S.T.O.P. B.A.N.G.

Screening for Obstructive Sleep Apnea

The "S T O P B A N G" assessment tool assists providers with identifying patients who may be at a high risk of respiratory depression due to the use or abuse of opioids. The acronym "STOP BANG" relates to symptoms the patient may experience prior to sleep apnea diagnosis and treatment. Use of alcohol or opioids can significantly increase the incidence of obstructive sleep apnea, worsen existing cases and may cause death by completely disrupting normal breathing. An assessment of sleep disturbances is a key metric for evaluating patient risk as well as for monitoring opioid therapy.

Ask your patient to answer the following questions to determine if he or she is at risk of obstructive sleep apnea.

S (snore)	Have you been told that you snore?	YES	NO
T (tired)	Are you often tired during the day?	YES	NO
O (obstruction)	Do you know if you stop breathing, or has anyone witnessed you stop breathing while you are asleep?	YES	NO
P (pressure)	Do you have high blood pressure, or are you on medication to control high blood pressure?	YES	NO

If the patient answered *yes* to two or more questions on the STOP portion, he or she is at risk of obstructive sleep apnea.

To find out if the patient is at moderate to severe risk of obstructive sleep apnea, he or she should complete the BANG questions below.

B (BMI)	Is your body mass index greater than 28?	YES	NO
A (age)	Are you 50 years old or older?	YES	NO
N (neck)	Are you a male with a neck circumference greater than 17 inches, or a female with a neck circumference greater than 16 inches.	YES	NO
G (gender)	Are you a male?	YES	NO

The more questions the patient answers yes to, the greater his or her risk of having moderate to severe obstructive sleep apnea.

For more information, please see:
STOP BANG Questionnaire. A Tool to Screen Patients for Obstructive Sleep Apnea. Chung F, Yegneswaran B, Liao P, Chung SA, Vairavanathan S, Islam S, Khajehdenhi A and Shapiro C. Anesthesiology 2008;108:812-21