# New Definitions of Sleep Disordered Breathing—Not Yet a Mandate for Change in Clinical Practice

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IN THIS ISSUE OF THE JOURNAL IS THE REPORT of an American Academy of Sleep Medicine (AASM) taskforce on definitions of sleep disordered breathing (SDB) in adults as well as recommendatons for measurement techniques. This widely anticipated document is the culmination of extensive thoughtful deliberation by a distinguished group of experts in the field, public "hearings" of preliminary recommendations and external review by other experts selected by the AASM board of directors. It is a much needed template which will provide a framework for further clinical research in SDB. By promoting some uniformity in the definition of clinical syndromes, it will facilitate comparison of results among studies. Nevertheless, although the AASM board of directors believes that this report is a much needed tool to facilitate future research, certain constraints regarding the interpretation and use of this document need to be emphasized.

First, this report is not the equivalent of an AASM standards of practice paper. Although the taskforce attempted to use as much evidence-based information as was available to develop their recommendations, there is a distinct paucity of rigorous scientific data. Thus, the report is primarily a consensus derived document reflecting the opinion of the taskforce members. Therefore, as noted in the following editiorial by Drs. Littner and Shepard, it is not surprising that other experts might differ in their opinions.

Second, the recommendations in the report are not intended to be a mandate for change in current clinical practice. As indicated by the title, the report is intended to facilitate future clinical research. By itself, it should not be used by clinicians, patients or insurers to question the validity of a past, current or future diagnosis of SDB.

Third, a particularly controversial recommendation in the report is the non-acceptability of thermisters and expired CO2 as valid measurement techniques. By themselves, there is general agreement that neither of these methodologies is sufficiently valid or reliable to identify hypopneic events. However, in combination with other measures, most clinicians believe they can contribute to the diagnosis of SDB. The taskforce itself recognizes the value of using more than one measurement signal as indicated in Section 5.1.2.8 of their report.

Finally, the report should be viewed as a "work in progress". By stimulating clinical research, some of its controversial recommendations may be proven valid and then will be incorporated into future clinical practice and research guidelines. Others may be found to be incorrect and will be removed. Irrespective of these caveats, however, the taskforce report is an important development in the evolution of our understanding of SDB.