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Title: Diabetes mellitus and obstructive sleep apnea syndrome in primary care

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Body: Introduction: Obstructive Sleep Apnea Syndrome (OSAS) is a risk factor for insulin resistance and type 2 Diabetes Mellitus and its prevalence is higher on these. An adequate screening instrument for primary care units would be valuable. Objective: Evaluate Epworth Scale (ES) and Berlin Questionnaire (BQ), as screening instruments of diurnal hypersomnolence (DH) and increased OSAS risk in the diabetic population of a primary care unit. Methods: Observational, transversal, descriptive study, through the filling of a clinical characterization form and application of ES, BQ and cardiorespiratory polysomnography (CRP), on a randomized sample of the diabetic population of a primary care unit. Results: 117 patients, 48% male, mean age 65±8 years. The CRP revealed AHI≥5/h in 86 (73.5%) pts, 47 (40%) with AHI between 5-14, 20 (17%) with AHI 15-29 and 19 (16%) with ≥30 events/h. ES sensitivity's and specificity's was 20% and 91% for a cut-off≥10 and of 1.1 and 100% for a cut-off≥16. The NPV was 29.6% and 26.7% for those cut-offs. It couldn't identify DH on 72% of pts with AHI>15. The BQ classified 76 (65%) pts in high-risk group for OSAS. Roncopathy, diurnal somnolence and hypertension/obesity categories were positive on 72%, 17% and 83% respectively. For an AHI≥5/h, its sensitivity and specificity was 71% and 52%, the PPV 80% and the NPV 39%. For an AHI≥15/h, the same statistical measures were 87, 46, 45 and 88%. For an AHI≥30/h, the results were 90, 40, 22 and 95%. Conclusion: ES showed low sensitivity and NPV as an HS screening test. The BQ had moderate sensitivity, low specificity and NPV, making it unreliable for application in this population. Reporting to a single unit these results may not be representative.