

Curriculum integration: There is a need to integrate sleep medicine into the core curriculum of medical colleges, incorporate dedicated modules or courses that cover the fundamentals of sleep medicine, including sleep physiology, sleep disorders, and diagnostic and treatment approaches, and emphasize the importance of recognizing and managing sleep disorders as an integral part of comprehensive patient care.

Clinical rotations: There is a need to provide clinical rotations or electives in sleep medicine, and offer opportunities for medical students to gain hands-on experience in sleep clinics, sleep laboratories, and sleep disorder centers. This exposure will allow students to observe and participate in the evaluation and management of sleep disorders under the guidance of experienced sleep specialists.

Faculty development: Investment in faculty development programs to ensure that medical educators possess the necessary knowledge and expertise in sleep medicine will be helpful. This will help maintain a knowledgeable and competent faculty to deliver quality sleep medicine education.

Interdisciplinary collaboration: Promoting interdisciplinary collaboration between sleep medicine specialists and other medical specialties is the need of the hour. Medical institutes should encourage joint lectures, workshops, and case discussions involving specialists from fields such as pulmonology, neurology, psychiatry, and otolaryngology. This collaboration will foster a holistic understanding of sleep disorders and their interplay with other medical conditions.

Simulated learning: In current digital times, simulated learning methods to enhance practical skills in sleep medicine can be done. Developing simulation exercises or virtual patient cases that allow students to practice diagnosing and managing sleep disorders in a controlled environment will help in skill development. Simulated learning can improve diagnostic accuracy, enhance decision-making skills, and build confidence in handling sleep-related patient scenarios.

Continuing medical education: Providing ongoing education and training opportunities for practicing physicians through continuing medical education (CME) programs, workshops, conferences, and webinars focused on sleep medicine updates, new diagnostic techniques, and emerging treatment modalities should be done.

Research and scholarly activities: Colleges should encourage medical students and faculty members to engage in sleep medicine research and scholarly activities fostering an environment that promotes research collaboration and supports the publication of sleep medicine-related studies. Involvement in research projects can deepen understanding, stimulate critical thinking, and contribute to the evidence-based advancement of sleep medicine.

Standardized assessments: Implementing standardized assessments in sleep medicine as part of medical licensing examinations should be done. Including sleep medicine-related questions or cases in national licensing exams will emphasize the importance of sleep disorders and encourage students to prepare adequately in this domain.

Collaboration with Sleep Medicine Societies: Collaborate with Sleep Medicine Societies and organizations to foster partnerships between medical colleges and sleep medicine professionals. These collaborations can facilitate guest lectures, workshops, and research collaborations, as well as provide access to educational resources and mentorship opportunities. Mentorship programs can provide valuable insights, career guidance, and opportunities for research or clinical exposure in sleep medicine.

By implementing these solutions, medical colleges can strengthen sleep medicine training, increase awareness about sleep disorders, and equip future doctors with the knowledge and skills necessary to effectively diagnose and manage sleep-related conditions. This will ultimately improve patient care and contribute to the overall well-being of individuals affected by sleep disorders.

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