

FACT SHEET: POSITIVE AIRWAY PRESSURE (PAP) THERAPY ADHERENCE

KEY FACTS

- It will take some time for you to adjust to PAP therapy.
- Proper fit and adjustment of your interface are key to adherence.
- If you don't use your PAP device it will not help you.



Q: WHAT IS PAP ADHERENCE?

A: Adherence, sometimes referred to as compliance, is the degree to which a patient adheres to the therapeutic regimen recommended by their physician. In the case of PAP therapy this generally means use of the device at the prescribed settings whenever the patient is sleeping. Most PAP devices have the capability of documenting the time that a patient is actually using the device and at what settings. Sleep educators or other health professionals can retrieve this data and prepare a report that in combination with assessment of the patient, allows physicians to determine if the patient is receiving optimal value from the treatment.

Q: WHY IS MONITORING IMPORTANT?

A: Patients may experience a variety of challenges to adherence with PAP therapy. Early identification and appropriate intervention by sleep educators or other health-care providers is essential to helping patients overcome these challenges. Details of PAP therapy adherence help the provider establish baselines, set goals and measure the success of interventions. In addition, payers such as Medicare and insurance companies often require documentation that patients are using and benefiting from PAP therapy in order to continue coverage after a trial period of a few months.

Q: BEFORE MY SLEEP STUDY A SLEEP TECHNOLOGIST HELPED ME CHOOSE A MASK THAT FIT PROPERLY. WHY SHOULD I CONSIDER USING A DIFFERENT ONE?

A: Most sleep labs use a limited range of PAP interface styles in order to control costs. There are certain types of masks that fit most patients well enough for the initial in-lab trial of PAP therapy, the purpose of which is determination of optimal settings. Long-term adherence to PAP therapy is dependent on the comfort and usability of the interface type selected. Your sleep educator is aware of this and will help you evaluate dozens of style, size and feature options to find the combination that best suits your facial features and comfort needs.

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Q: WHY SHOULD I USE A HUMIDIFIER WITH MY PAP DEVICE?

A: The most common side effect for new users of PAP therapy is development of rhinitis in response to the drying effects of the constant airflow. Patients experience congestion and a runny nose. Many PAP systems have integrated or add-on heated humidification systems. Use of heated humidification mitigates the dryness and usually averts rhinitis. Proper maintenance is important with humidification, so care should be taken to empty and dry the reservoir each day and refill with fresh distilled water.

Q: WHAT IF I AM USING A HUMIDIFIER AND AM STILL EXPERIENCING CONGESTION?

A: In some cases humidification is not enough to avoid rhinitis. Your sleep educator can arrange for a physician to review your situation and prescribe appropriate medication such as a corticosteroid spray. As you adapt to PAP therapy, the need for ongoing medication may resolve.

Q: HOW DO I STOP AIR FROM LEAKING OUT AROUND MY MASK?

A: Your PAP interface should fit comfortably but not allow any air to leak out around the edges or create any sore spots. Leaks around the eyes are especially concerning and can cause dry, puffy eyes in the mornings. Almost every PAP interface is designed to allow a certain amount of “intentional leak” so that exhaled air containing carbon dioxide is continually “washed out” and not re-inhaled. Most manufacturers provide information as to how much leak will occur at various pressure levels. While often referred to as “leak,” normal, “intentional leak” should not be confused with “unintentional” leak.

Undesirable air leaks may be corrected by adjusting the tension of the straps. Slightly tightening the straps may eliminate leaks, but overtightening may actually cause leakage. If slight adjustment of strap tension does not eliminate air leakage, consult with your sleep educator to explore which of the many variations of interface styles are best suited to address your issues.

Q: I CAN'T SEEM TO KEEP MY MOUTH CLOSED WHEN I USE MY PAP DEVICE. WHAT OPTIONS DO I HAVE?

A: By nature people breathe through their nose during sleep but certain individuals may experience increased resistance through the nasal airway and breathe through their mouth. A simple remedy for patients with a patent nasal airway is a chin strap. This simple remedy is an elastic strap designed to apply gentle pressure to the jaw holding the mouth closed. Another option is a full-face mask, which unlike the standard nasal mask, covers both the nose and mouth. For unusual situations where occlusion of the nasal airway prevents effective nasal breathing, oral interfaces are available.

Q: I FEEL CLAUSTROPHOBIC WHEN I WEAR MY MASK. CAN YOU FIX THAT?

A: An alternate style of interface may make you more comfortable. Cannula style interfaces or full-face masks are often more tolerable for patients who feel claustrophobic. You can wear the mask during wakefulness to habituate yourself to the sensation. Try to wear it a bit longer each day until you find it tolerable to sleep with. In extreme cases your sleep educator can help you develop a desensitization plan.

FURTHER READING

1. Tzahit S., et. al. Low Socioeconomic Status is a risk Factor for CPAP Acceptance Among Adult OSAS Patients Requiring Treatment. *Sleep*, 2009, 32:4; 545-52.
2. Ryan S., et.al. Effects of Heated Humidification and topical Steroids on Compliance, Nasal Symptoms, and Quality of Life in Patients with obstructive Sleep Apnea Syndrome Using Nasal Continuous Positive Airway Pressure. *J Clin Sleep Med*, 2009, 5:5; 422-27.
3. Catcheside P. Predictors of Continuous Positive Airway Pressure Adherence. *F1000 Medicine Reports*, 2010, 2:70 (<http://f1000.com/reports/medicine/content/2/70>)
4. Weaver T. and Sawyer A. Adherence to Continuous Positive Airway Pressure Treatment for Obstructive Sleep Apnoea: Implications for Future Interventions. *Indian J Med Res*, 2010, 131; 245-58.