

## Background

- Continuous positive airway pressure (CPAP) is the initial treatment modality for obstructive sleep apnea (OSA)
- Patient adherence with this modality is as low as 30-60%
- Historically, CPAP has been managed by sleep medicine and primary care providers
- Referral to an otolaryngologist only occurs after failure of CPAP treatment
- Here, we present our institutional experience with patients newly diagnosed with OSA within the sleep surgery clinic
- We hypothesize that comprehensive sleep care, including medical management of OSA, can be accomplished by an otolaryngologist through a division of sleep surgery

## Methods

- Retrospective chart review was performed to identify patients seen by a single sleep surgeon at our tertiary care center
- Identified patients included in the analysis were prescribed CPAP between December 2021 and October 2022
- Consecutive patients with initiation of CPAP therapy were included for analysis
- The medical record was reviewed for patient demographics, sleep study and CPAP compliance data, clinical visit information, and alternative OSA therapies
- Mean disease alleviation was calculated by multiplying the percentage apnea-hypopnea index (AHI) reduction with nightly duration of CPAP use relative to total sleep time

## Discussion

- Among patients prescribed CPAP therapy in the sleep surgery clinic, 67% were compliant
- CPAP compliance rates in the literature range from 30-60%
- Twenty-five percent of total patients, and one-third of non-compliant patients, pursued subsequent alternative therapy
- CPAP prescription by the Otolaryngologist is a feasible and effective treatment approach with high rates of compliance

## Results

- Thirty-six patients met inclusion criteria
- Patient demographics depicted in Table 1

Variable	
Age	53.8 ± 13.2
Male	25 (69%)
BMI	31.8 ± 5.4
Severe OSA	18 (50%)
Pretreatment AHI/REI	35.8 ± 25.8
Pretreatment oxygen nadir	75.9% ± 9.3%

**Table 1. Demographics**

Pretreatment demographics and other patient information.

- Overall 81% of patients underwent treatment (CPAP compliant or surgical disease management)
- Mean disease alleviation was 58.8%
- Other post-treatment outcomes presented in Table 2

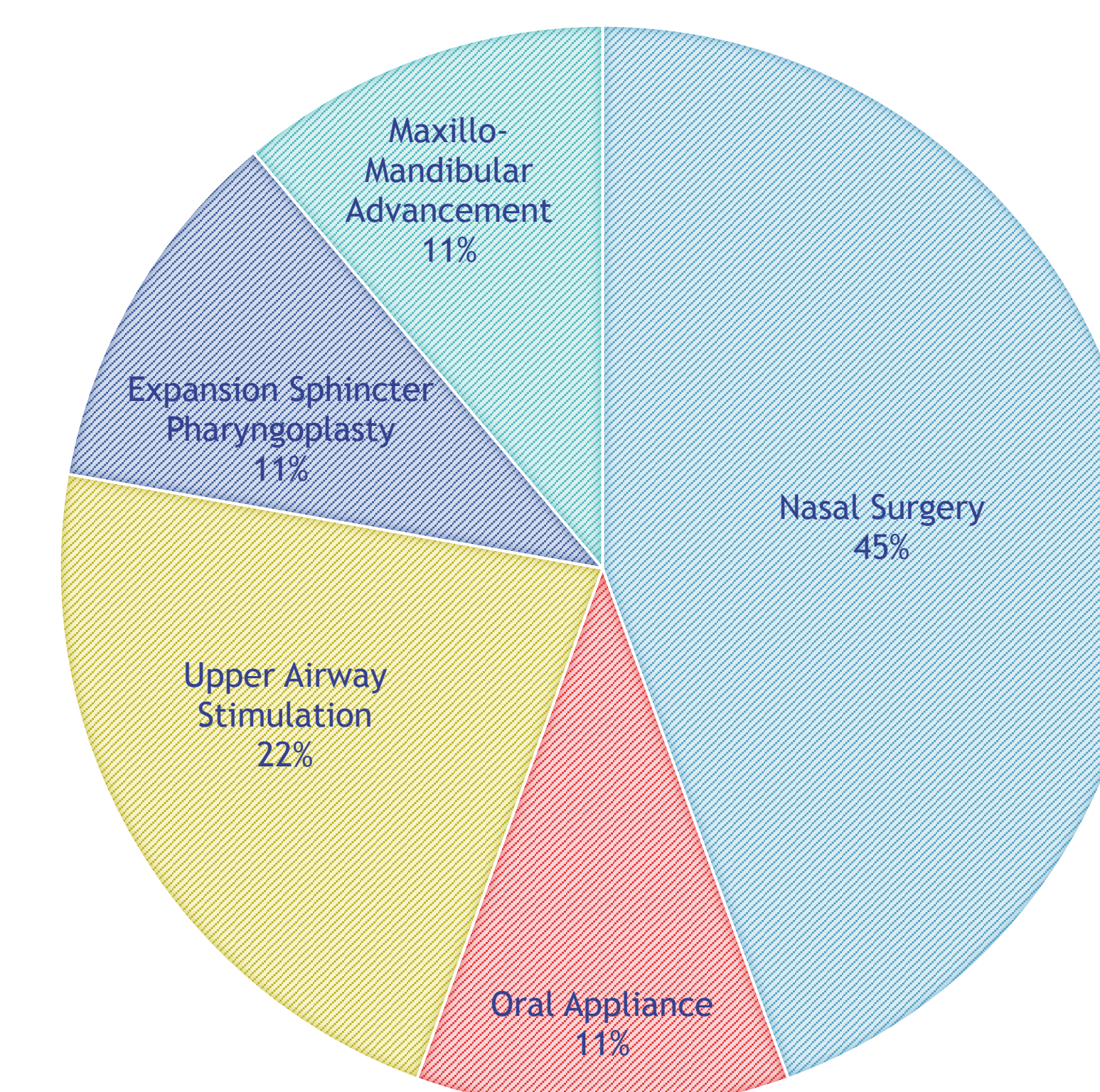
Treatment Compliance Rate	81%
CPAP Compliance Rate	67%
Mean 30-day CPAP Compliance Rate	71.4%
Mean AHI using CPAP	2.1 events/hour
Mean Disease Alleviation	59%
Alternative/Additional Therapy Rate	25%
Alternative Therapy Rate for Non-Adherent Patients	33%

**Table 2. Post-treatment Outcomes**

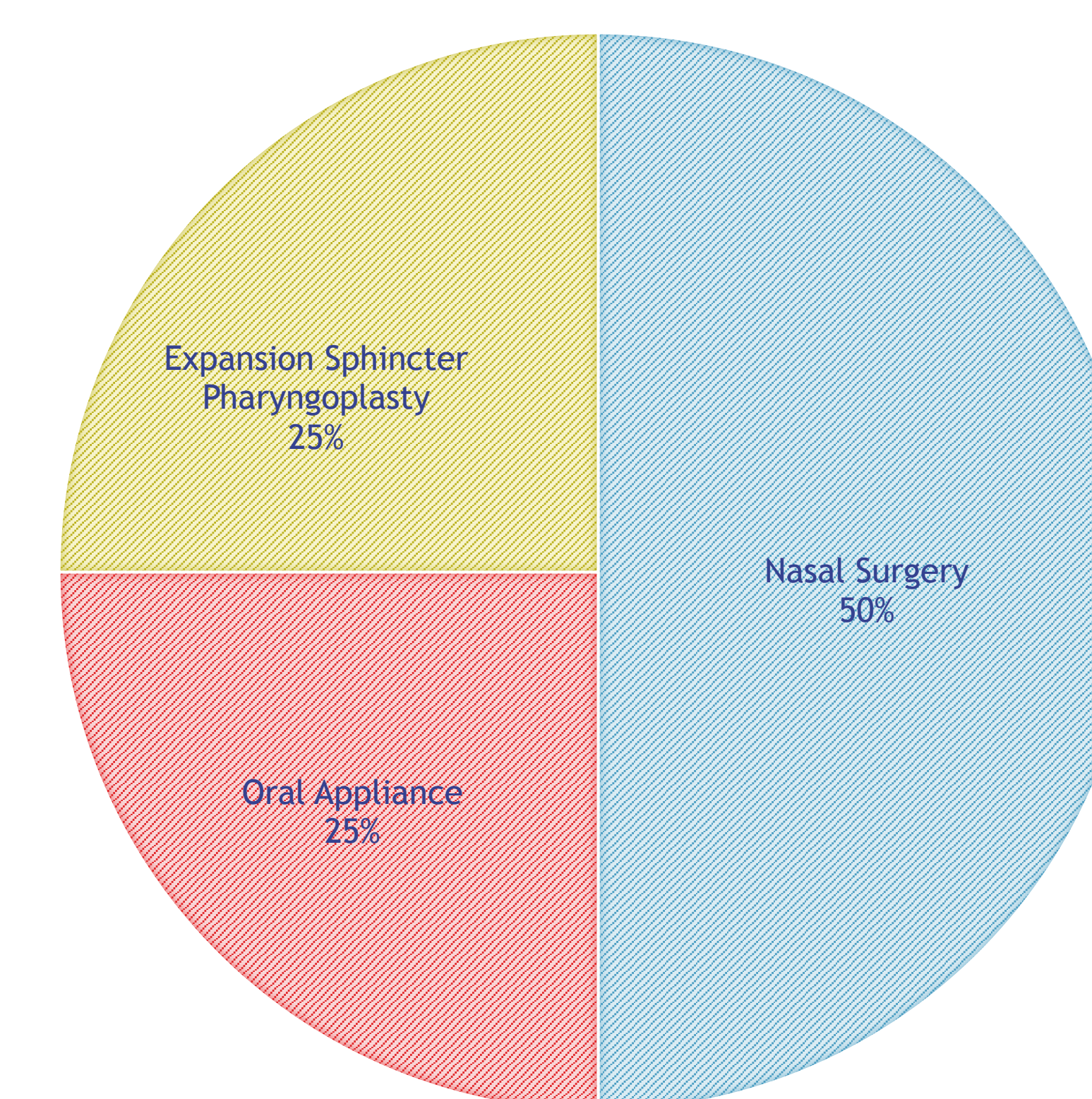
CPAP compliance and alternative therapy data.

- Nine patients (25.0%) pursued alternative or additional therapy
- Alternative therapies included upper airway stimulation, expansion sphincter pharyngoplasty, oral appliance therapy, or nasal surgery to improve CPAP tolerability
- Of note, 33% (4/12) of patients who were non-adherent to CPAP therapy opted to pursue alternative treatment options

### ALTERNATIVE/ADDITIONAL THERAPY IN ALL PATIENTS



### ALTERNATIVE THERAPY IN NON-ADHERENT PATIENTS



## References

- Fiorella M, Armache M, Scott E, Rodin J, Boon M, Huntley C. Comparison of CPAP and Expansion Sphincter Pharyngoplasty using the Mean Disease Alleviation Concept. *Laryngoscope*. 2023 Jun;133(6):1513-1517. doi: 10.1002/lary.30613. Epub 2023 Feb 23. PMID: 36815599.
- Jain N, Rodin J, Boon MS, Huntley CT. A systematic approach to the evaluation and management of obstructive sleep apnea: The Jefferson Protocol. *Am J Otolaryngol*. 2021 Mar-Apr;42(2):102866. doi: 10.1016/j.amjoto.2020.102866. Epub 2020 Dec 29. PMID: 33418179.
- Reilly EK, Huntley CT, Boon MS, Epps G, Vimawala S, Chitgutti C, Patel J, Murphy K, Nyquist GG, Rosen MR, Evans JJ, Rabinowitz MR. Qualitative Assessment of the Effect of Continuous Positive Airway Pressure on the Nasal Cavity. *Am J Rhinol Allergy*. 2020 Jul;34(4):487-493. doi: 10.1177/1945892420908749. Epub 2020 Feb 26. PMID: 32105551.
- Rotenberg BW, Murarian D, Pang KP. Trends in CPAP adherence over twenty years of data collection: a flattened curve. *J Otolaryngol Head Neck Surg*. 2016 Aug;19:45(1):43. doi: 10.1186/s40463-016-0156-0. PMID: 27542595; PMCID: PMC4992257.