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## 匠人学术

——符合我国老年睡眠呼吸暂停患者需求的《老年睡眠呼吸暂停综合征诊断评估专家共识》

睡眠呼吸暂停 (SAS) 是老年人常见睡眠障碍之一，也是多种疾病的诱因，并与阿尔茨海默病、心律失常、高血压、心脑血管疾病及呼吸系统疾病等直接相关。因此，老年人及其家属应高度关注 SAS，做到早筛查、早诊断、早治疗。

目前，国外针对老年人睡眠障碍的指南指导对象以欧美人群为主，用于指导我国临床实践存在一定局限性，但国内尚缺少针对老年 SAS 的诊治指南或共识。《老年睡眠呼吸暂停综合征诊断评估专家共识》由中国老年医学学会睡眠医学分会组织国内专家制订，是符合我国老年 SAS 患者需求的，可指导临床医生规范开展老年 SAS 诊断评估工作，帮助患者获得安全、有效且经济的干预措施。

《老年睡眠呼吸暂停综合征诊断评估专家共识》更新了老年 SAS 的分类标准，对阻塞性睡眠呼吸暂停 (OSA) 与中枢性睡眠呼吸暂停 (CSA) 的危险因素及临床表现进行了详细描述，并首次探讨了老年人特有的颞下颌关节紊乱及无牙牙合状态与 OSA 发病的关系。

针对老年 SAS，《老年睡眠呼吸暂停综合征诊断评估专家共识》制订了特有的综合诊断评估方法，包括：(1)完整的睡眠历史记录；(2)从家属或床伴处获得相关信息；(3)明确有无精神疾病、服用处方药、饮酒及认知障碍；(4)详细的体格检查；(5)整夜多导睡眠监测 (PSG) 或家庭睡眠呼吸暂停监测设备 (HSAT)；(6)重视呼吸运动监测；(7)老年患者常存在多种疾病，应仔细评估并发症及合并症。

此外，《老年睡眠呼吸暂停综合征诊断评估专家共识》还规范了老年 SAS 的诊断标准及病情分度标准：对于老年 OSA 严重程度分级，应充分考虑临床症状、合并症、睡眠呼吸暂停低通气指数 (AHI)、夜间动脉血氧饱和度等；主要根据 AHI 将 OSA 分为轻、中、重度，但对于 >65 岁的衰弱老年人，有研究将  $AHI \geq 10$  次/h 作为 OSA 的诊断标准，且不进行病情分度。

王怡，杨凌麟，陈宇洁。符合我国老年睡眠呼吸暂停患者需求的《老年睡眠呼吸暂停综合征诊断评估专家共识》[J]. 中国全科医学，2022, 25 (11) : 目次页.



(扫码获取睡眠障碍相关文献)

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