

Managing COVID-19 Patients with Undiagnosed Obstructive Sleep Apnea: A Clinical Perspective

James Eric*

Departments of Medicine and Community Health Sciences, University of Calgary, Alberta, Canada

Introduction

The global healthcare community continues to navigate the challenges posed by the COVID-19 pandemic. As our understanding of the virus evolves, it becomes increasingly clear that pre-existing comorbidities play a significant role in shaping disease severity and outcomes. Among these comorbidities, obstructive sleep apnea stands out as a condition that warrants special attention due to its potential impact on respiratory function and immune response. This short communication article aims to shed light on the clinical approach to managing COVID-19 patients with undiagnosed OSA, highlighting key considerations and strategies for healthcare providers.

Description

Obstructive sleep apnea is a common sleep disorder characterized by recurrent episodes of upper airway obstruction during sleep, leading to intermittent hypoxia, sleep fragmentation, and daytime sleepiness. Individuals with OSA often exhibit underlying risk factors such as obesity, hypertension, and cardiovascular disease, which are also associated with poor COVID-19 outcomes. The presence of OSA in COVID-19 patients can exacerbate respiratory compromise, increase the risk of acute respiratory distress syndrome, and contribute to cytokine dysregulation and systemic inflammation. Additionally, OSA-related hypoxemia and hypercapnia may impair immune function, potentially delaying viral clearance and prolonging recovery in COVID-19 patients. Conduct a thorough clinical assessment, including history taking and physical examination, to identify potential signs and symptoms of OSA (e.g., snoring, witnessed apneas, daytime sleepiness, obesity) [1,2].

Utilize screening tools such as the STOP-BANG questionnaire or Berlin questionnaire to stratify patients' risk of OSA and prioritize further evaluation. Consider home sleep apnea testing or in-laboratory polysomnography for definitive diagnosis of OSA in COVID-19 patients with high clinical suspicion or significant risk factors. Collaborate with sleep medicine specialists to interpret sleep study results and establish OSA severity based on apnea-hypopnea index and oxygen desaturation levels. Initiate appropriate interventions for OSA management, such as continuous positive airway pressure therapy, oral appliances, positional therapy, or weight management programs, depending on individual patient needs and preferences. Monitor treatment adherence and efficacy through telemedicine follow-ups and objective measures. Implement infection control measures during diagnostic testing and treatment initiation to minimize the risk of COVID-19 transmission [3].

***Address for Correspondence:** James Eric, Departments of Medicine and Community Health Sciences, University of Calgary, Alberta, Canada, E-mail: ericjame@gmail.com

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Educate patients about the importance of OSA management in optimizing respiratory function, immune response, and overall recovery from COVID-19. Managing COVID-19 patients with undiagnosed OSA presents unique challenges and opportunities for healthcare providers. Limited access to sleep testing facilities and resources during the pandemic. Balancing priorities between acute COVID-19 management and chronic disease management. Addressing barriers to CPAP adherence, including mask discomfort, claustrophobia, and airway dryness. Integration of telemedicine platforms for remote OSA screening, consultation, and follow-up care. Collaborative care models involving pulmonologists, sleep specialists, and primary care providers to optimize patient outcomes. Public health initiatives to raise awareness about OSA and its implications in COVID-19 recovery [4,5].

Conclusion

As the healthcare community continues to navigate the complexities of the COVID-19 pandemic, recognizing and addressing comorbidities such as obstructive sleep apnea is crucial for improving patient outcomes. COVID-19 patients with undiagnosed OSA represent a vulnerable population requiring tailored clinical approaches that prioritize respiratory support, immune modulation, and holistic care. By integrating screening protocols, diagnostic testing modalities, and multidisciplinary management strategies, healthcare providers can optimize the management of COVID-19 patients with unrecognized OSA, ultimately contributing to better recovery and long-term health outcomes.

Acknowledgement

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Conflict of Interest

None.

References

- Cheung, Thomas MT, Loretta YC Yam, Loletta KY So and Arthur CW Lau, et al. "Effectiveness of noninvasive positive pressure ventilation in the treatment of acute respiratory failure in severe acute respiratory syndrome." *Chest* 126 (2004): 845-850.
- Ejaz, Hasan, Abdullah Alsrhani, Aizza Zafar and Humera Javed, et al. "COVID-19 and comorbidities: Deleterious impact on infected patients." *J Infect Public Health* 13 (2020): 1833-1839.
- Maas, Matthew B., Minjee Kim, Roneil G. Malkani and Sabra M. Abbott, et al. "Obstructive sleep apnea and risk of COVID-19 infection, hospitalization and respiratory failure." *Sleep and Breathing* 25 (2021): 1155-1157.
- Jordan, Amy S., David G. McSharry and Atul Malhotra. "Adult obstructive sleep apnoea." *The Lancet* 383 (2014): 736-747.
- Goyal, Munish and Jeremy Johnson. "Obstructive sleep apnea diagnosis and management." *Mo Med* 114 (2017): 120.

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