

1.21 Non-CPAP therapies in the treatment of Obstructive Sleep Apnoea.

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Continuous positive airway pressure (CPAP) has been considered the first line treatment for Obstructive Sleep Apnoea (OSA) but has a variable success rate leading to sub-optimal compliance. Non-CPAP therapies are offered to those who are intolerant or opposed to CPAP.

A retrospective database review of adult OSA patients treated with non-CPAP therapy, attending the sleep clinic between 2018 and 2019, was performed. Patient demographics, co-morbidities, pre-treatment, and post-treatment apnoea hypopnoea index (AHI) were recorded for analysis.

Twenty-five (64%) were male, mean age of 52.9 ± 13.2 years, BMI of 39.9 ± 12.6 kg/m². Number of patients and mean pre and post treatment AHI events per hour for each therapy include; bariatric surgery (n=15, AHI 34.8 v 24.2), positional therapy (n=7, AHI 39.5 v 12.9), mandibular advancement device (n=7, AHI 26.8 v 15.5), weight loss (n=3, AHI 21.6 v 9.0), oxygen therapy (n=5, AHI 55 v 20.3) and tonsillectomy (n=2, AHI 68.4 v 39.3). Overall, 51.3% achieved an AHI<15 post therapy.

Conclusion: Mandibular advancement devices and positional therapy fared best, with less success with oxygen therapy and tonsillectomy. The sample size is too small to draw definitive conclusions but suggests non-CPAP therapies can be effective but are inferior to CPAP.