OBSTRUCTIVE SLEEP APNOEA SYNDROME: PATIENTS PREDICTING WHO NEEDS A HUMIDIFIER WITH CPAP

Thorax

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OBSTRUCTIVE SLEEP APNOEA SYNDROME: PATIENTS’ EXPERIENCE OF THE DRIVER AND VEHICLE LICENSING AGENCY

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Introduction

Driver’s licence holders have a legal obligation to inform the Driver and Vehicle Licensing Authority (DVLA) if diagnosed with Obstructive Sleep Apnoea Syndrome (OSAS). This requirement may cause considerable anxiety but few data are available to advise patients on the likely outcomes following such notification.

Methods

Patients diagnosed with OSAS and offered CPAP between 1st October 2009 and 31st March 2010 were surveyed anonymously and asked to report on: a) symptoms of sleepiness whilst driving before and after treatment; b) if they recalled being given advice about contacting the DVLA by healthcare professionals; c) whether they contacted the DVLA; d) the response of the DVLA if notified. The survey was performed between 1st June and 31st August 2010. To provide a description of the population surveyed 67 (10%) case notes were chosen at random from the population surveyed, reviewed and descriptive data extracted.

Results

Six hundred and seventy three patients were surveyed and 297 (44%) responded. 92% were category B licence holders. The data outlining the surveyed population are in Table 1.

Sixty percent and 16% respectively reported no and moderate to severe sleepiness whilst driving, prior to treatment. Two hundred and six patients (69%) recalled being given advice about driving by a health care professional and of those 161 patients (78%) had informed the DVLA of their diagnosis. In total 197 patients (66%) had informed the DVLA of their OSAS. The DVLA asked 8% (16/197) to stop driving temporarily of which 80/197 contacted the DVLA prior to starting treatment. Five patients (2.5%) were deemed not fit to drive by the DVLA in the long term. The mean (SD) time for the DVLA to reach a decision was 29 (33) days.

Conclusion

In summary, recognising its limits, in particular the risk of responder bias, this survey shows most OSAS patients offered CPAP do not experience problems with driving licence retention if they contact the DVLA. The DVLA infrequently ask patients to stop driving. Approximately one third of patients had not informed the DVLA of their OSAS during the timeframe of this survey.

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PREDICTING WHO NEEDS A HUMIDIFIER WITH CPAP

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Introduction

Some patients using continuous positive airway pressure (CPAP) for the treatment of Obstructive Sleep Apnoea (OSA) require the addition of a heated humidifier to their CPAP machine. This is used to combat symptoms of dry nose and mouth which may limit CPAP adherence. We sought to establish whether there are any patient predictors for whether a humidifier will subsequently be needed. This might allow provision of more economical integrated CPAP/humidifiers.

Methods

All patients commencing CPAP over a one year period completed a questionnaire with a member of the Sleep team at the time of CPAP set-up. The questionnaire asked about symptoms prior to CPAP including blocked, dry or runny nose and dry mouth on waking. Details of sleep study parameters such as ODI and AHI were obtained from hospital notes, along with anthropometric measures of body mass index (BMI) and neck size. The questionnaire also enquired about any anxieties or problems prior to starting treatment (including ENT surgery), medications, smoking history and bedroom environment. Patients were given humidifiers according to usual practice as required after CPAP commencement, according to symptoms. The CPAP database was reviewed at the time of analysis to determine which patients had received humidifiers.

Results

Questionnaires were completed by 185 people commencing CPAP from January 2012. The mean (SD) age of this group was 53 years (11.7), BMI 36.6 kg/m² (7.1), neck size 43.9 cm (4.4), ODI 29.3 (2.3). The proportions of different severities of OSA were 19% mild, 34% moderate and 47% severe. The frequencies of symptoms prior to CPAP were 87% dry mouth, 54% blocked nose, 40% dry nose and 22% runny nose.