Acclimating to CPAP Treatment  

While some patients are able to easily adjust to wearing their CPAP device, most users experience a period of acclimation or adjustment to wearing the device. After all, strapping a mask to your face with air blowing into your nose isn’t exactly a very natural way to sleep.

CPAP use is associated with challenges which may require adjustments to your system. As no two people are alike, the issues you experience may be entirely different from others. The list below provides some tips that may be helpful in adjusting to regular CPAP use:

- Try wearing your CPAP for short periods during the day while you watch TV or read.
- During use, keep your mouth closed and don’t try to talk as air will often escape from your mouth.
- Remember, using your CPAP will reduce or alleviate the nagging symptoms caused by sleep apnea. Studies have shown that benefits of using a CPAP include:
  - Increased daytime attentiveness and energy level
  - Fewer morning headaches
  - Reduced irritability
  - Improved memory
  - Less waking during the night to go to the bathroom
  - Increased ability to exercise
  - Increased effectiveness at home or work
  - Improved overall quality of life
- Remind yourself that using a CPAP reduces the risk of problems associated with sleep apnea including stroke, heart disease, depression, high blood pressure, and increased risk of automobile or work-related accidents.
- Early persistence pays off. Research has shown that if you are using your CPAP regularly after 1 week, you will most likely be using it after 1 year.
- Use a heated humidifier with your CPAP as it has been shown to decrease nasal problems and mouth leaks while increasing compliance.
- If you have problems tolerating the pressure, especially when exhaling or if your CPAP pressure is 12 or more, consider using a Bilevel-PAP (often called BiPAP) device. This device uses a lower pressure during exhalation and many find it to be more comfortable.
- Many devices have a ‘ramp’ feature which allows you to start treatment at a lower pressure and as you fall asleep the pressure gradually increases to your normal pressure.
- Newer devices have a feature which reduces resistance when you exhale (e.g., C-Flex). If your device is several years old, your insurance may purchase a newer device.
- Clean your mask, tubing, and headgear regularly and remember to change them on the schedule established by your insurance provider, typically every three months for the tubing and mask and every six months for the headgear.
- Regularly clean and replace your CPAP’s filters. The reusable dark filter should be cleaned every week and replaced every six months. The white disposable filters should be replaced every two weeks. These filters help to remove dust, pollen, mold, and other airborne particles that can cause irritation and allergy symptoms.

(Continued on page 2)
Acclimating to CPAP Treatment (Continued from page 1)

- Using a nasal saline spray (available over the counter at any pharmacy) may reduce mild nasal dryness.
- Talk with your physician if nasal congestion continues. A nasal decongestant or steroid spray may be necessary but shouldn’t be used without your physician’s guidance.
- If your original mask doesn’t work well for you, talk to your supplier about other styles. It may even help to keep two different styles of masks and switch back and forth if one mask starts to cause soreness.
- The smallest mask size that fits but does not pinch the nostrils should be used.
- Don’t over-tighten your mask. Masks are designed to fit snug but not tight to the face. Over-tightening can actually increase leaks and will cause soreness.
- When the mask is adjusted properly, it should set parallel to the face when viewed from the side and not tilted in or out.
- You may want to consider looping the tubing over the headboard to reduce the pull on the mask.
- If you use a full face mask and wear dentures, remember that if your mask was fitted with your dentures in, your mask may not fit properly if worn without them.

Sleepiness and Accidents—Use Treatment to Reduce Risk

Sleepiness is a common cause of traffic crashes and workplace accidents with the cost of billions of dollars per year. A recent study has found that 2 to 3% of drivers are habitually sleepy while driving. There are several well publicized accidents where fatigue was identified as a contributing cause, including the Three Mile Island Nuclear Reactor and Exxon Valdez accidents.

A common cause of sleepy driving is the sleepiness associated with untreated obstructive sleep apnea. It is common for sleep apnea patients to report episodes of falling asleep or fatigue while driving.

A study published by the American Thoracic Society journal sought to explore whether patients with sleep apnea were at increased risk. They found that habitually sleepy drivers were over 13 times more likely to have an auto crash. People involved in car crashes were 8.5 times more likely to have moderate to severe sleep apnea. Researchers have begun to look very closely at the impact of sleepiness in commercial truck drivers. Studies have shown that drowsy driving is an all-too-frequent problem in commercial drivers due to two factors:

1. Sleep deprivation from long-hours and challenges of sleeping on the road, and...
2. Increased incidence of sleep apnea compared to the general population. Commercial drivers with sleep apnea may be required to provide evidence of treatment to retain their license.

This problem was highlighted recently in a landmark trial where a truck driver pleaded guilty to two cases of vehicular homicide. The driver was sentenced to jail for six months for two tragic deaths as a result of a crash. The truck driver had been diagnosed with sleep apnea and had refused to use the CPAP machine that was prescribed.

The message is clear: follow your physician’s prescription for treatment if you have sleep apnea. Using a CPAP has been shown to reduce daytime sleepiness, and thereby decreasing the risk of accidents.