ANESTHESIOLOGY

ON THE COVER:

Diagnostic codes listed in health administrative (HA) databases are now commonly used to identify surgical patients with obstructive sleep apnea (OSA) for research purposes, yet the ability of this approach to accurately identify patients has not been validated. In this issue of ANESTHESIOLOGY, McIsaac *et al*. determined the presence of any diagnostic codes, diagnostic procedures, or therapeutic interventions consistent with OSA in an HA database and demonstrated that their presence correlated poorly with an actual diagnosis of OSA made by a sleep physician or the apnea hypopnea index. In an accompanying Editorial View, Neuman emphasizes the critical need for this type of well-done validation study in perioperative database research for guiding the questions that we choose to investigate with retrospective data and for making sense of the insights we can gain through HA database research.

- McIsaac *et al*.: Identifying Obstructive Sleep Apnea in Administrative Data: A Study of Diagnostic Accuracy, p. 253
- Neuman: The Importance of Validation Studies in Perioperative Database Research, p. 243

In approximately 5,000 patients who underwent preoperative polysomnography, 56% met criteria for a diagnosis of obstructive sleep apnea (OSA). In these patients with known or excluded OSA, none of the health administrative diagnostic codes, diagnostic procedures, or therapeutic interventions by themselves or in combination identified OSA with adequately high sensitivity and specificity. Existing studies using administrative codes to identify OSA should be interpreted with caution.

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