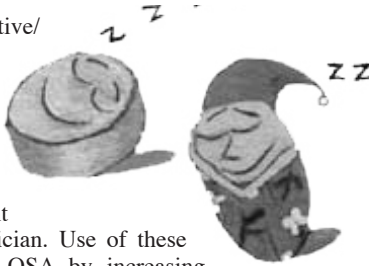




PILLOW TALK

Q What considerations should be taken into account for CPAP users who also take prescription sleeping pills?

A The use of sedative/hypnotic medications in OSA patients for treatment of insomnia is a critical issue that requires vigilance on the part of both the patient and the prescribing physician. Use of these medications can worsen OSA by increasing pharyngeal muscle hypotonia. This may require higher CPAP pressures to ensure airway patency. According to David Hudgel, MD, director of sleep medicine at Henry Ford Hospital in Detroit, patients must never take a sleeping pill and not use their CPAP. His educational approach is to instruct the patients to put on their CPAPs, sit on the edge of their beds, take the pill, and then lie down, so that they will go to sleep with the CPAP already attached. Under these circumstances he advocates compulsive CPAP compliance with 6 to 8 hours of use per night.



Joseph Golish, MD, head of the section of sleep medicine at The Cleveland Clinic in Ohio echoes the unease for concurrent use of sedatives in patients with OSA. Of particular concern is the patient with moderate apnea but unrelated insomnia, which can present a difficult compliance problem. For these patients he suggests the use of ramelteon, a melatonin agonist, since it does not adversely affect pharyngeal muscle tone.

Q I use a conventional CPAP nasal mask, and I find that as my head sinks down into a bed pillow, it pushes the mask to one side and dislodges it. As a result, I experience mask leaks. Occasionally, I get sore spots around my nose where the mask rubs against. Do you have any suggestions for me?

A This problem is quite common among side sleepers who use the conventional style nasal mask. You can try a specialty pillow designed for CPAP users to alleviate this exact problem. The CPAP Pillow is designed to alleviate mask pressure points from the sleepers' face. When your face is positioned along the patented outside edge of the pillow, the mouth and nose extend beyond the edge of the pillow.

This positioning of the nose and mouth allows any mask and CPAP tubing to suspend over the edge of the pillow, providing comfort and support for a good night's rest.

The CPAP Pillow is available at our offices.



Q What are the main factors that contribute to poor compliance and what can be done to overcome factors that can contribute to poor adherence?

A Long-term compliance with CPAP therapy is determined very early in the course of treatment. The first 3 to 4 days are the most critical. Issues of excessive discomfort and inconvenience, particularly during this early period, often lead to non-compliance with therapy. The primary causes of discomfort are related to mask, humidity, and pressure issues. Inconvenience is a complex and subjective issue that requires individualized attention and education to ensure the patient's commitment to treating his or her apnea overcomes any perceived nuisance associated with therapy.

Without doubt, interface issues are the primary cause of CPAP non-compliance. In one survey, 80% of non-compliant CPAP users identified problems associated with the mask as the primary reason for failure to continue therapy. A poor fitting or improperly adjusted mask can lead to pressure sores or leaks. Simply ensuring proper sizing and adjustment of the mask can alleviate both of these problems. Adjustment however cannot always resolve these issues, and it may be necessary to try other masks until one can be found that will meet a patient's specific needs.

Noise can also be a problem, particularly at higher pressures. Typically, noise related issues surface after the first 3 to 4 days of therapy, when sleep normalizes and patients' awareness of issues related to comfort start to surface. Both CPAP blowers and masks can be the source of noise, with the level of noise becoming greater at higher pressures. Patients will easily identify the source of noise, which aids providers in either isolating the CPAP unit or switching to a quieter mask.

After several weeks on therapy patients may complain of air hunger, particularly if a ramping feature is used. This is actually a welcome objection since it signals that the patient has become accustomed to the pressure at the therapeutic level and the ramp feature is no longer needed and can be discontinued. An alternative to completely discontinuing use of the ramp feature is to increase the ramp start pressure closer to the therapeutic pressure level.

The issues of nasal and pharyngeal drying are common, particularly in the colder months, and may lead to non-compliance. Given the importance of ensuring that the patient's initial experience is both comfortable and subjectively successful, humidification should always be considered right from the beginning of therapy.

Patients that identify inconvenience as the reason for their non-compliance offer special challenges that must be addressed through education. Frequently, these patients claim that they feel no improvement when they use CPAP. The key to success with these patients is to ensure that they understand what OSA is, how their bodies respond to periods of apnea, what the long-term consequences are if their condition is left untreated, and how CPAP works to eliminate the underlying causes of long-term complications.

