

## **Few tips to patients using nocturnal CPAP for Obstructive sleep apnoea**

Obstructive sleep apnoea occurs when the muscles that support the soft tissues in your throat, such as your tongue and soft palate, temporarily relax. When these muscles relax, your airway is narrowed or closed, and breathing is momentarily cut off.

In fact, **OSA is often used interchangeably with “sleep apnoea”**. But they're not the same thing. OSA is only a certain type of sleep apnoea, which can be caused by multiple factors.

### **Types of sleep apnoea**

*A person with sleep apnoea stops breathing during sleep.*

There are three forms of sleep apnea: **central, obstructive, and complex**.

The most common of these is obstructive sleep apnea (OSA)

**OSA is where your upper airway gets partially or completely blocked while you sleep.**

**Central sleep apnoea (CSA), cessation of respiratory drive results in a lack of respiratory movements.**

### **Complications of OSA**

If it goes untreated, it can cause **loud snoring, daytime tiredness, or more serious problems like heart trouble or high blood pressure.**

### **Neuro-imaging**

A neuro-imaging study is the first to show that white matter damage is caused by severe obstructive sleep apnoea but can be reversed by continuous positive airway pressure therapy.

### **Treatment options**

**Sleeping on Your Right Side** - Side sleeping is the preferred position for helping calm your sleep apnoea. Sleeping on your *right* side reduces snoring and encourages blood flow.

## **Weight reduction**

### **Nocturnal CPAP machine.**

This helps in keeping your airways open so that the obstruction is relieved.

**It has nothing to do with alteration of the blood gases.**

### **Complications of CPAP machine**

#### **Problems that may occur with CPAP include:**

Excessive dreaming during early use.

Dry nose and sore throat.

Nasal congestion, runny nose, and sneezing.

Dilatation of nostrils

Irritation of the eyes and the skin on the face can be handled by using a humidifier.

Abdominal bloating.

Leaks around the mask because it doesn't fit properly.

Sores on bridge of nose

Winter propensity of fungal infections.

**The above are the common and can be avoided by mask quality.**

Serious and extremely rare complications include pneumonitis and heart failure

#### **10 TIPS TO GET RID OF NOCTURNAL CPAP MACHINE RELATED ISSUES:**

##### **1. The wrong size or style CPAP mask**

Work closely with your doctor and CPAP supplier to make sure you have a CPAP mask that fits properly. Everyone has different face shapes, so the right style and size mask for someone else may not work for you.

**Try a different mask.** A range of CPAP masks are available. For example, some feature full face masks that cover your mouth and nose, with straps that stretch across your forehead and cheeks. These may make some people feel claustrophobic, but they work well if you prefer to breathe through your mouth during sleep. They also provide a stable fit if you move around a lot in your sleep.

Other masks feature nasal pillows that fit under your nose and straps that cover less of your face. These can feel less cumbersome.

Nasal pillows may work well if you wear glasses or read with the mask on, because some don't block your eyes as much as full face masks do. However, this may not be an option if you move around a lot in your sleep or sleep on your side.

**Pay attention to size.** Most masks come in different sizes. Just because you're a certain size in one mask doesn't mean you'll be the same size in another. CPAP masks are usually adjustable.

## **2. Trouble getting used to wearing the CPAP device**

First, try wearing just the CPAP mask for short periods of time while you're awake — for example, while watching TV. Then try wearing the mask and hose with the device turned on during the day while you're awake.

Once you get used to how that feels, start using the CPAP device every time you sleep — including naps.

Just wearing the CPAP device every now and then may delay getting used to it. Stick with it for several weeks or more to see if your mask and pressure are right for you.

## **3. Difficulty tolerating forced air**

You may be able to overcome this by using a machine with a "ramp" feature. This setting allows you to start with low air pressure. The machine then automatically and slowly increases the air pressure to your prescribed setting as you fall asleep. If it doesn't work, shift to BiPAP may help.

## **4. Dry, stuffy nose**

A CPAP device that features a heated humidifier, which attaches to the air pressure machine, can help. You can adjust the level of humidification. Using a nasal saline spray at bedtime also can help ease a dry, stuffy nose.

## **5. Feeling claustrophobic**

Practice using your mask while you're awake. First, just hold it up to your face without any of the other parts. Once you're comfortable with that, try wearing the mask with the straps.

Relaxation exercises, such as progressive muscle relaxation, may help reduce anxiety related to CPAP use.

## **6. Leaky mask, skin irritation or pressure sores**

A leaky or an ill-fitting mask means you're not getting the full air pressure you need, and you may be irritating your skin. The mask can also blow air into your eyes, causing them to become dry or teary.

Try adjusting pads and straps to get a better fit. If the device fits over your nose, make sure it doesn't sit too high on the bridge of your nose, which can direct air into your eyes.

You may need to ask your supplier to help you find a different size mask, particularly if your weight has changed a lot. Or try a different style device such as a nasal pillow. If you develop skin deterioration or sores, such as on your nose, change to new user friendly masks.

## **7. Difficulty falling asleep**

Wearing the mask alone for some time during the day may help you get used to how it feels and make it easier to fall asleep at night.

Machines with the ramp feature that slowly and gradually increase the air pressure to your prescribed pressure setting as you fall asleep may make you more comfortable at bedtime(in that case BiPAP will not be required).

Following good general sleep habits also are helpful. Exercise regularly and avoid caffeine and alcohol before bedtime. Try to relax. For example, take a warm bath before you go to bed. Don't go to bed until you're tired.

## **8. Dry mouth**

If you breathe through your mouth at night or sleep with your mouth open, some CPAP devices may worsen dry mouth. A chin strap may help keep your mouth closed and reduce the air leak if you wear a nasal mask.

A full-face-mask-style device that covers your mouth and nose also may work well for you. A CPAP-heated humidifier that attaches to the air pressure machine also may help.

## **9. Unintentionally removing the CPAP device during the night**

It's normal to sometimes wake up to find you've removed the mask in your sleep. If you move a lot in your sleep, you may find that a full face mask will stay on your face better.

You may be pulling off the mask because your nose is congested. If so, ensuring a good mask fit and adding a CPAP-heated humidifier may help. A chin strap also may help keep the device on your face.

#### **10. Bothersome noise**

Most new models of CPAP devices are almost silent. But if you find a device's noise is bothersome, first check to make sure the device air filter is clean and unblocked. Something in its way may worsen noise. Keep the machine as far as possible in that case.

#### **Summary**

Using a CPAP device can be frustrating

It's important you stick with it.

The treatment is essential to avoiding complications of obstructive sleep apnoea, such as heart problems and excessive daytime sleepiness.

Work with your doctor and CPAP supplier to ensure the best fit and device for you.

Regular visits to your sleep doctor are important and can help troubleshoot any problems and adjust settings, if needed. It can take a while to find the correct settings and get used to the mask.

With time and patience, CPAP can positively affect your quality of life and health.