

Response to Drs. Weaver, Maynard, and Yueh

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To the editor:

I appreciate the response of Drs. Weaver et al as well as the ongoing attempts of otolaryngologists to find effective surgical approaches for CPAP-intolerant patients. Controlling for comorbidities is tricky business. Without very specific information about which 19 different medical conditions are controlled for, I cannot assess the validity of this statistical adjustment. Clearly, information about the baseline levels of sleep-disordered breathing (including, especially, oxygen desaturation), medications, ages, BMI's, and behavior of the 2 groups is critical in evaluating the outcomes. Perhaps most important, however, is the issue that Dr Weaver points out: it is likely that patients who were noncompliant with CPAP drove the increased mortality rate in the CPAP group. Noncompliance is a serious risk factor in and of itself.¹ However, CPAP is vastly superior to surgery in the treatment of sleep-disordered breathing. I believe our patients would be better served if we spent more time and energy educating and supporting them in the use of CPAP (which improves compliance) than if we offer surgery as a serious option.

REFERENCES

1. Marin JM, Carrizo SJ, Vicente E, Agusti AG. Long-term cardiovascular outcomes in men with obstructive sleep apnoea-hypopnea with or without treatment with continuous positive airway pressure: an observational study. *Lancet*. 2005;365:1046-53.

Disclosure Statement

Dr. Phillips has indicated no financial conflict of interest.

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