European Respiratory Society Annual Congress 2012

Abstract Number: 2326

Publication Number: P3842

Abstract Group: 4.2. Sleep and Control of Breathing

Keyword 1: Sleep disorders Keyword 2: Ventilation/NIV Keyword 3: Health policy

Title: Length of hospitalization for CPAP adaption in OSAS: Effects on compliance

Dr. Elisabetta 18502 Zampogna elisabetta.zampogna@fsm.it ¹, Mrs. Cristina 18503 Facchetti cristina.facchetti@fsm.it ¹, Dr. Anna Maria 18504 Lucioni annamaria.lucioni@fsm.it MD ¹, Dr. Eleonora 18505 Milani eleonora.milani@fsm.it ², Dr. Sabrina 18506 Della Patrona sabrina.dellapatrona@fsm.it MD ¹, Dr. Andrea 18508 Zanini andrea.zanini@fsm.it MD ³ and Prof. Dr Antonio 18520 Spanevello antonio.spanevello@fsm.it MD ³. ¹ Division of Pneumology, Salvatore Maugeri Foundation, IRCCS Rehabilitation Institute, Tradate, Varese, Italy, 21049 ; ³ Division of Cardiology, Salvatore Maugeri Foundation, IRCCS Rehabilitation Institute, Tradate, Varese, Italy, 21049 and ⁵ Department of Respiratory Disease, University of Insubria, Varese, Italy, 21010 .

Body: Introduction: The efficacy of continuous positive airway pressure (CPAP) for the treatment of obstructive sleep apnea syndrome (OSAS) is known, but patient compliance is variable, relating to many factors. CPAP adherence requires a multi-layered approach, using combined technological, behavioral, and adverse-effect interventions. Aims and objectives: To assess the clinical efficacy of two different management models for CPAP adaptation on adherence to treatment, occurrence of discomfort and skillful management of the problems. Methods: We retrospectively evaluated 134 consecutive patients with moderate-severe OSAS, average age 57± 10, admitted in a rehabilitation institute for CPAP adaptation, between 2003 and 2009. According to the different provisions of the local health organization before and after 2006, we divided patients in two groups on the basis of the mean length of hospitalization (20 days in Group 1, 7 days in Group 2). CPAP use, numbers of dropout, numbers of patients with discomfort, and numbers of unscheduled visits were assessed at 1 year. Results: Comparisons are summarized in the table. Data are presented as mean±SD.

	N° Pts	ВМІ	AHI	CPAP use h/night	Dropout	Pts with discomf.	Unsch. visits
Group 1 <2006	63	34±6 ¤	48±24	4.7±2.7	9	7 (11%)	11
Group 2 ≥2006	71	32±6	45±21	4.3±2.9	16	27 (38%) §	36 §
¤ p<0.05	§ p<0.001						

Conclusions: We observed the same adherence to CPAP in terms of mean daily use in the two groups, at one year. However, to obtain the same adherence, the patients adapted in few days had more frequently

discomfort, that required a great number of unscheduled visits.							