Does Obstructive sleep apnea syndrome (OSAS) fit into Endocrinology?

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Obstructive sleep apnea syndrome (OSAS) is a medical term that tries to describe the condition that obstruction to normal sleep causes apnea which is associated with many symptoms. The word “apnea” is derived from Greek word for “breathless.” Sleep apnea results because of breathing difficulty while sleeping. This may be due to a block in the airway or the neural control of breathing is disturbed.[1] OSAS is associated with the set of symptoms that define the disorder. Therefore, the medical terminology OSAS defines the condition holistically. The condition may be associated with symptoms of metabolic syndrome including insulin resistance. That does not mean we need to find a proper definition to describe the condition which includes all the symptoms related to the condition. There are already many definitions that classify OSAS in literature.Many studies focus purely on obstructive sleep apnea (and its severity as measured by the apnea– hypopnea index [AHI]). Some have tried to include incorporate the daytime pathophysiological consequences into their definition of OSAS. There are conflicting results regarding the various terms in the definition.[. The focus has to be not on the strict definition of OSAS but on the common guidelines as to how to deal with a patient suffering from OSAS. The symptoms or associated conditions may differ from patient to patient. Finally, the clinical acumen of the physician will decide the treatment modality keeping the OSAS symptoms with the help of apnea–hypopnea index [AHI]) to categorize the severity of the condition.

Therefore, the focus has to be updating information regarding universal guidelines and policy to handle the condition rather than restrict it to finding a suitable definition. The suggestion to introduce a new terminology “The Somnometabolic Syndrome” may be scientific but it will add more to the scientific jargon rather than treating the patient.