



Importance of a questionnaire study on Latin American physicians about attitudes and knowledge of Obstructive Sleep Apnea

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INTRODUCTION

Obstructive sleep apnea (OSA) is a common disorder that affects 2-4% of the adults population. The prevalence of snoring which is a symptom of OSA is 41.3% in our city¹.

Moreover consciousness of OSA is 12% among the general population in our community². OSA is well known for its cardiovascular, pulmonary, neurologic complications and even a high risk of automobile accidents⁴.

At the present there are studies that had studied the knowledge and attitudes of obstructive sleep apnea in medical specialties and subspecialties, but these studies were designed in other than a Latin-American community and were evaluated in the English language.

OBJECTIVES

To investigate the knowledge and attitudes of Obstructive Sleep Apnea in Latin American physicians.

METHODS

Cross sectional survey study done in Guayaquil (Ecuador), Lima (Perú) y Caracas (Venezuela) cities. We previously translated the questionnaire obstructive sleep apnea knowledge and attitude (OSAKA) from English to Spanish.

Two investigators did the translations to Spanish of the questionnaire OSAKA in English. Then that version in Spanish was again translated back to English by a third investigator that did not know the original version of OSAKA. Then we use a comparability/interpretability sheet for the definitive survey³.

Then the questionnaire was completed during medical conferences at congresses in the cities mentioned above. For final data analysis we use only data from Ecuador do to poor compliance of surveys among other cities. For data analysis we use SPSS16.

RESULTS

Baseline Characteristics	Total
	193
Age median (SD), y	48 (+10.90)
Gender n (%)	
Male	89 (46)
Female	104 (54)
Degree n (%)	
MD*	189(97.9)
DO**	4 (2.1)
Years of practice median, (SD)	20 (± 9.99)
* Medical Degree	
** Doctor of Osteopathy	
SD Standard deviation	

Knowledge

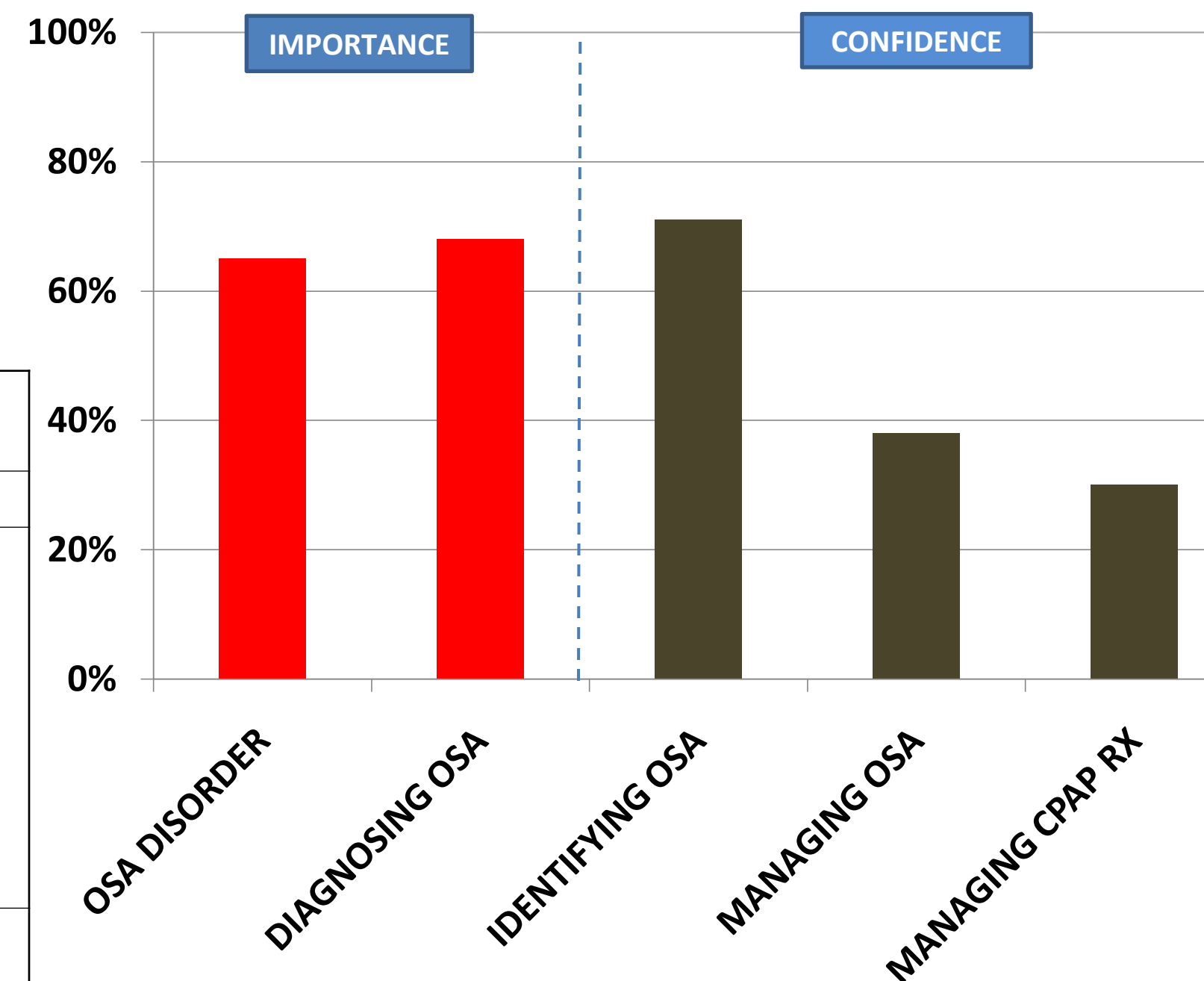
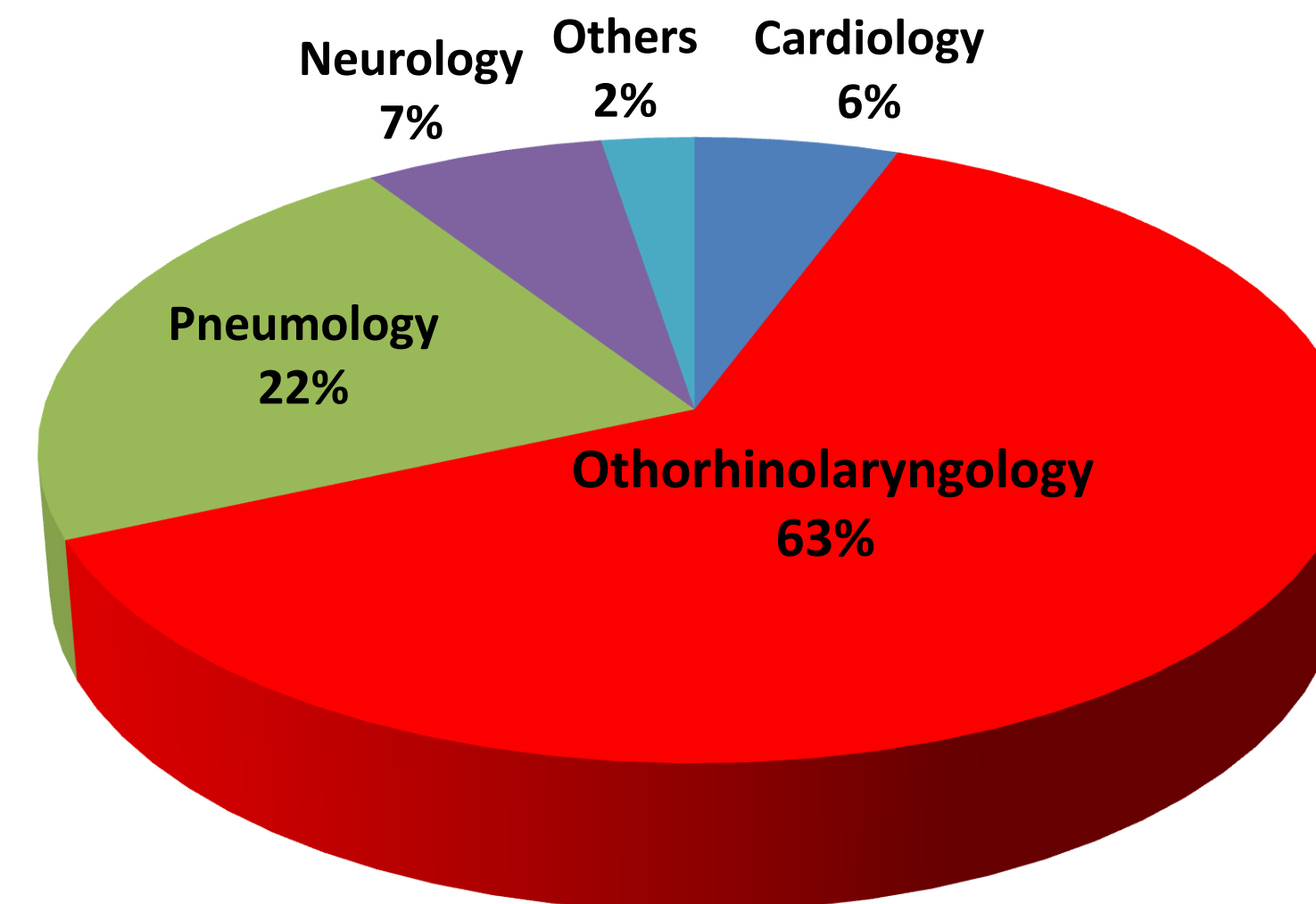
From the 18 knowledge questions, the number of correct answers ranged from 0 to 17 (89.5% maximum score) with a mean of 10.4 (57.7%) ± 2.8(15.3%).

So 57.7% of respondents got the questions correct. Individual knowledge items did not differ significantly by age, gender or number of years of practice.

Attitudes

Correlation between attitudes towards OSA and Knowledge scores	r*	r^2**	p
Knowledge mean, (SD)			
10.4, (2.8)	0.374	0.14	<.001
Importance of OSA as a clinical disorder	0.282	0.08	<.001
Important to identify patients with OSA	0.271	0.07	<.001
Confident identifying at-risk patients	0.325	0.11	<.001
Confident managing patients with OSA	0.210	0.04	<.001
Confident managing patients on CPAP	0.177	0.03	0.01
*Correlation Coefficient			
**Coefficient of determination			

Who should treat OSA?



In addition, we found among questions that involved treatment of OSA that uvulopalatopharyngoplasty is curative for OSA (67,9%) and that laser-assisted uvuloplasty is an appropriate treatment for severe OSA (83,9%).

More than half (55%) of respondents think that CPAP is the first line of treatment of OSA, however (91,2%) think that as a first line treatment for severe OSA, treatment should always begin with an automated CPAP before a fixed CPAP.

DISCUSSION

Compared to the knowledge score (72%) on the original OSAKA, latin-american physicians score lower. We believe this is due to the limited education of doctors in sleep disorders perhaps from their residency training or medical schools. Another factor we consider important is patients incapability to inform doctors about their sleep problems because of low consciousness of OSA.

Nonetheless they seem to know well that OSA brings not only cardiovascular complications (85,5%), but also automobiles accidents if left untreated. Considering treatment of OSA more than half still consider that surgery is the correct treatment for OSA, and even though half know that CPAP is the first line treatment only 8,8% will choose a fixed CPAP from the beginning of treatment.

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