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Patient Perspectives

Patient experience with obstructive sleep apnoea

Obstructive sleep apnoea (OSA) is thought to affect up to 1 billion people worldwide but remains **underdiagnosed and undertreated**. OSA has considerable daytime consequences, including increased cardiometabolic and neurocognitive **risk**. Yet, many health-care providers do not ask questions related to sleep during patient encounters. This Patient Perspectives aims to capture the patient's experience of having OSA, with a goal of raising awareness among patients and providers.

How did you know you had problem?

Like every medical student, I diagnosed myself with every condition I learned about in my training. When I learned about OSA in one of my classes, there was very little content, but I became convinced that I might have an issue. My father had been recently diagnosed with OSA, which prompted me to consider the diagnosis further.

Why did you seek a diagnosis?

My wife complained about my snoring and my father was telling me about how much better he felt with CPAP (continuous positive airway pressure) so, I knew it was time to get help. I noticed I was gaining weight and drinking lots of coffee, which I realised could both be indicative of possible OSA.

What was the biggest benefit you saw with CPAP?

I felt better right away. If I did not use my CPAP, I would have brain fog and mood changes. I was more pleasant and helpful to the people around me at work. One of the house officers told me I was more organised and had more "pip" in my step. I could see I was better at managing my patients and leading my team on rounds once I got on CPAP treatment.

I am aware that **clinical trials** have shown improvement in daytime sleepiness, sleep-specific quality of life and high blood pressure. CPAP clearly has **benefits** for those who use it consistently and tolerate it well.

On many occasions, I go to the gym and run and lift weights. When I use my CPAP, I go to the gym consistently because I have energy, but on the rare nights I go without CPAP, I do not go the gym because I am too tired. I do also find that my exercise performance (strength, endurance, speed) improves on CPAP.

As a doctor on call, I find use of my CPAP to be a pre-requisite to function properly during my overnight shifts. I definitely feel like using CPAP helps me withstand subsequent sleep deprivation. I have thought about bringing my CPAP to work so I can use it during brief naps, but generally get so little sleep on call it is probably not worth the trouble to bring in the machine.

I believe I am a much better doctor when on CPAP treatment. I feel like my learning and my judgment are a lot better with treatment. I find I ask patients more detailed questions when I am using my CPAP and catch more things rather than relying on established patterns. **Robust data** support the finding that memory consolidation improves with high quality sleep.

What did your spouse note with CPAP therapy?

My wife noted right away the improvement in snoring. She also commented that my personality had changed for the better and that I was more engaged with my son. My wife also reported that her sleep improved because I was no longer waking her up with the snoring. In addition, my wife and my father were very helpful and supportive of me and my use of CPAP.

What are the biggest problems you have with CPAP?

Although many people say the mask is a nuisance, I tolerated it very well. I found the cleaning of the device to be cumbersome. Sometimes the strap on the mask comes off at night, which can annoy my wife but for the most part I have tolerated the treatment quite well.

Have other health factors improved with CPAP?

My **weight** stayed about the same with CPAP therapy. I am aware that some patients report **weight gain** after starting with CPAP. The mechanism underlying this finding is unclear but may reflect hormonal changes induced with CPAP, fluid accumulation, reduced energy expenditure

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For more on the **global prevalence of OSA** see **Articles Lancet Respir Med** 2019; 7: 687-98

For more on the **risks of adults OSA** see **Seminar Lancet** 2014; 383: 736-47

For **clinical trials on benefits of CPAP in OSA** see **Articles Lancet** 2002; 359: 204-10 and **J Clin Sleep Med** 2012; 8: 587-96

For more on **sleep-dependent memory consolidation** see **Nature** 2005; 437: 1272-78

For more on **weight and OSA** see **Ann Am Thorac Soc** 2021; 18: 1717-27 and **Am J Respir Crit Care Med** 2021; 203(1): 134-36

For more on **heartburn and OSA** see **Arch Intern Med** 2003; 163: 41-45



For more on **sleep-related breathing disorder and depression** see *Arch Intern Med* 2006; **166**: 1709–15

For more on **CPAP devices** see *Am J Respir Crit Care Med* 2021; **204**: 1484–88 and *Am J Respir Crit Care Med* 2020; **202**: 1503–8

from diminished work of breathing during repetitive apnoea and perhaps restoration of social activities, which involve caloric intake (eg, going for dinner, beers with friends, etc.).

I did notice some improvement in my blood pressure with CPAP therapy, a finding which was more marked for my father when he started CPAP treatment. I have some **heartburn**, but this did not really get better with CPAP even though I realise it does for some patients. I do track my HbA1c because I was diagnosed with pre-diabetes, and I definitely saw some improvement in my glycemic control with initiation of CPAP therapy. I have mild depression for which I take a selective serotonin reuptake inhibitor (SSRI). I am aware of findings that untreated OSA is associated with incident **depression**. I did see changes in mood with CPAP and I'm not sure that I still need the SSRI. However, I continue to take the SSRI because I am feeling fine in this regard.

Did the recent equipment recall affect you?

In June, 2021, one of the major companies who makes CPAP machines announced a recall on some of their equipment. As it happens, I have a Philips machine, which was recalled but I have not replaced it as yet. I know I need to register my machine on the website, but due to supply chain issues the replacement equipment is not readily available. There have been some **papers** suggesting the risk of the defective

equipment is relatively minor, although I know my doctor recommends that I get new equipment as soon as possible.

How do you clean and maintain your equipment?

I do not like cleaning it and refilling the distilled water is kind of a pain. It took me a while to get used to it. I still do not clean it very often but I don't like to breathe in old water so I just dump out the water from the humidifier if I am not using it. I use soap and water to clean my **device**. My doctor has told me to avoid ozone cleaners, such as So-Clean, which have received warnings from the US Food and Drug Administration.

What is your advice to others?

For me, CPAP has been a life-changing treatment. I have used my own experience to inform my patients about how much they may benefit from having their sleep apnoea treated. I encourage doctors to ask their patients about diet, exercise, and sleep—the three pillars of health—as a matter of routine. I also encourage patients to ask their doctors for sleep evaluation if they feel they may have a problem. I would like to encourage both patients and providers to prioritise sleep as it is critical for optimal performance.

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