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ORIGINAL ARTICLE

The importance of clinical monitoring for compliance with Continuous Positive Airway Pressure[☆]

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KEYWORDS

CPAP;
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Apnea;
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device;
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apnea

Abstract

Introduction: Obstructive sleep apnea syndrome is currently a public health problem of great importance. When misdiagnosed or improperly treated, it can lead to serious consequences on patients' quality of life. The gold standard treatment for cases of obstructive sleep apnea syndrome, especially in mild to severe and symptomatic cases, is continuous positive airway pressure therapy. Compliance with continuous positive airway pressure therapy is directly dependent on the active participation of the patient, which can be influenced by several factors. **Objective:** The objective of this study is to describe the factors related to compliance with continuous positive airway pressure therapy, and to analyze which associated factors directly influence the efficiency of the treatment.

Methods: Patients who received continuous positive airway pressure therapy through the Municipal Health Department of the city of Ribeirão Preto were recruited. A structured questionnaire was administered to the patients. Compliance with continuous positive airway pressure therapy was assessed by average hours of continuous positive airway pressure therapy usage per night. Patients with good compliance (patients using continuous positive airway pressure therapy ≥ 4 h/night) were compared to those with poor compliance (patients using < 4 h/night).

Results: 138 patients were analyzed: 77 (55.8%) were considered compliant while 61 (44.2%) were non-compliant. The comparison between the two groups showed that regular monitoring by a specialist considerably improved compliance with continuous positive airway pressure therapy (odds ratio, OR = 2.62).

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PALAVRAS-CHAVE

CPAP;
SAOS;
Apneia;
Adesão;
Aparelho de pressão
positiva;
Apneia obstrutiva do
sono

Conclusion: Compliance with continuous positive airway pressure therapy is related to educational components, which can be enhanced with continuous and individualized care to patients with obstructive sleep apnea syndrome.

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A importância do seguimento clínico para adesão ao CPAP**Resumo**

Introdução: Síndrome da apneia obstrutiva do sono (SAOS) é, atualmente, um problema de saúde pública de suma importância. Quando mal diagnosticado ou tratado inadequadamente, pode levar a sérias consequências na qualidade de vida do paciente. O tratamento padrão ouro para casos de SAOS, principalmente nos casos moderados a grave e sintomáticos, é o CPAP (*Continuous Positive Airway Pressure*). A adesão ao CPAP depende diretamente da participação ativa do paciente, que pode ser influenciada por vários fatores.

Objetivo: O objetivo deste estudo é descrever os fatores relacionados à adesão ao CPAP, e analisar quais fatores associados influenciam diretamente na eficiência do tratamento.

Método: Foram recrutados pacientes que receberam CPAP pela Secretaria Municipal de Saúde de Ribeirão Preto. Um questionário estruturado foi aplicado ao paciente. A adesão ao CPAP foi avaliada pela média de horas de uso do CPAP por noite. Pacientes com boa adesão (pacientes em uso de CPAP ≥ 4 horas/noite) foram comparados aos com má adesão (pacientes em uso < 4 horas/noite).

Resultados: No estudo, 138 pacientes foram analisados: 77 (55,8%) foram considerados aderentes e 61 (44,2%) foram não aderentes. A comparação entre os dois grupos demonstrou que o seguimento regular com especialista melhorou consideravelmente a adesão ao CPAP (*Odds Ratio*, OR = 2,62).

Conclusão: A adesão ao CPAP está relacionada a componentes educacionais, que podem ser aprimorados com assistência contínua e individualizada ao paciente com SAOS.

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Introduction

The Obstructive Sleep Apnea Syndrome (OSAS) is now considered a major public health problem, with a prevalence, respectively, of 4% and 2% in males and females.¹ In a recent epidemiological study conducted in the city of São Paulo, the prevalence of OSAS among adults was 32.8%.² In undiagnosed or untreated cases, OSAS can lead to significant and permanent impact on the quality of life of patients, reducing overall cognitive function.³ In addition, OSAS is related to a high rate of morbidity and mortality, and is associated with diseases such as systemic hypertension,⁴ acute myocardial infarction and ischemic stroke.

The pathophysiology of OSAS involves the upper airways during sleep. The main associated factors are anatomic obstructive factors (such as adenotonsillar hypertrophy, base of tongue hypertrophy and neck masses), neuromuscular changes, fat distribution in the cervical region,⁵ or an association of these conditions.

The gold standard treatment for OSAS, especially in mild to severe and symptomatic cases, is CPAP (Continuous Positive Airway Pressure).⁶ CPAP is a non-invasive,⁷ easy to use and highly effective treatment. When well suited to this treatment, the compliant patient shows significant

improvement in quality of life, with reduction of daytime sleepiness and⁸ reduction of cardiovascular risk.^{8,9} However, this benefit does not occur if the patient does not adhere to treatment. Thus, compliance with treatment is an important negative impasse in the management of OSAS, and directly depends on the involvement of the patient.⁷

According to the literature, several characteristics can influence compliance with CPAP: other health problems in addition to OSA, the availability of polysomnography to titrate the pressure to be ideally used in CPAP and psychosocial and economic factors.¹⁰

A few years ago, an agreement between the Secretaria de Saúde de Ribeirão Preto and the Hospital das Clínicas da Faculdade de Medicina de Ribeirão Preto (HCFMRP) – Universidade de São Paulo optimized access to CPAP among citizens. Once the equipment had been prescribed by the specialist, the Health Department provided the CPAP to patients free of charge. Thus, the economic problem, a particularly important obstacle in developing countries, has been eliminated.¹¹

The aim of this study was to observe the compliance with CPAP in those patients and to analyze the possible related factors.

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