## **European Respiratory Society Annual Congress 2013**

**Abstract Number: 5268** 

**Publication Number: P4668** 

**Abstract Group:** 7.1. Paediatric Respiratory Physiology

Keyword 1: Sleep disorders Keyword 2: Sleep studies Keyword 3: Children

**Title:** Reliability of home respiratory polygraphy monitoring for diagnosis of sleep apnea/hypopnea syndrome (SAHS) in children

Dr. María-Luz 32116 Alonso-Alvarez mlalonso@hubu.es MD <sup>1</sup>, Dr. Joaquin 32117 Teran-Santos jteran@hubu.es MD <sup>1</sup>, Dr. Jose-Aurelio 32118 Cordero-Guevara jose.cordero.guevara@gmail.com MD <sup>1</sup>, Dr. Estrella 32119 Ordax-Carbajo estrellaordax@gmail.com <sup>1</sup> and Dr. Ana-Isabel 32120 Navazo-Egüia navazoeguia@gmail.com MD <sup>1</sup>. <sup>1</sup> Sleep Unit.CIBERES, Hospital Universitario De Burgos. HUBU, Burgos, Spain, 09006.

Body: Polysomnography (PSG) performed in a sleep laboratory is the currently accepted technique for the diagnosis of sleep apnea/hipopnea syndrome (SAHS) in children. Respiratory Polygraphy (RP) in children has been validated in the sleep laboratory. AIM: To evaluate the reliability diagnostic of home respiratory Polygraph (HRP) in children with a clinical suspicion of SAHS. Methods: Cross-sectional study. We included children aged 2 to 14 years, of both sexes, with clinical suspicion of SAHS. The whole group underwent clinical history, physical examination, a first home respiratory polygraphy (HRP) and between 1 and 2 weeks later underwent a second RP and PSG in the same night in sleep laboratory. We calculated Respiratory disturbance index (RDI), Obstructive respiratory disturbance index (oRDI) Obstructive Apnea-Hypopneas index (oAHI). Intraclass correlation coefficients (ICC), Bland-Altman plots and receiver operator curves (ROC) were calculated for statistical analysis. Results: We studied 27 boys and 23 girls with a mean age of 5.3 (SD: 2.55). 39 (78%), 33 (66%), 26 (52%) were diagnosed of SAHS, when RDI≥ 3, oRDI≥ 3 and OAHI≥3 were take as diagnosis of SAHS. The mean RDI was 13.92 (SD16, 57), 14.46 (SD: 13.23), 16.47 (SD: 15.32) in the PSG, Home RP, RP at laboratory respectively. The area under ROC curve for RDI  $\geq$  3, oRDI≥ 3 and OAHI≥3 in the laboratory RP were 93.5 (85.5 - 1), 96.8 (92.1 - 1), 95. 5 (90.6 - 1) and in the HRP were 93.5 (86.8 - 1), 93.9 (87.0 - 1), 92.9 (85.9 - 1) respectively. Conclusions: Home Respiratory Poligraphy is a useful technique for diagnosis of SAHS in children. Funded: Ministry of health Castilla – Leon and SEPAR.