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Title: Clinical audit of the Quebec Sleep Questionnaire in a routine sleep apnoea service

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Body: Introduction: We reviewed 2 years of our obstructive sleep apnoea & hypopnoea syndrome (OSAHS) service. The Quebec Sleep Questionnaire (QSQ) was used as a subjective measure of improvement1 with CPAP. We aimed to see if QSQ reflected symptomatic improvement in treated patients. Methods: Referrals undertook history & baseline overnight oximetry (Pulsox 300i, Minolta, Japan). If positive for OSAHS, they undertook an auto-titration and, if beneficial, a trial of CPAP. Of 783 patients, only 155 completed QSQ before & after the CPAP trial. QSQ includes 5 areas; Q1. hypersomnolence, Q2. diurnal symptoms, Q3. nocturnal symptoms, Q4. emotions, Q5. social interactions. An increased score indicated improved symptoms. We compared objective & subjective improvements with CPAP. Results: Patients exhibited witnessed apnoeas (68%), snoring (90%), excessive daytime sleepiness (76%) with 56% showing all 3 symptoms. Differences in SpO2 dip rate, Epworth Score (ESS) & QSQ pre- & post-CPAP trial are shown in Table 1. Surprisingly, there was poor correlation between hypersomnolence (Q1) & ESS.

QSQ scores (Q1-5), Diprate and ESS pre- & post-two week CPAP trial

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q5</th>
<th>Dips &gt;4% SpO2/hr</th>
<th>EDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basline</td>
<td>23.9 (10.4)</td>
<td>35.4 (15.1)</td>
<td>24.8 (9.8)</td>
<td>21.1 (7.5)</td>
<td>16.8 (6.7)</td>
<td>31.4 (27.5)</td>
<td>13.1 (5.0)</td>
</tr>
<tr>
<td>End Of Trial</td>
<td>32.0 (9.2)</td>
<td>49.2 (15.2)</td>
<td>34.0 (9.8)</td>
<td>25.9 (7.5)</td>
<td>22.1 (5.8)</td>
<td>5.8 (8.0)</td>
<td>9.2 (5.1)</td>
</tr>
<tr>
<td>T-Test</td>
<td>p&lt;0.05</td>
<td>p&lt;0.05</td>
<td>p&lt;0.05</td>
<td>p&lt;0.05</td>
<td>p&lt;0.05</td>
<td>p&lt;0.05</td>
<td>p&lt;0.05</td>
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</table>

Data is presented as Mean (SD) with T-Test comparisons of Baseline to End Of Trial

Conclusion: QSQ correlates with objective improvements in OSAHS & appears to be a reliable subjective measure of symptom improvement. However, there was poor correlation between ESS & hypersomnolence.