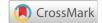


Proceeding

#### Open Access



# What characterizes patients who are CPAP adherent?

# Introduction

We assessed the factors associated with CPAP use in a clinical setting.

## **Methods**

We retrospectively reviewed clinical data for patients who had CPAP provided by a single Home Medical Equipment company. Respiratory therapists made phone call follow-ups at 24/48hours and 7/10days to address problems. Data was collected from surveys and from computer cards inserted in CPAP machines at 30days, 60days, and 6 months.

#### Results

In this unselected group of 109 consecutive patients (57% men, 40% smokers), 64% had verified average use of >4hours of use per night and average use was 6hours at 6months. The 3most common benefits reported by patients were improved sleep quality (62%), fewer trips to the bathroom at night (49%), and more alert driving (39%). Adherence was no different for those who had in-laboratory titrations (n=23) compared with those who were empirically treated with auto-titrating CPAP (n=83). Interventions at follow-up included change in mask type or fit (34%), pressure change (44%), and mode change (10%). Overall, 34, 37 and 29% chose full face, nasal pillows, or nasal masks respectively; at 6months, use of >4hrs/night by mask type was 72%, 43%, and 50% respectively. Twenty one percent (23/109) discontinued CPAP treatment within the first 2months, including 11 smokers, and 17 with AHI's <30/hr. Seven of these patients undertook alternative treatment with surgery (4), oral appliances (1), or weight

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loss (2); 3 switched to oxygen, bi-level pressure, or auto-titrating CPAP. Eleven remain untreated.

#### Conclusion

CPAP adherence in clinical practice may be better than what is classically reported. Involvement of an RT may improve adherence. Changes in mask type and pressure are frequent. In discussing benefits of CPAP with patients, improved sleep, reduced nocturia and better driving performance should be emphasized.

#### Acknowledgements

None.

### **Conflict of interest**

The author declares no conflict of interest.





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