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### **Obstructive sleep apnoea syndrome - management in primary health care**

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**Background and Aim:** Obstructive Apnoea Syndrome (OSA) currently has a high prevalence among the adult population (2-4%). This disease poses a significant risk factor for cardiovascular and cerebrovascular disease. The pathophysiology of the disease is based on repetitive collapse of the upper airways. It presents direct and indirect costs and a high morbidity / mortality considerably. The aim of this study is approach the obstructive sleep apnea by primary health care.

**Methods:** Classical literature based on research in the database PubMed medical sites based on evidence, using the keywords: "obstructive sleep apnea" and "management" and "primary care". The inclusion criteria were articles in English, Portuguese and Spanish and with time limit from 2004 to 2014.

**Results:** The diagnosis of OSA begins with the collection of the history of the patient through the patient's routine assessment or patient complaints or evaluation of high-risk patients for OSA. The collection of clinical history based on the characterization of patients sleep research as well as complications associated with the syndrome. The physical examination should investigate the presence of obesity, alterations of the upper airways and increased cervical perimeter. Through clinical history and physical examination and determination of the severity of the patient is indicated to perform objective tests. The Polygraphic sleep study is essential in the diagnosis and determines the severity of the syndrome. OSAS is a chronic disease and it requires long-term care. Treatment with ventiloterapia by continuous positive airway pressure is the treatment of choice. With regard to adherence to treatment the family doctor has a crucial role in the continuum of care. There are multiple factors that are present in adherence to treatment involving individual characteristics, social, economic and government.

**Conclusions:** The approach of OSAS in primary care is crucial in the evaluation and continuation of long-term care of these patients.