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Should we reconsider how we manage mild obstructive sleep apnoea?

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Editorial

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Although the need for treatment of moderate or severe obstructive sleep apnoea (OSA) is established, treatment of mild OSA is controversial, and is generally managed with simple lifestyle measures, with consideration given to a dental appliance.[1] It is difficult to justify subjecting patients with mild OSA to extensive treatment, especially when there is no conclusive impact of treatment on patients' morbidity and mortality. However, if it is proven that mild OSA progresses to moderate or severe OSA, this then raises the need for a different approach in managing mild OSA.

In this month's issue of *The Journal of Laryngology*, Fong *et al.* provide a systematic review of the current literature and analyse the critical question: does mild OSA progress significantly if left untreated?[2] Specifically, they aimed to examine the temporal pattern of OSA changes over time, and identify any predictors of progression.

The authors found that although untreated mild OSA does show a gradual increase in the Apnoea Hypopnea Index, or Respiratory Disturbance Index, over 53.1 months, this rate of increase slowly plateaus, and does not progress across categories into moderate, or severe, OSA.[2] The authors therefore conclude that it is difficult to justify the treatment of mild OSA from the standpoint of disease progression. A study published last year also confirmed at the molecular level less severe airway inflammation in mild OSA patients compared with moderate to severe OSA.[3] Additionally, Fong *et al.*[2] found that predictors for disease progression in mild obstructive sleep apnoea are: age of less than 60 years and a baseline body mass index of less than 25 kg/m^2.

The importance of the association between hearing loss and cognitive impairment is highlighted once again in a manuscript by Kim *et al.* in this month's issue,[4] which follows last year's prize-winning systematic review.[5] The authors conclude that hearing evaluations should be included in cognitive assessments, and that test performance should be carefully interpreted in individuals with hearing loss to avoid overestimating cognitive decline.

Finally, a study by Jegatheeswaran *et al.* compares disposable with reusable nasendoscopes.[6] Although a small study, the authors found that trainees' overall satisfaction with disposable and reusable fibre-optic nasendoscopes is comparable. In agreement with other studies, cost analysis favours disposable scopes in the short term and/or in departments with low rates of utilisation, and reusable fibre-optic nasendoscopes in the long term.[7]

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