# MEP and MRB Recommendations

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| **Recommendations** | **MEDICAL EXPERT PANEL**  MEP Proceedings: August 13–14, 2007 MEP Recommendations Released: January 14, 2008 |
| **Panel Members:** Sonia Ancoli-Israel, PhD; Charles A. Czeisler, MD, PhD;  Charles F.P. George, MD, FRCPC; Christian Guilleminault, MD, BioID;  Allan I. Pack, MD, ChB, PhD |
| Guideline 1 - General | OSA diagnosis precludes unconditional certification.  Driver with OSA diagnosis can be certified if:   * Has untreated OSA with AHI < 20 AND * No daytime sleepiness OR * OSA is being effectively treated.   Should be recertified annually, based on demonstrating compliance with therapy. | |
| Guideline 2 – Drivers who should be disqualified immediately or denied certification with any of the following: | * Report EDS while driving, OR * Experienced a crash associated with falling asleep, OR * Have AHI >20 until compliant with PAP, OR * Have undergone surgery and are pending 3-month post-op findings, * Have been found non-compliant in treatment at any point, OR * Have a BMI > 33 kg/m2 (pending sleep study). | |
| Guideline 3 – Conditional certification | Driver with BMI > 33 kg/m2 may be certified for 1 month pending sleep study.  Driver with OSA may be certified for 1 month while start CPAP therapy. Then certified for 3 months if compliant. If still compliant, certified for 1 year. Future certification dependent on continued compliance.  Minimal compliance 4 hours/day use 70% of days | |
| Guideline 4- Referral for diagnosis and stratification of severity | Referred for testing if:   * High risk using Berlin questionnaire, OR * BMI > 33 kg/m2,OR * Judged at risk based on clinical evaluation. | |
| Guideline 5 – Identification of individuals with undiagnosed OSA | * Everyone should be screened by ME. * Symptoms – loud snoring, witnessed apneas, daytime sleepiness * Risk factors   1. Advancing age   2. BMI > 28 kg/m2   3. Small jaw   4. Neck size > 17” male, 15.5” female   5. Small airway   6. Family history * Conditions associated with high risk   1. Hypertension (treated or untreated)   2. Type 2 diabetes (treated or untreated)   3. Hypothyroidism (untreated) | |
| Guideline 6 – Method of diagnosis and severity | Preferred method overnight PSG  Alternatives:   * Oxygen saturations AND * Nasal pressure AND * Sleep/wake time.   Tested while on usual chronic medications | |
| Guideline 7 – Treatment - PAP | All individuals with OSA referred to clinician with relevant expertise.  PAP preferred therapy.  Adequate PAP pressure established through one of the following:   * In-laboratory titration study * Auto-titration system   May be certified if successfully treated for 1 week AND   * Demonstrate good compliance AND * Resolution of excessive sleepiness while driving.   Compliance must be demonstrated objectively. Compliance = using CPAP for duration of total sleep time   * Optimal 7 or more hours use; 4 hours per major sleep acceptable * 4 hrs/use 70% of nights | |
| Guideline 8 – Treatment alternatives | Compliance with dental appliances can’t be demonstrated so not acceptable alternative.  Surgical treatment acceptable | |
| Guideline 9 – Bariatric surgery | With bariatric surgery, may be certified if:   * Compliant with PAP, OR * 6-months post op (for weight loss), AND * Cleared by treating physician, AND * Sleep exam AHI < 10, AND * No longer excessively sleepy.   Recertification within 2 years it not on PAP.  Others should seek reevaluation if gain weight (5%) or symptoms recur. | |
| Guideline 10 – Oropharyngeal surgery | Certified if:   * 1 month post surgery, AND * Cleared by treating physician, AND * Sleep exam AHI < 10, AND * No daytime sleepiness.   Annual recertification   * Sleep exam AHI < 10 AND * No daytime sleepiness. | |
| Guideline 11 – Facial bone surgery | Certified if:   * 1 month post surgery, AND * Cleared by treating physician, AND * Sleep exam AHI < 10, AND * No daytime sleepiness.   Annual recertification   * Sleep exam AHI < 10, AND * No daytime sleepiness. | |
| Guideline 12 – Tracheostomy | Certified if:   * 1 month post surgery, AND * Cleared by treating physician, AND * Sleep exam AHI < 10, AND * No daytime sleepiness.   Annual recertification   * Sleep exam AHI < 10, AND   No daytime sleepiness. | |
| Guideline 13 – Patient Education | Individuals with OSA should be educated on:   * Importance of adequate sleep, * Lifestyle changes (weight loss, smoking, exercise, limited alcohol), * Importance of treatment compliance, * Consequences of untreated OSA, and * Effects of depressants on OSA. | |
| **Recommendation** | **MEDICAL REVIEW BOARD**  **MRB Proceedings: January 28, 2008 in Salt Lake City, Utah Concurred with MEP recommendations with the exception of two changes indicated below** | |
| **Board Panel Members: Kurt Hegmann, MD, chairman; Michael Greenberg, MD,  co-chairman; Gunnar Andersson, MD; Barbara Phillips, MD; Matthew Rizzo, MD.** | |
| 1: Medical references | * Replace the word “clinician” in the MEP Recommendations with the phrase “a qualified physician with relevant expertise in sleep apnea.” | |
| 2: Body Mass Index | * BMI cut point should be >30 as the criterion, which would trigger referral for testing for sleep apnea. * During discussion, however, Dr. Matthew Rizzo explained his objection to the approved recommendation on BMI. He noted that the data are quite clear that BMI is related to sleep apnea and that BMI alone may be a risk factor for crashes. The evidence for the cut point is unclear and needs further investigation. | |