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LETTER TO THE EDITOR

Obstructive Sleep Apnea Is More Common in Boys Than in Girls

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To the editor:

Te read with interest the study "Clinical screening of school children for polysomnography to detect sleep-disordered breathing-the Tucson children's assessment of sleep apnea study (TuCASA)" by Goodwin et al.¹ Similar to the observation by Goodwin et al, we previously reported a similar male predilection (a male to female ratio of 2.56 to 1) for sleep-disordered breathing in a sleep laboratory-based study of children in Hong Kong.² We suggested that allergic rhinitis, more common in boys in Hong Kong than in girls,³ was the reason for the male predominance. Similar to Goodwin et al's study, we also found that snoring every night was the only significant risk factor for obstructive sleep apnea syndrome in children, and witnessed apnea was not a significant risk factor in a group of children referred for polysomnography for evaluation of suspected obstructive sleep apnea syndrome.4 However, we are disappointed that Goodwin et al did not report the regression coefficient (β) of each symptom from the logistic regression model used to construct an equation to calculate the probability of having a respiratory disturbance index greater than 1 (Table 4 in Goldwin et al's manuscript). Nor did they disclose the weighting for each symptom in the method for "combination of symptoms," e.g., equal weight for all symptoms or added weight to a particular symptom. The readers encounter further difficulties when the 95% confidence intervals of sensitivity, specificity, and positive likelihood ratio are not reported.5 It would provide a better picture for readers if Goodwin et al could address these 3 issues.

In conclusion, the study by Goodwin et al and those from our center arrive at the same result, ie, that boys are more likely than girls to have sleep-disordered breathing. The fact that this result was obtained independently by 2 different research groups working with 3 different ethnic groups in 2 different continents adds strength to this conclusion.

Disclosure Statement

Drs. Ng, Chan, Chow, and Kwok have indicated no financial conflicts of interest.

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