

WHAT IS YOUR BARRIER TO PAP TREATMENT?

by Laura Linley RPSGT



I would dare say that if you are reading this article, you understand the medical benefits to treating Sleep Disordered Breathing with PAP therapy. You have an appreciation for the medical consequences and the quality of life compromises patients have when untreated. How many of you titrate PAP with the awareness that you are effectively changing your patient's life? You know who you are; you are the all wise and knowing sleep technician that proudly struts in front of the computer chanting "oh who's sleeping like a baby now?" or "come morning you are going to feel so good!" Not only are you cooing your amazing ability to resolve even the minor appearance of obstructive breathing, but you are jealous - yes, jealous of the fact that their sleep is uninterrupted and restful while you are awake watching it. You may be more than jealous, you could be wondering should I get a sleep test, is **my own** sleep interrupted with Sleep Disordered Breathing (SDB)? I have to wonder, if a *technician* (who can see the results of PAP) is resistant to getting a diagnoses, how many potential *patients* have barriers to getting the care they need?

At the end of my training programs I have begun asking my students these simple questions: Knowing what you know about SDB; including the presentation, the medical, mental and the emotional consequences of the disorder, how many of you would accept a treatment regiment of PAP? What would your knee jerk resistance or barrier be to the treatment? I would like to share the responses of one of my groups. I hope you find the responses as insightful as I did.

Student 1. 50 year old female, married; working days/nights as a sleep technician for the last 3 years and preparing to sit for her reg-

istry exam. Her response was thoughtful and surprisingly emotional. She felt she would not be compliant to the therapy. Her barrier was complicated; she felt that being diagnosed with a disorder (any disorder) at this point in her life would be the catalyst to declining health and eventual death. It turns out that she had just lost her beloved aunt to a respiratory disorder and was extremely sensitive to her own mortality. She was conflicted and tearful when explaining to me that this emotional hurdle canceled out the knowledge she had of the benefits of therapy. What she really needed to do was come to terms with the fear of aging; something that would take time and emotional healing.

Student 2. 32 year old female, married; working days/nights for the last 2 years as an RPSGT. She felt like she *would* wear the PAP, but she was pretty worried about the *care*. She has 2 young children at home and feels she is already maxed out with responsibility and that there really was not time to care for one more thing.

Student 3. 30 year old female, married; working nights as a Sleep Tech Trainee. She was interested in the therapy and actually felt she was a candidate for PAP. She was worried, however, as to how her spouse would accept the therapy. They were newlyweds, had just moved to a new area and were both starting new careers. Stress in the home resulting from these changes was already testing their relationship but she intended to pursue sleep testing and deal with the treatment barriers if she did require PAP.

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Student 4. 30 year old male, married; working nights as a Sleep Technician. He had absolutely no resistance to wearing PAP. Interestingly, he stated; if I needed it why wouldn't I wear it?

Student 5. 23 year old male, single; working nights as a Sleep Technician Trainee. He was embarrassed to talk about his resistance. He actually had two major issues. Part of his resistance stemmed from the fact that he was worried about how to introduce his PAP to a new bed-partner. He worried that the PAP wouldn't be attractive. He also was worried about the expense. He was working as a part time trainee and did not have adequate health insurance coverage.

As you can see, there were different barriers for the different students and age, marital status and gender did seem to factor in. I often assume a single person is going to worry about the attractiveness of PAP or that patients worry how much expense their insurance will cover. The barrier that student #1 expressed was one I hadn't thought of before. Even the extenuating circumstances of Student 2 and 3 wouldn't be apparent unless a good social history was taken.

As healthcare providers, it is vital that we understand the barriers our patients have to accepting PAP therapy. Not only do we need to address the initial knee jerk barriers, but we need to offer ongoing support. Once an individual is correctly diagnosed and undergoing treatment, it is important that they have support and encouragement to continue on their treatment plan. I found the website www.sleepquest.com to be very helpful in explaining the role of support groups. It states they: Alleviate isolation and the feeling patients have that they are the only one with this condition, provide emotional support and validation of their experience, allow members to learn from each other by showing more effective means of coping and provide a safe place to unburden themselves about things they may not be able to share anywhere else.

It is up to us, the physicians and the clinicians in the field of sleep medicine to support our patients; remember to ask them what their personal barrier to treatment is. It is our responsibility to educate them and help them learn as much as they can and how to manage their disease. Provide information on local support groups and make available educational brochures that they can review later with their family and friends. Our goal is to personally empower our patients, so they may make the best decisions for the management of their sleep disordered breathing. Remember to look at yourself; if you are resisting getting your own exam go ahead and get it done without delay. Then you can strut and coo with even more authority, for you yourself are the master of PAP; you titrate the PAP at night and proudly wear PAP by day (or whenever it is that you decide to sleep). Just remember to chant and strut quietly, the patients are trying to sleep for goodness sake!

