



OSA and obesity – seek and ye shall find

Toni McBride

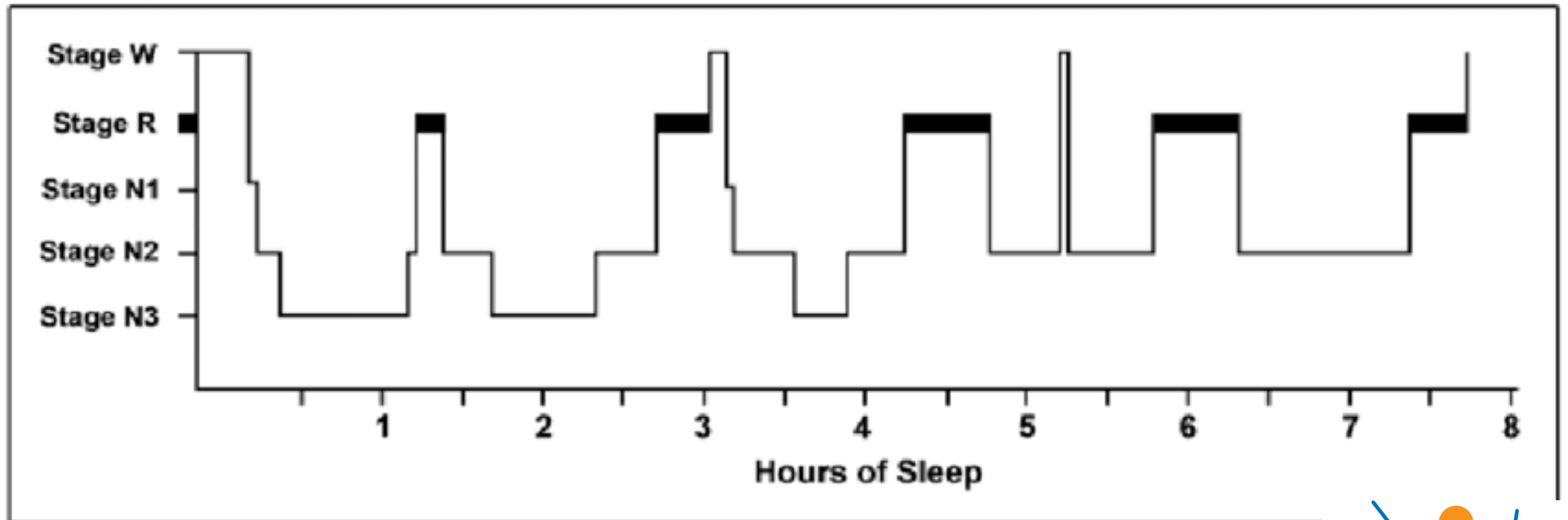
Royal Manchester Children's Hospital



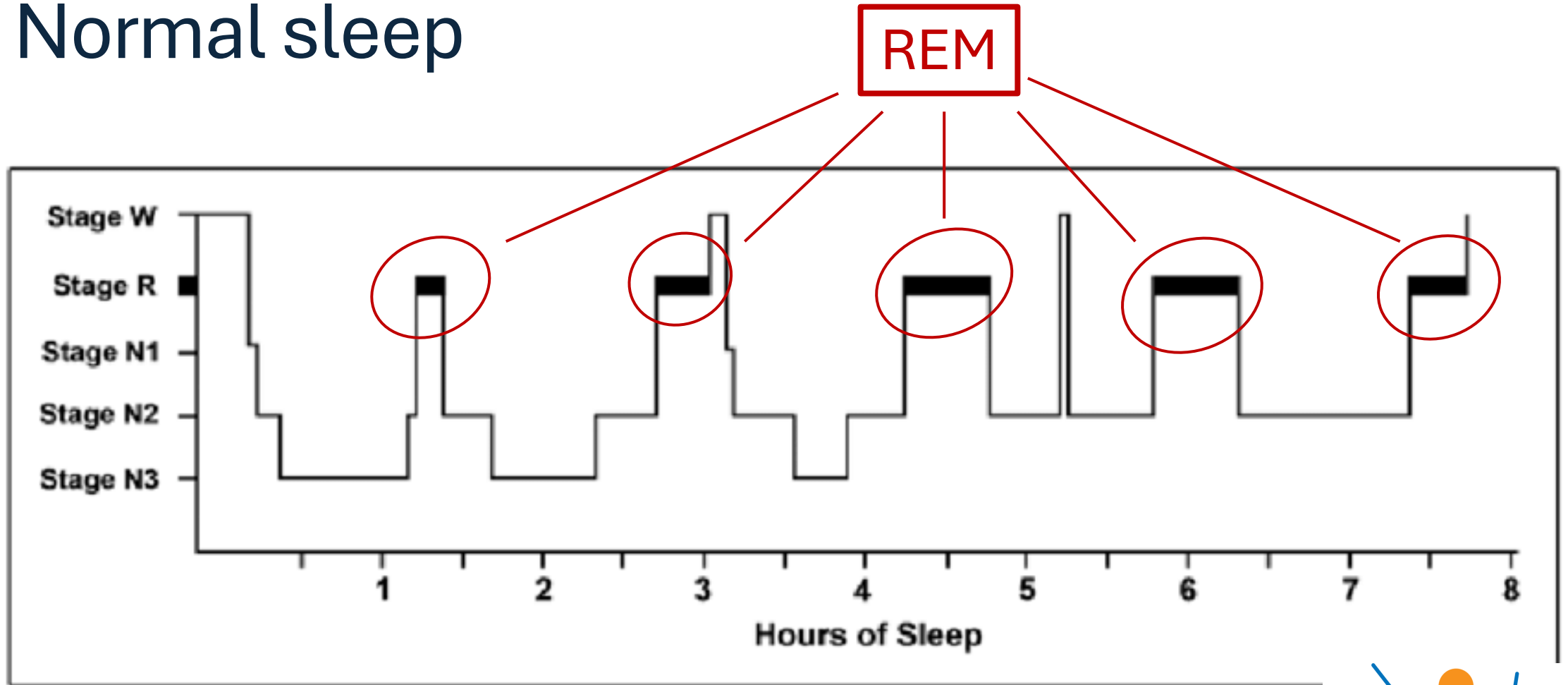
The many faces of OSA



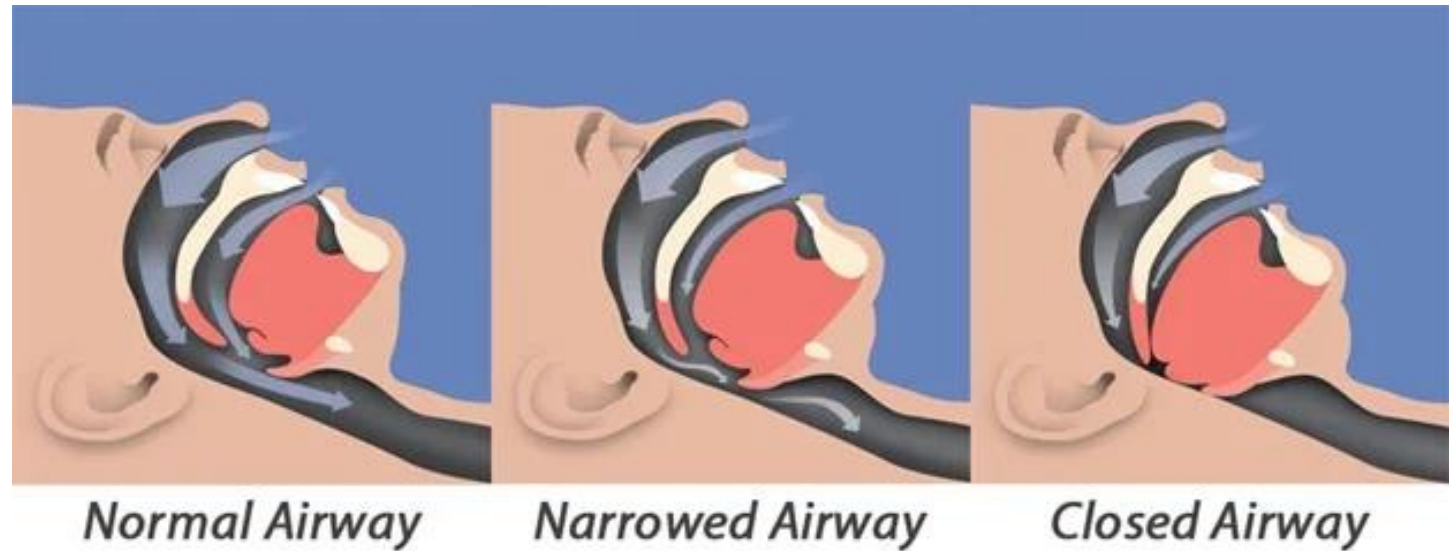
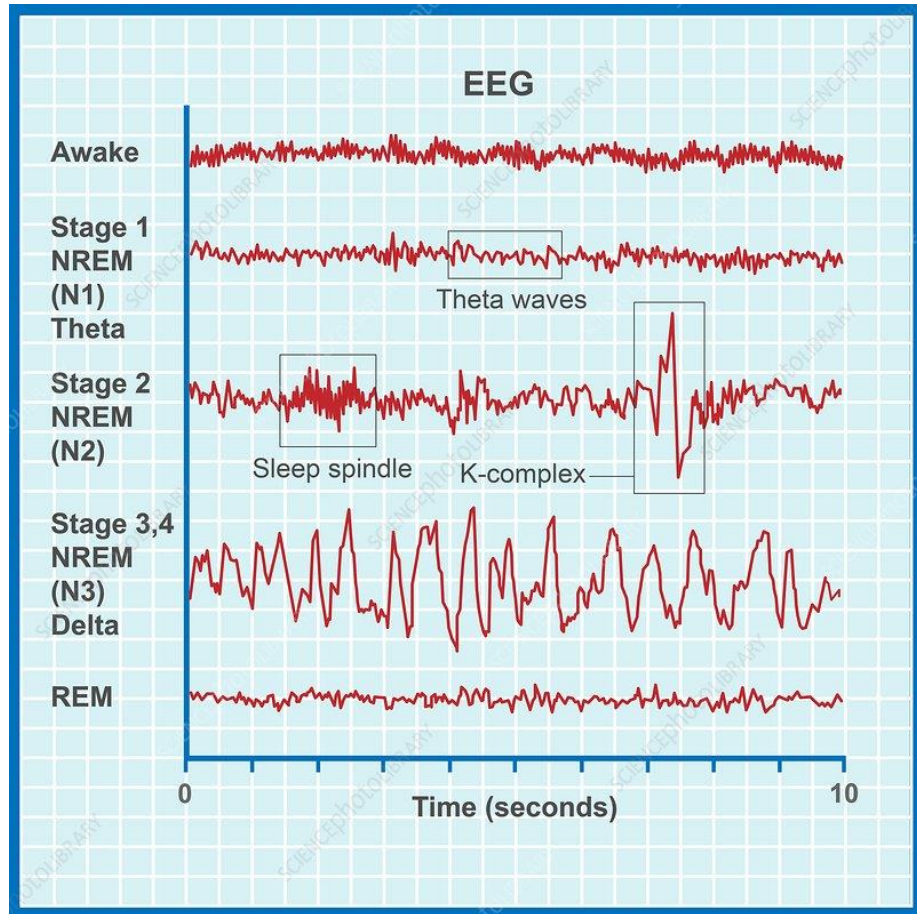
Normal sleep



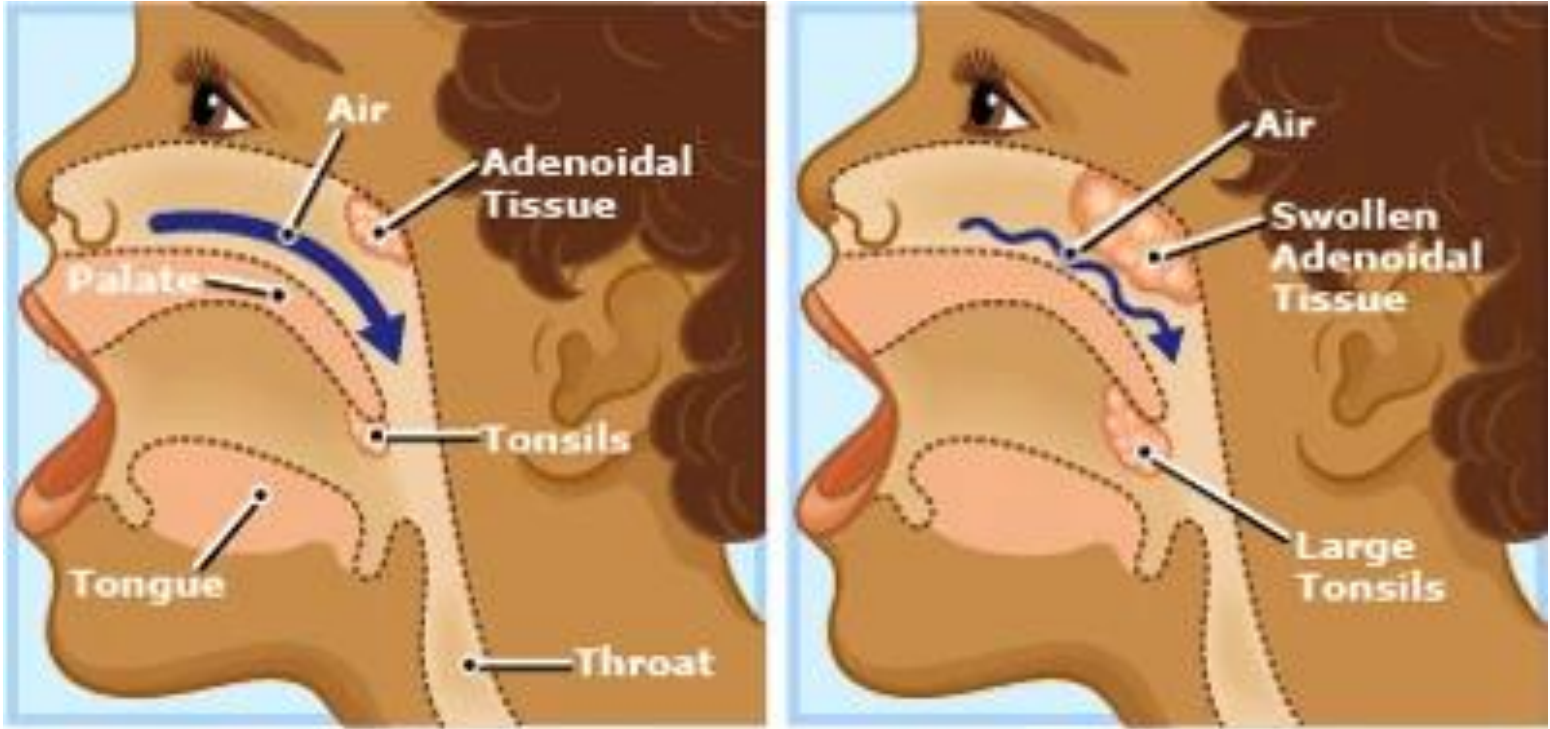
Normal sleep



REM sleep



Ts and As



Why is OSA important?



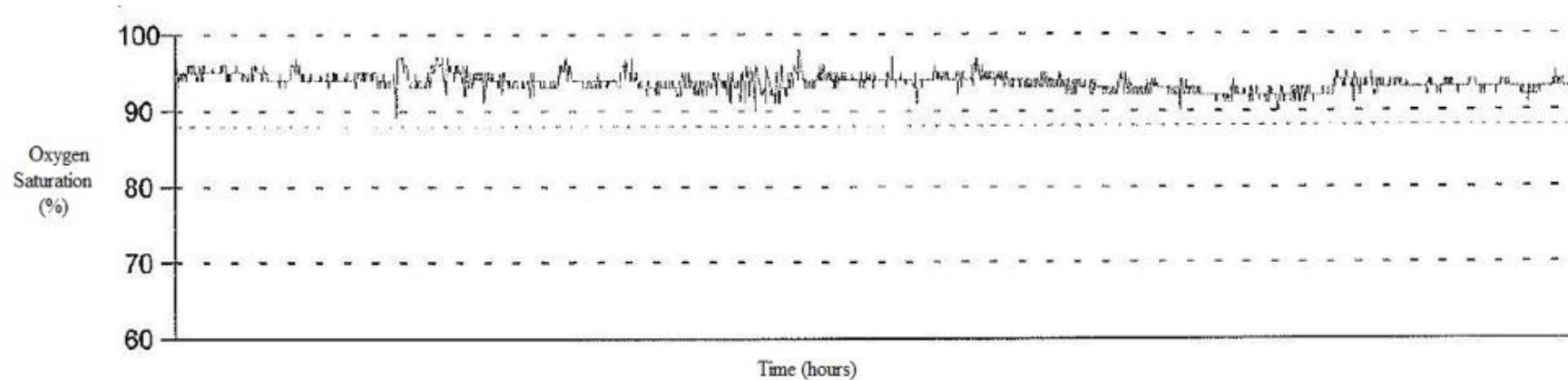
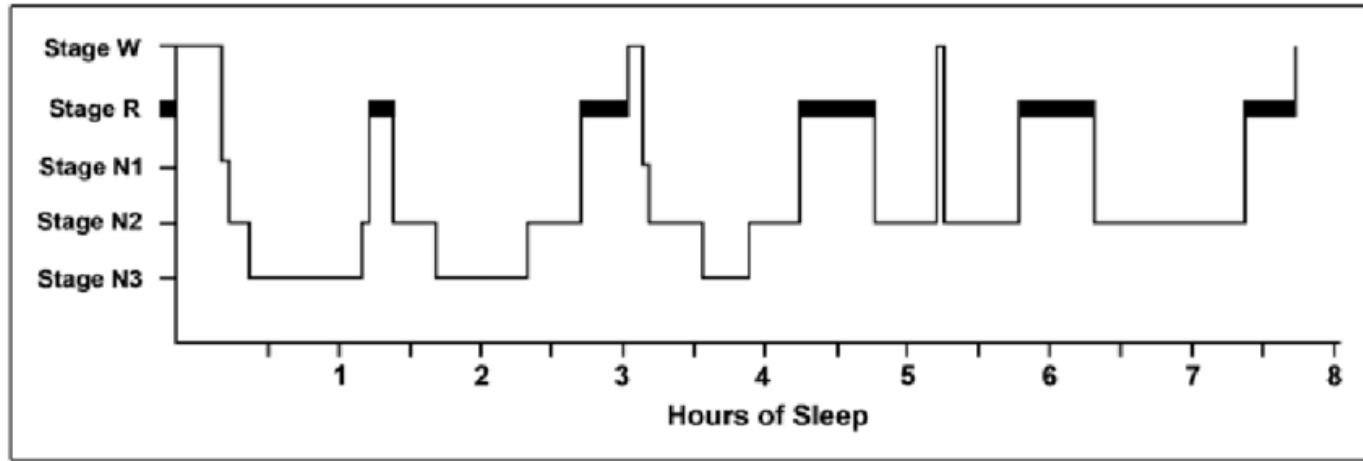


5%

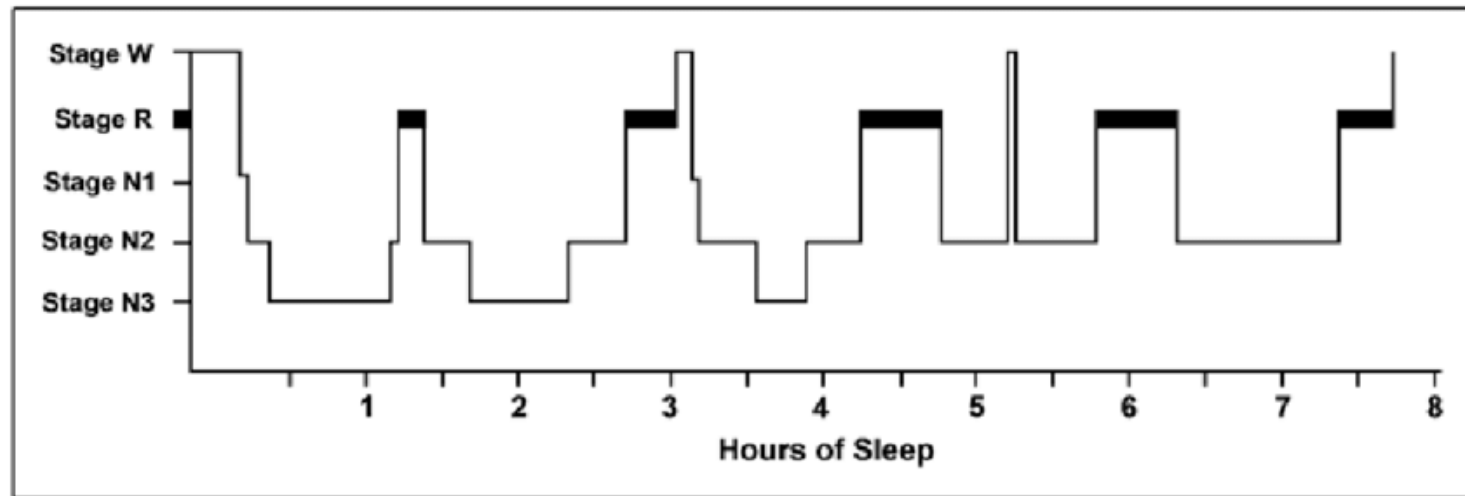
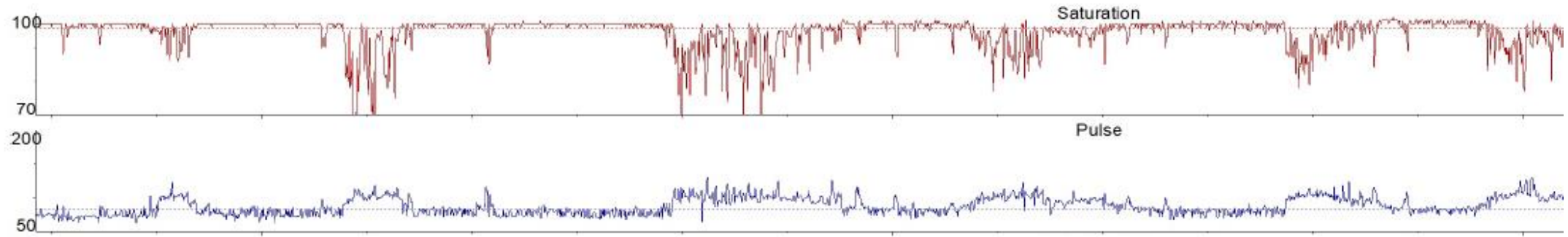
Who is at risk?



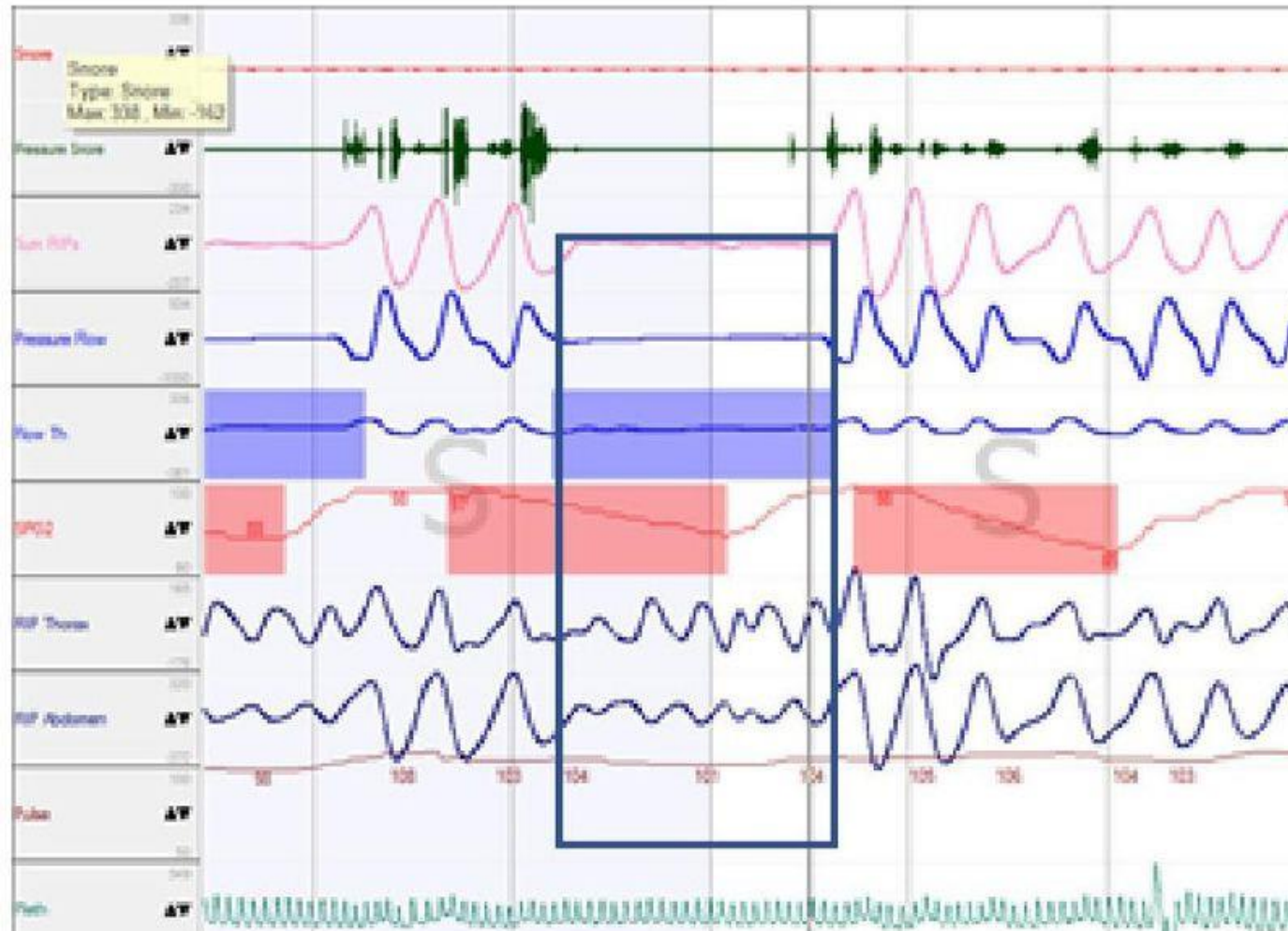
Investigation



OSA on ONSS



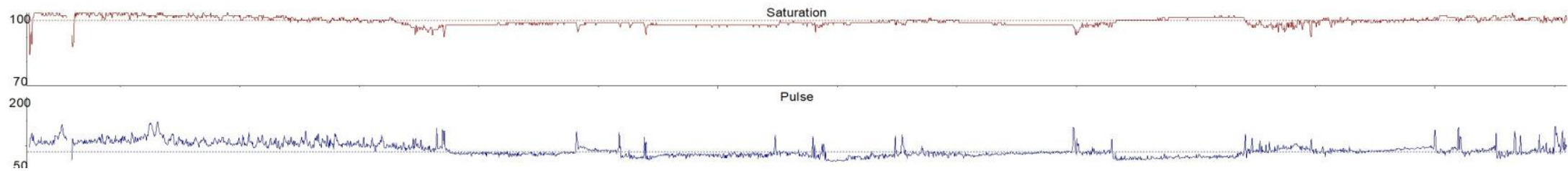
OSA on CRSS



Everitt et al, ADC E&P 2023 (108)



Beware of the normal oximetry



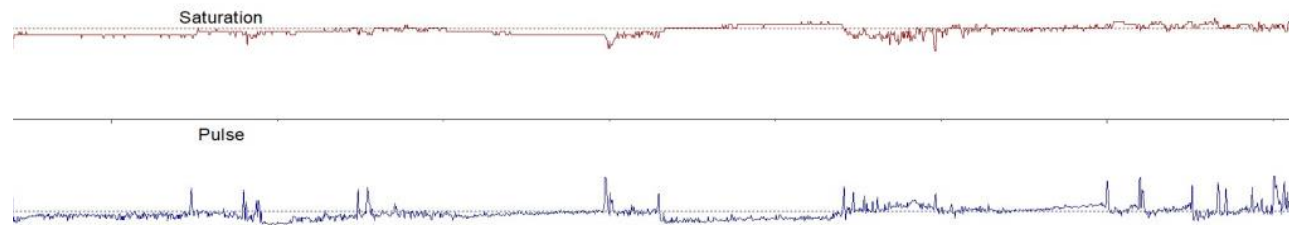
ODI 1.17
Median sats 97%



Beware of the normal oximetry

Respiratory Analysis

	Number (Index)
Obstructive	7 (1.6)
Mixed	-
Central	2 (0.5)
Undef A.	-
Total Apn.	9 (2.0)
Hypopnea	46 (10.4)
A+H	55 (12.4)
Limitations	-
RERAs	-
RDI	55 (12.4)



AHI 12.4
Early morning pCO₂ 7.0





When to suspect OSA



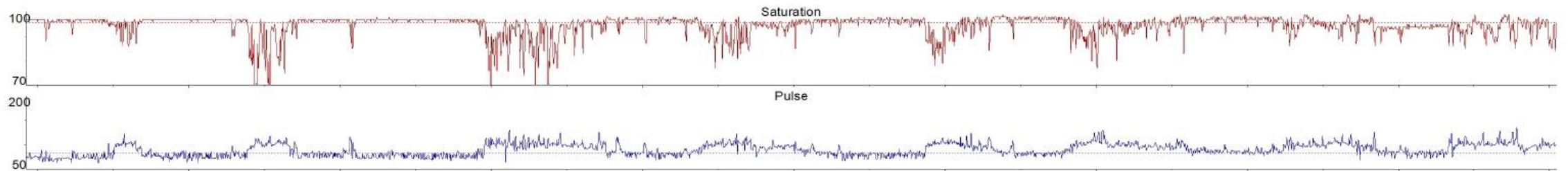
The baby who isn't weaning oxygen



The baby who isn't weaning oxygen



ONSS in 1L/min O₂
ODI 82

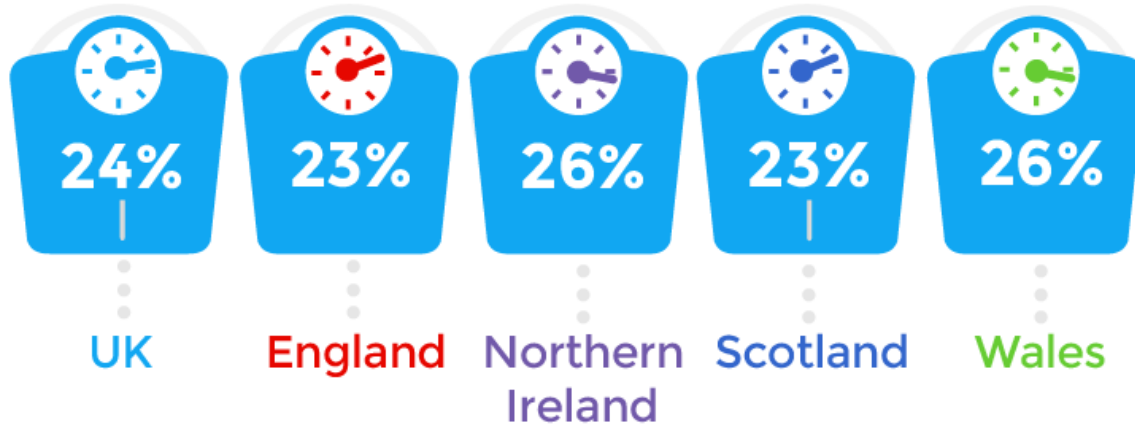




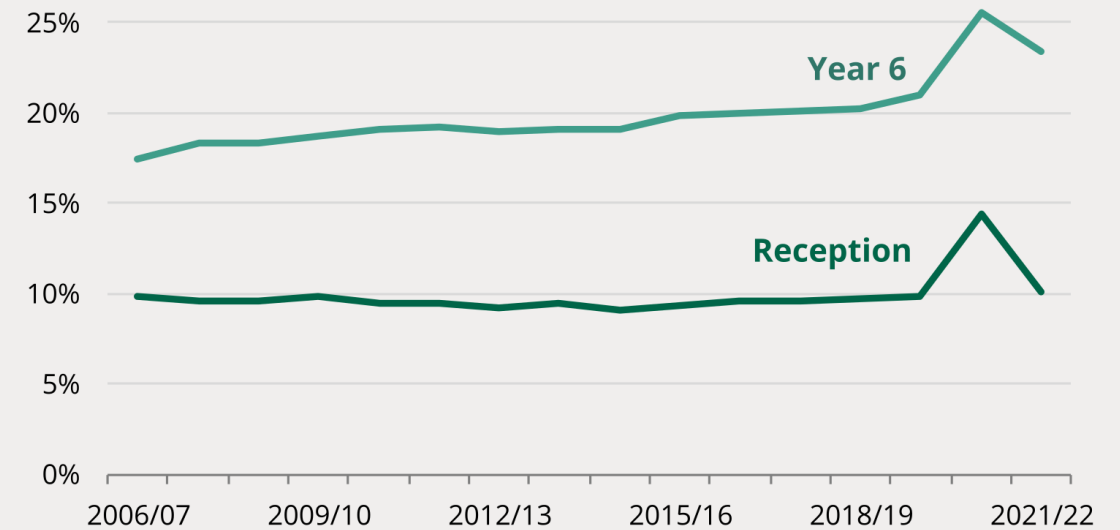
Obesity-related OSA

Why this is topical

Overweight at 4-5 years old



Obesity levels have risen among Year 6 children in England

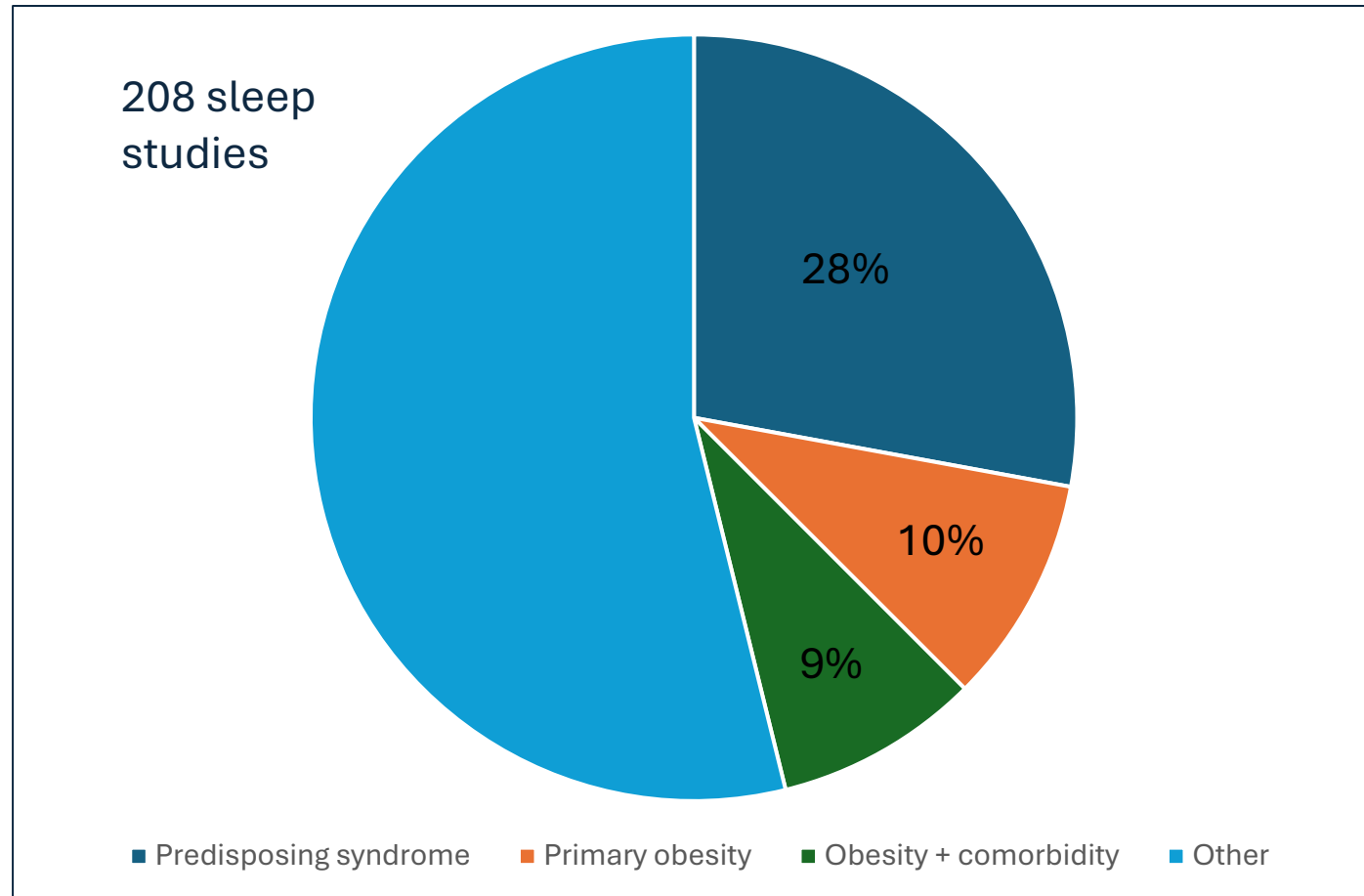


Why this is important

- 13-60% of obese children have OSA
- Every increment of 1kg/m^2 above the 50th centile increases OSA risk by 12%
- AHI >5 is
 - More likely to cause complications
 - Less likely to resolve without intervention



Screening for OSA in obesity

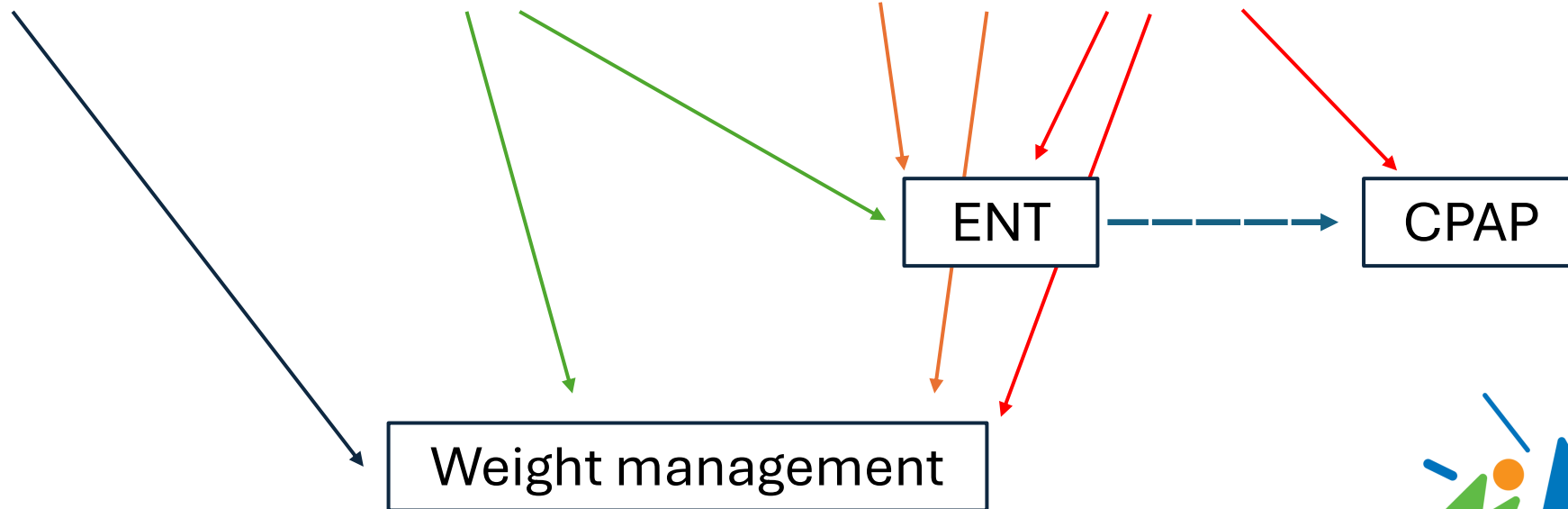


RMCH sleep service

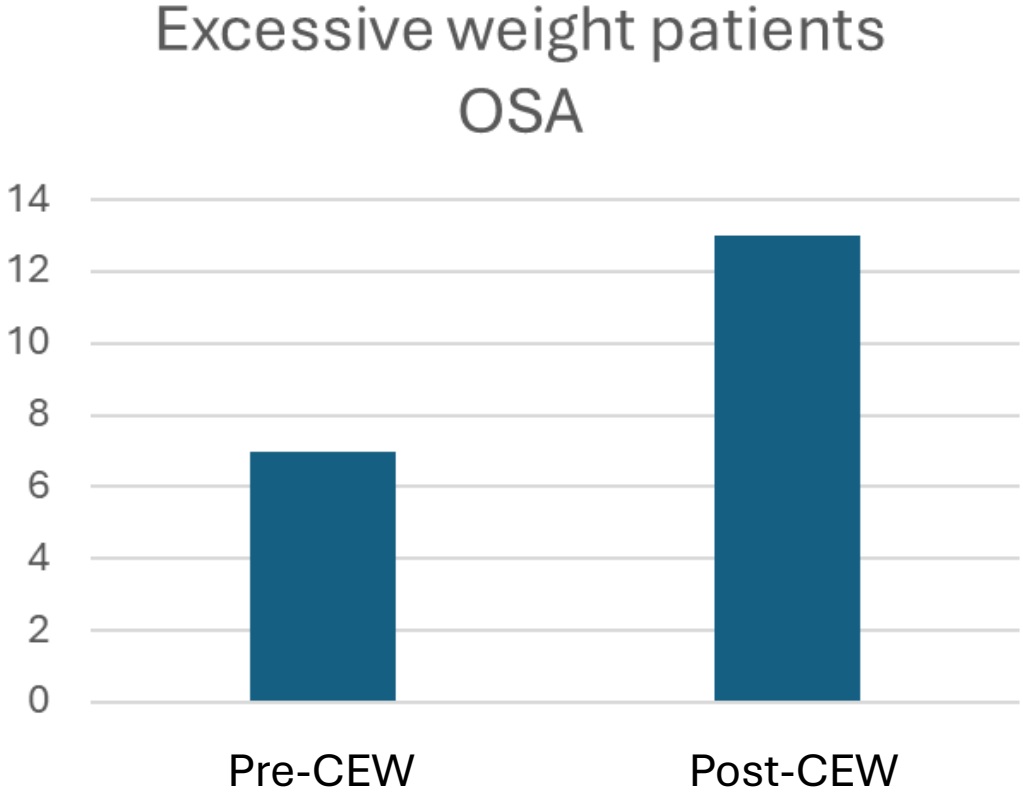


The effect of screening

AHI <1	AHI 1-4	AHI 5-9	AHI ≥10
8 (50%)	3 (19%)	1 (6%)	4 (25%)



The effect of screening



Nico



- Referred from CEW clinic
- Overweight, tired, depressed
- Struggling at school
- Struggling to lose weight



Nico



Take home messages

- Have a high index of suspicion
- Don't trust a normal ONSS in a symptomatic or co-morbid child
- 1st-line treatment for obesity-related OSA is weight management
- Treating OSA in obesity can be curative



Thanks to:
Laura Healy
Lauren Peale
The RMCH sleep team



Questions?