

HST vs. PSG

Krystle Minkoff*

RPSGT/Lead Polysomnographic Tech American Wellness Diagnostics, Garland, Texas, USA

*Corresponding author: Krystle Minkoff, RPSGT/Lead Polysomnographic Tech American Wellness Diagnostics, Garland, Texas, USA, Tel: 817-455-9816; E-mail: the.krystle.minkoff@gmail.com

Received date: November 01, 2016; Accepted date: November 02, 2016; Published date: November 09, 2016

Copyright: © 2016 Minkoff K. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Citation: Minkoff K (2016) HST vs. PSG. J Sleep Disord Ther 5: e137. doi:10.4172/2167-0277.1000e137

Editorial

Steadily becoming a popular option, home sleep test (HST) is being performed with increasing prevalence due to its cost effectiveness and its ability to be done inside the home. This article attempts to draw comparisons to the significant differences between home sleep testing and in center testing better aka, HST vs. PSG.

As of today, current HST methods are not as comprehensive as a polysomnography (PSG). Polysomnograms can accurately monitor sleep stages, blood oxygen levels, respiratory effort and airflow, limb movements, muscle activity, heart rate and body position. HSTs are unable to measure the respiratory disturbance index (RDI). This can result in subtler breathing irregularities being missed.

In addition to this, if the patient's results are determined to be borderline, only an in center test can rule out OSAS. This translates to the patient having to complete two procedures vs. one. In a sleep center, professionals monitoring the patient ensure the correct placement of equipment, ongoing integrity of the recording and the

correct measurement of important variables. However, due to their convenience for some patients, HST methods do have their competitive advantages over PSGs.

The question we should ask ourselves is, under what conditions are the use of HST vs. PSG appropriate? Currently, standards of practice indicate that PSGs are recommended to a patient if they suffer from comorbidities or another suspected sleep disorder, such as narcolepsy, insomnia, periodic limb movement disorder or a less known variant of sleep apnea called upper airway resistance syndrome (UARS).

As we continue to navigate the ever increasing use of HSTs, it is paramount to note the importance of being evaluated by an AASM accredited center with a board certified sleep physician. Adherence to a facility that maintains the gold standards of accreditation, by which stringent criteria are conceived and met can one be confident that their testing, results and treatment outcomes are being met with the upmost quality of patient care.