

## LETTER TO THE EDITOR

Re: Fleetham JA. Postal code diagnosis and treatment of sleep apnea. *Can Respir J* 2010;17:169.

To the Editor:

We thank Dr Fleetham for his insightful editorial, published in the 2010 July/August issue of the *Canadian Respiratory Journal*, regarding the issue of disparity in sleep apnea diagnosis and management across Canada. As he indicated, the wait times for care in Ontario that were demonstrated in our study are indeed highly excessive – much longer than that recommended by The Canadian Thoracic Society (CTS) guidelines. Dr Fleetham suggested that issues regarding wait times in Ontario need to be placed in the Canada-wide context, wherein different provinces tend to have different funding and care models. By inference, the editorial suggests that Ontario is the outlier in this arena and out of step with the rest of Canada. He correctly suggests that a national conversation needs to take place with regard to best-practice guidelines, with appropriate care patterns established to correct the growing morbidity of this public health threat. We could not agree more.

However, for a national conversation to take place, data must be accrued to demonstrate the extent of both the problem and the interprovincial disparity. Dr Fleetham indicated that our data were from Ontario only and, therefore, may not be applicable to other provinces. We point out that our study was, in fact, originally designed to be a nationwide study and was powered appropriately for this. Surveys were sent out to all members of the CTS and the Canadian Sleep Society, with reminder e-mails and cards sent out as per general survey study methodology. Figure 1 indicates the provincial response rates and, as is seen, only Ontario generated sufficient data to meaningfully analyze. Furthermore, the survey data were heavily skewed toward Ontario-based circumstances, thus requiring removal of the minimal data from other provinces so as to otherwise prevent confounding by outlier data and, consequently, forcing our study to consider Ontario only. The very low response rate from other provinces was not reflective of the relative proportion of CTS and Canadian Sleep Society membership in those provinces, and was disappointing

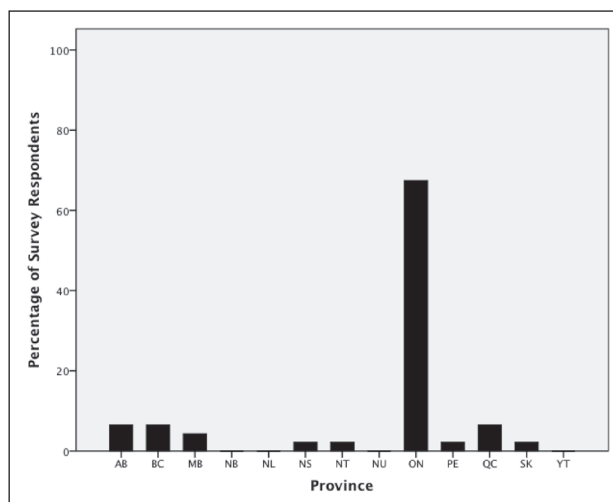


Figure 1) Survey response rates according to province. AB Alberta; BC British Columbia; MB Manitoba; NB New Brunswick; NL Newfoundland and Labrador; NS Nova Scotia; NT Northwest Territories; NU Nunavut; ON Ontario; PE Prince Edward Island; QC Quebec; SK Saskatchewan; YT Yukon Territory

because we believed that the study – and resulting impact – would have been strengthened by having Canada-wide data as per our original intent.

We agree with Dr Fleetham that a national conversation regarding the management of sleep apnea needs to take place. We hope this letter will serve to stimulate debate among our colleagues and, hopefully, increase interest in this topic. We must all work together to service the needs of this growing patient population, and to advise governments on how to best allocate limited resources. Such teamwork requires awareness of and participation in medicine at a level beyond that of one's own (provincial) practice.

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