

The Need for a Standardized CPAP Titration Protocol and Follow-Up Procedures

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To the editor:

Obstructive sleep apnea syndrome (OSA) is the most common sleep disorder presenting to sleep disorders centers, and use of nasal continuous positive airway pressure (CPAP) is the major treatment used for this condition. Despite this, a widely-used written protocol for CPAP titration and guidelines for a standard approach to follow-up procedures are absent. This seems more remarkable when we consider that practice parameter papers are available that address the use of LAUP for treatment of OSA, the use of oral appliances to treat OSA, and the use of auto-titrating devices to deliver CPAP to OSA patients. We know that adherence with CPAP therapy is an important limitation to treatment effectiveness and establishing standard treatment procedures would appear to be a necessary condition to improve that situation.

Survey data have demonstrated that CPAP titration protocols vary widely among accredited sleep centers.¹ A survey of accredited centers reviewed titration protocols from 51 accredited centers. The procedures described for titration were widely variable from center to center. Twenty-two percent of these centers did not have a written protocol. Only 14% of the protocols mentioned apnea, hypopnea, and oxygen desaturation as reasons to consider pressure changes, although 'no desaturations' was the most common (41% of protocols) single factor used to determine the final pressure. The maximum allowable pressure varied from 10cm to 20cm, with an equal number endorsing 15cm and 20cm. Review of these protocols leads one to the conclusion that the same patient undergoing titration in different centers would receive prescriptions for different CPAP pressures. It is unknown if pressures greater or lesser than the 'optimal' CPAP pressure would adversely affect treatment adherence, or how large a deviation around an

'optimal' pressure would be tolerated before treatment benefit is negatively impacted.

Recommendations are also needed for follow-up care, particularly in view of the recent advances in monitoring adherence to treatment. In the absence of standard recommendations, sleep centers are expected to have marked variability in their CPAP follow-up programs. The guidelines would provide recommendations regarding the timing and use of downloaded adherence data, timing of follow-up visits, and protocols for intervention when adherence is poor. This set of guidelines would most likely be in the form of a consensus statement since empirical data is scarce. However, the guidelines would be informed by empirical data showing that successful long-term use of nasal CPAP is predicted by adherence early in treatment.²

The absence of a common CPAP titration protocol and procedures for follow-up care is a significant oversight given the importance of this treatment for the field of sleep medicine.

REFERENCES

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