CPAP Compliance
We will make you love your CPAP

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Severity of OSA can aid in predicting likelihood of CPAP use and compliance.

Likelihood of CPAP use increases with severity of OSA.

Severe OSA = Severe Symptoms = PAP device can bring significant improvements to severe symptoms early and motivates patient to continue.
(2) Quality of study collected

Run studies following AASM standards (American Academy of Sleep Medicine)

- Quality collection of studies is the backbone of the rest of the patient's diagnosis and treatment.

- Technicians need an understanding of detailed reporting, being the eyes and ears for the physician.

- Detailed documentation from technician can save time during a patient's journey towards compliance.
How review of CPAP titration can help compliance:

- Clinician should review mask types used and how patient reacted.
- Was nasal mask used and was there mouth venting?
- Was chin strap added to nasal mask to avoid mouth venting?
- Was a pressure reached that made patient feel smothered?
- Was a comfort setting used to aid in exhalation discomfort?
- Was a pressure attempted that was higher than optimal, for future increases (if indicated)?
- Was the ramp feature needed following arousals from sleep?
IMMEDIATE RESPONSE is a MUST!

Once the patient is in good pattern of CPAP usage, any break in CPAP usage can be severely detrimental to momentum.

If a mask change is needed, waiting is not an option.

The patient can and will find any reason to not wear CPAP, give them no breaks.
Example:
CPAP mask causing pain on face:

- Allow patient to apply mask to observe for incorrect application
- If applied incorrect, correct fit in mirror with patient
- Allow them to practice
- If size is incorrect; change mask size or type
- Continue follow up every 2 weeks, until they can say "I love my CPAP".
Example:
Patient loves nasal mask, but now has severe dry mouth:

- Implement chin strap
- Explain to patient why dry mouth is a serious concern
- Ensure heated humidifier is in use and working

During next follow up ensure dry mouth is corrected, if not:

**Full-face mask is indicated**
Example:
Patient complains of gastric distension:
"My stomach is full of air"

Possible causes:
Pillow arrangement (too tall or too many)

Pressure too strong

Correction:
Decrease pillow count and follow up, if gastric stress continues, the CPAP pressure must be decreased.
(4) Difficult Patients - Desensitize

Start from the beginning:

**Mask desensitization:**
Instruct patient to wear mask (WITHOUT PRESSURE) in positive situations; during daytime around house, sitting to read or watch television. Repeat this daily for 2 weeks, increasing usage as time passes.

When successful:

**Pressure desensitization:**
Slowly add in low flow CPAP pressure and increase at patient's comfort until you have reached their optimal pressure again.

Desensitization can be done prior to testing or following.
(5) Reinforcement of use

Be your patient's CPAP cheerleader
Stay positive, be available, let them know you will not give up

- **Educate, Educate, Educate** - A little information goes a **long** way
- **Options** - Nasal, full-face, accessories (comfort pads, pillows)
- **Semantics** - choose your words wisely "Your *heart* needs to rest"
- **Reinforcement** - continue to emphasize the positive aspects of CPAP treatment
- **Sympathy** - You are not alone, frequent adjustments are normal, keep trying
- **Commitment** - Your commitment must outlast the patient's.
- **If the patient can not say "I Love my CPAP", our job is not done.**
COMPLIANT

!! Hooray !!
(6) Once Compliant - Continue Follow Up

Don't allow slack in patient follow up:

Something as simple as needing a new mask cushion may allow air leakage, leading to a break in use of CPAP. Any break in usage can give the patient an excuse to stop wearing.

6 month / Annual Follow:

- Gives opportunity to check state of supplies and device
- Allows you to adjust CPAP for changes that might be indicated
- Opportunity for more positive reinforcement as they continue with compliance
Following this system, we have achieved 80.9% compliance for our CPAP patients. We have increased the compliance of our patients far above the commonly reported national average of 40-60%.

Since January 1, 2011 we have tracked 298 CPAP patients to achieve our compliance statistics.

For our purposes, compliance is defined as using CPAP 70% of the time.
CPAP compliance is possible

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