



PATIENT EDUCATION INCREASES CPAP COMPLIANCE

by Duane Johnson PhD

CPAP compliance remains at alarmingly low rates of 40%-60%. Why? While there are a number of reasons, the biggest one is lack of patient CPAP education and support from sleep lab professionals and HME providers.

Yes, with an estimated 18 million OSA sufferers in the United States and only 10-15% currently diagnosed and 'treated,' there is considerable diagnostic work to do. But emphasis on OSA diagnosis without equivalent importance on CPAP compliance treatment will not create a healthier patient and not reduce the many life-threatening health problems they will eventually experience. A strong CPAP compliance education and support program is needed to complement an OSA diagnosis. It has to be a team effort between sleep lab professionals, HME staff and the patient.

I asked Tracy Nasca, an SCMI Advisor and co-founder of Talk About Sleep (www.talkaboutsleepp.com) what her recommendations are for improving CPAP compliance. She is a well known sleep patient education advocate who has spent thousands of hours educating patients on CPAP compliance issues.

How can patients be guided or helped to be compliant with their sleep disorder treatment?

From the patient's perspective, I believe CPAP success is directly related to the lack of patient education by home healthcare at the point of initial CPAP equipment delivery and subsequent lack of necessary follow up care by sleep professionals. Today's patient should not be underestimated. I believe they are willing to become involved in their prescribed therapeutic treatment if they are armed with the proper tools and education.

In your experience, why are sleep disorder patients non-compliant in their treatment?

In most cases, patients are not aware that untreated obstructive sleep apnea can have a devastating impact on their health. NIH statistics reveal that 104 cardiovascular deaths per day are attributable to sleep apnea. A June 2008 consensus statement issued by The International Diabetes Federation (IDF) recognizes that sleep apnea and type 2 diabetes are both associated with serious health problems, including high blood pressure, heart disease, and stroke and urges healthcare professionals to adopt new clinical practices to ensure that a person with one condition is considered for the other.

When one is diagnosed and prescribed treatment, it's easy to take a pill; it's not easy to wear a mask strapped to the face connected to a 6 foot tube and machine that delivers a seemingly hurricane force wind directly into the nostrils. With sleep disorder awareness on the rise, so are sleep apnea myths. OSA is commonly thought to be caused by obesity with physicians often suggesting weight loss. Although obesity may be a contributing factor in severity, it is not usually the sole cause. This misconception is often all a patient needs to know to abandon therapy and simply try to lose weight.

Are there any 'outside' circumstances beyond the sleep disorder that affect a patient's treatment compliance?

Many newly diagnosed patients suffer with depression, lack of concentration, memory loss, excessive daytime sleepiness and irritability. Education should be provided in person and in writing and reviewed over a methodical period of time.

Will you give us some sleep disorder patient education guidelines?

I believe in the "tough love" approach to patient education. One needs an incentive to achieve a difficult goal. In this case, the

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goal is better health through successful CPAP compliance. Patients need to know right up front that CPAP therapy is challenging and that there will be an adjustment period. It's the fear of the unknown that causes defeat, make sure they know the facts and realities of what to expect.

What is sleep apnea and why do I have it are the two most important and overlooked aspects of the education process?

A patient can deal with anything if they understand it. For most people, sleep apnea is "for life" and not a disorder that can be cured. Obesity is not necessarily the cause for sleep apnea and weight loss alone should never be considered a cure.

Apnea education

Provide a sleep apnea fact sheet. Sleepy people have short attention spans and poor memories; written instruction is important at this phase for not only the patient, but their caregiver or family support system. An Apnea episode means you stop breathing because something is obstructing your airway. An apnea is the complete cessation of breathing for 10 seconds or more, and sometimes can even last over a minute. A Hypopnea is an episode of reduced airflow (usually by one-third or more) often accompanied by a drop in oxygen saturation and/or a measured arousal in the brain. A diagnosis of mild, moderate or severe apnea should all be taken seriously.

A discussion of oxygen desaturation with apnea and hypopnea episodes can help explain the devastating nature of untreated apnea and the importance of CPAP therapy

Cause of Sleep Apnea

A thorough explanation of the anatomical causes of OSA which might be any combination of the following factors: Tongue size, airway size, jaw structure, tonsil/adenoid size, skeletal limitation, palatal soft tissue, nasal issues including deviated septum and chronic congestion from allergies. Obesity may contribute to the severity of the condition.

Treatment Options

CPAP is the gold standard. But patients should be made aware of dental appliances and surgical solutions. Understanding of the patient's anatomical causes of OSA will assist them in making treatment decisions and deter surgical options that have poor success rates and may not address their obstructive anomalies.

Equipment education

It is prudent for HME and sleep professionals to help create a prepared patient who will strive for compliance.

Follow up care

Provide and encourage follow up phone calls during the first few weeks of treatment. Offer a monthly support group and require attendance for the first 6 months. Use this time to continue education to those newly diagnosed and possibly struggling CPAP users.

Beginning CPAP therapy

The adjustment period is challenging. The two most common challenges are: (1) Finding the right mask for the face, and getting used to wearing a mask during sleep. Multiple mask options should be introduced to the patient including traditional masks and nasal pillows. Attention should be paid to the nuances of the patient's facial features to assure the best mask is found. (2) Learning to adjust to the constant pressure of CPAP – learning how to fall in to the natural rhythm of breathing while using continuous positive airway pressure.

continued on page 74

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Mask Adjustment Tips:

The mask fits/seals totally different when sitting or standing. Final mask fitting should be done when one retires to sleep. With machine turned on, lay in bed in your sleeping position with your mask on with headgear loosened. Slowly pull straps just until a good seal is achieved. There is no need to over tighten. A properly fitted mask should not cause pain or discomfort on the face.

To help a patient get used to wearing a mask, they might wear during the day while sitting in front of the TV or reading to gradually get used to your CPAP and mask. Strive to build the treatment time up - remember it is better to use CPAP treatment for part of the night than not to use it at all. Turn your focus away from the devices and relax in to the natural rhythm of breathing. Practice makes perfect.

Flow Generators

CPAP is the gold standard treatment which will splint the airway open and eliminate or greatly reduce apnea and hypopnea episodes. Provide information on AutoCPAP and BiLevel so patients will know that there are options if CPAP is not their answer. Make sure the patient understands all flow generator comfort features such as ramp and features they can control such as expiratory pressure relief.

Equipment care and replacement

CPAP equipment is an investment in patient health, Taking responsibility for equipment care is a commitment and incentive for compliance. Here are some quick tips: Rinse mask cushion or nasal pillow inserts daily, air dry, clean weekly. The casing of the CPAP machine requires little care. Should it become soiled, wipe with damp cloth and towel dry. Each flow generator has filters that need routine replacement to provide optimum service from your machine. Check filters weekly and if they are visibly dirty, replace them. Some machines have 2 distinct types; foam filters can be gently hand washed and reused; the white fine filters are disposable, refer to the patient manual. CPAP tubing should be cleaned weekly and replaced annually or as needed. Mask cushions are fragile and should be handled with care and are meant to be replaced in a scheduled manner. After several weeks of use, mask leak may be the first indicator that the masks cushion needs replacing. If a humidifier is prescribed, the water chamber should be emptied of any left over water daily. Distilled water is preferred. Clean humidifier chamber weekly. Always fill humidifier chamber away from machine. Spilling water into the CPAP machine may cause permanent damage and void the warranty.

In summary, there are significant patient education guidelines sleep professionals and HME staff should provide. Ms. Nasca's belief is that patient compliance rates are greatly impacted by sleep professionals and home healthcare providers who issue equipment and are charged with patient care. "History has shown that providing equipment alone and without proper patient education has not resolved the alarming CPAP failure statistics. The devastating nature of untreated OSA and the resulting healthcare costs demand that CPAP compliance education and support be established as routine methodology for patient care."

When successful patient outcomes occur, these patients provide positive feedback to their referring physicians and friends. This communication will further secure a thriving sleep service business.

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