

## 1.19 Management and Outcomes of Mild OSA (AHI 5-15): A Real-World Study

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**Background:** Obstructive Sleep Apnoea (OSA) is characterised by recurrent partial or complete collapsibility of the upper airway during sleep. The apnoea-hypopnoea index (AHI) is used to grade the severity of OSA [1]. Continuous Positive Airway Pressure (CPAP) therapy works by blowing and keeping the upper airway open overnight. CPAP is usually only offered to subjects with mild OSA if symptomatic or at significant cardiovascular risk. However, controversy remains whether it is necessary to treat mild OSA at all. This study aims to explore the management and outcomes of mild OSA (AHI 5-15) in the adult population.

**Methods:** Retrospective database review of adults attending a sleep clinic from 2016-2021. Subjects were selected if diagnosed with mild OSA by either home sleep apnoea testing or polysomnography. Outcomes included conservative therapy, CPAP prescription, or alternative treatments.

**Results:** 107 patients (42 males, 65 females), age (mean 46.48, SD 11.396), only 31 (29%) were offered CPAP. 12 (11%) were considered successful at one month, based on symptomatic improvement and confirmed treatment compliance.

**Conclusion:** A minority of patients with mild OSA do well with CPAP but it remains unclear which factors predict success.

**Keywords:** Mild Obstructive Sleep Apnea, CPAP therapy.

**Disclosures:**

**Conflict of Interest:** *The authors declare that they have no conflict of interest.*

### References

1. *Obstructive Sleep Apnoea* (2022) *Irish Thoracic Society*. Available at: <https://irishthoracicsociety.com/lung-disease/sleep-apnoea/>