The Prince Charles Hospital

Metro North Health

My CPAP Journey

Your take-home guide to sleep apnoea and CPAP treatment

Your CPAP booklet

This booklet is your guide to OSA diagnosis, starting, managing and problem-solving CPAP treatment. This booklet is structured to follow each stage of your treatment journey and contains exercises to help you understand the process and reflect on your motivations for starting CPAP.

We recommend taking this booklet with you to your appointment to write down any important information or to check your understanding with your care team.

If you have any concerns, questions or problems with your CPAP treatment, you can contact the Sleep Disorders Centre for help.


The Prince Charles Hospital Sleep Disorders Centre


07 3139 4803


TPCH-SDC@health.qld.gov.au

Your information

Through your treatment journey you will be supported by your care team at The Prince Charles Hospital Sleep Disorders Centre. Write down the details of your care team and upcoming appointments on this page.

My care Team

Treating Sleep Doctor's name

CPAP supplier name

CPAP supplier phone number

How I am funding CPAP (*see page 11*)

My appointments

Who with?	What for?	When?

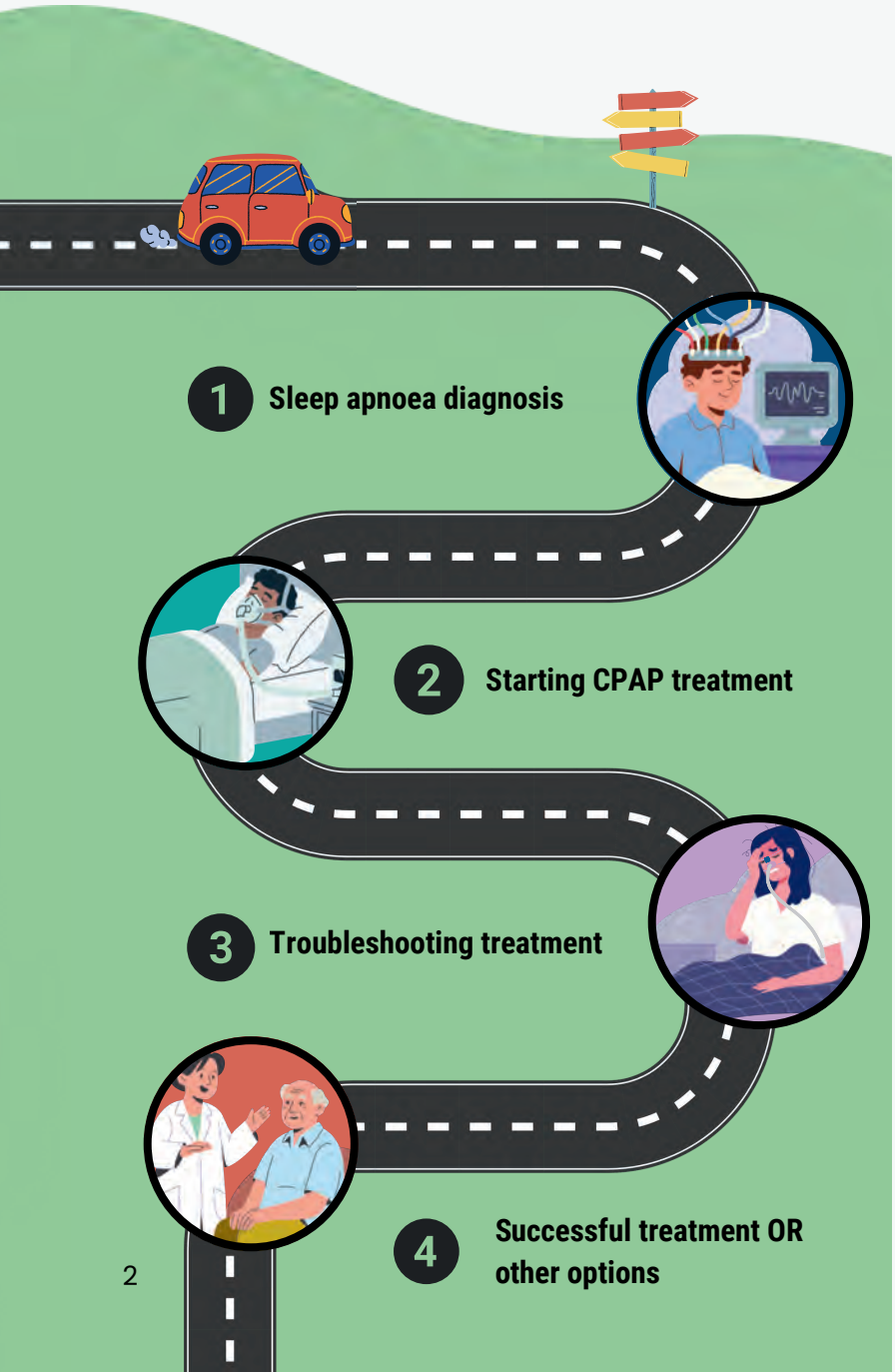
Questions to ask my care team

About your CPAP booklet

Please bring this book to all appointments so your health care team can use it to guide your progress from diagnosis, starting treatment and living with Continous Positive Airway Pressure (CPAP).

Being diagnosed with Sleep Apnoea can be an overwhelming experience. This book will provide you with information to help you along your journey to better sleep health. As you work through this booklet you will find activities to help you reflect on your beliefs, motivations and concerns about CPAP. Please take the time to complete these activities

The **diagnosis and treatment journey** is unique for each person and will come with different levels of prior understanding, motivation, treatment expectations and difficulties. This booklet will help you as you move through the pathway below.



You can also use this book to find answers to common questions at any time including:

- What is Obstructive Sleep Apnoea (OSA)?
- What are the signs, symptoms of OSA?
- Why is it important to get treatment?
- What is CPAP?
- How do I use CPAP?
- Where can I get equipment?
- How do I look after equipment?
- What if I have difficulties?
- What are my options if CPAP is not for me?
- What happens after I start CPAP?
- What else can I do to improve my health?

Table of Contents

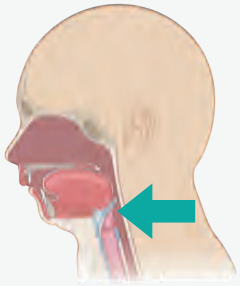
What is obstructive sleep apnoea?

Obstructive Sleep Apnoea (OSA) is a potentially serious condition in which your upper airway (throat) collapses partially or completely during sleep. This may cause snoring and reduced oxygen levels. Low oxygen wakes the brain and leads to poor sleep quality and daytime sleepiness.

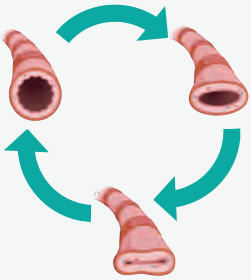
The sleep apnoea cycle

1. When you are awake and breathing, your airway is fully open, allowing air to flow freely in and out of the lungs.
2. During sleep, muscles in the body begin to relax, including muscles of the upper airways.
3. For some people, the collapsing airway causes **vibrations in the throat which lead to snoring**.
4. For some people, the airway will continue to collapse until breathing is impacted. A **partial obstruction is called a hypopnea**, and a **complete obstruction is called an apnoea**.
5. When this happens, you are unable to get enough oxygen into the lungs and are unable to remove carbon dioxide (a dangerous gas in high doses) which then builds up in the body.
6. This causes the brain to wake from sleep to start normal breathing. You may find yourself gasping for air, however you are more likely to not be aware that this is happening while you sleep.
7. As your brain falls back to sleep the throat muscles relax again, and the process then repeats.

A. Healthy open airway



B. Obstructed airway in OSA



C. Airway collapse during sleep

Multiple factors contribute to obstructive sleep apnoea. Apnoeas and hypopneas can occur hundreds of times throughout the night leading to **low oxygen (hypoxemia)** and frequent awakenings which lead to poor sleep quality. OSA is the most common form of sleep apnoea accounting for approximately 85% of all sleep apnoea cases. Other conditions often treated with CPAP can include:

Upper Airway Resistance Syndrome similar to OSA but milder with less airway collapse. It may still disrupt your sleep and/or your bed partner, leading to daytime fatigue and a decreased quality of life.

Central Sleep Apnoea occurs when the brain tells you to stop breathing and there is little or no effort to breathe. It affects less than 10-15% of people with sleep apnoea and usually due to heart failure, stroke and some pain medications.

Risk factors, signs and symptoms of OSA

Risk factors

OSA can affect anyone, but some conditions and factors can increase your risk of developing OSA. Some of these you can control but others you cannot. **Tick off the risk factors that apply to you. Which can you modify?**

- [ ] Being male
- [ ] Ethnic background
- [ ] Family history
- [ ] Menopause
- [ ] Large tongue or crowded airway
- [ ] Ageing
- [ ] Obesity
- [ ] High blood pressure
- [ ] Type-2 diabetes
- [ ] Alcohol consumption
- [ ] Smoking

Signs and symptoms

OSA can reduce your quality of life, affect your health and wellbeing, and impact your family, workplace, and community. Think about your symptoms and how they may impact you and/or others. **Tick any of the below that you recognise.**

- [ ] Snoring
- [ ] Witnessed pauses in breathing
- [ ] Waking up choking/gasping for air
- [ ] Waking up with a dry mouth
- [ ] Morning headaches
- [ ] Poor attention or concentration
- [ ] Feeling irritable or moody
- [ ] Restless sleep
- [ ] Waking up feeling tired
- [ ] Waking unrefreshed
- [ ] Excessive daytime sleepiness
- [ ] Lack of energy or exhaustion
- [ ] Low libido/sexual dysfunction
- [ ] Frequent urination at night

How does OSA impact you?

- [ ] Impaired concentration
- [ ] Worse memory
- [ ] Increased irritability
- [ ] Depressed mood and/or anxiety
- [ ] No energy to engage in hobbies
- [ ] Difficulty being active or exercising
- [ ] Greater risk of developing other health conditions

How does OSA impact others?

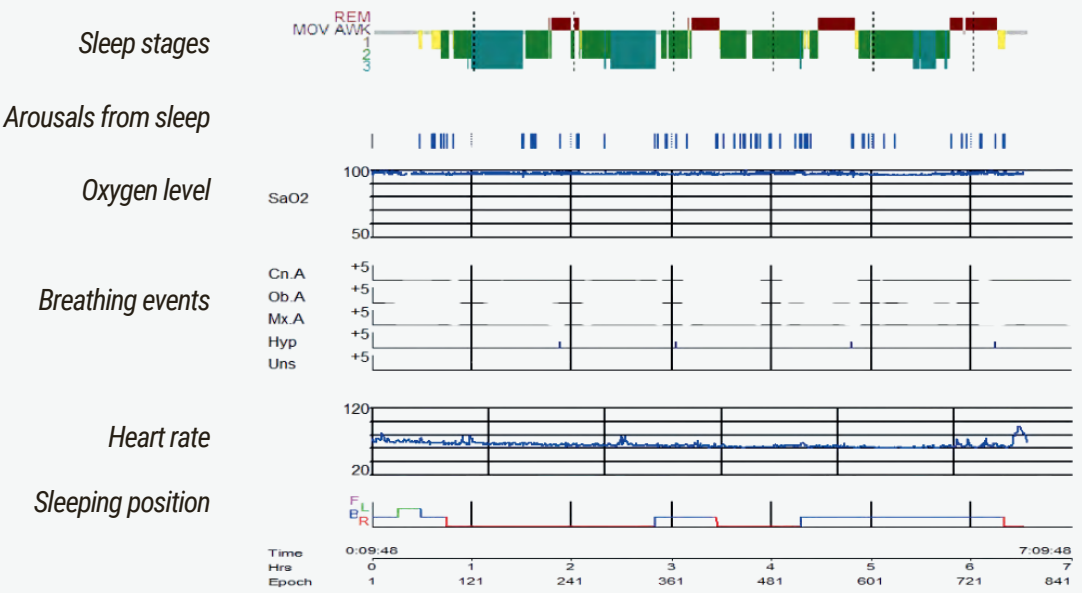
- [ ] Reduced social engagement
- [ ] Poor sleep quality for bed partner
- [ ] Reduced desire for intimacy
- [ ] Poor work performance and productivity
- [ ] Increased risk of traffic accidents
- [ ] Reduced participation in household chores and family responsibilities

Understanding your OSA diagnosis

You may have been diagnosed with OSA after a sleep study in a hospital or in your home. Your doctor or other health care provider would have explained your sleep study report to you to ensure you understood the results. **If this has not happened, please ask your health care provider to go through your results with you at your next appointment.**

What does your sleep study report tell us?

1. How stable your breathing and blood oxygen levels are throughout the night.
2. Whether or not there are any other sleep disorders affecting your sleep e.g. periodic limb movements.
3. How consolidated and healthy your sleep is and how much sleep disordered breathing or other disorders affect your sleep.



My sleep study results

Apnoea-Hypopnea Index (number of times airway collapses per hour)

Arousal Index (number of times my brain wakes per hour)

Minimum oxygen saturation

Importance of treatment

Untreated OSA can have consequences for your health and wellbeing. Effective treatment reduces your symptoms and improves your health and wellbeing.

How do you hope to benefit from treatment?

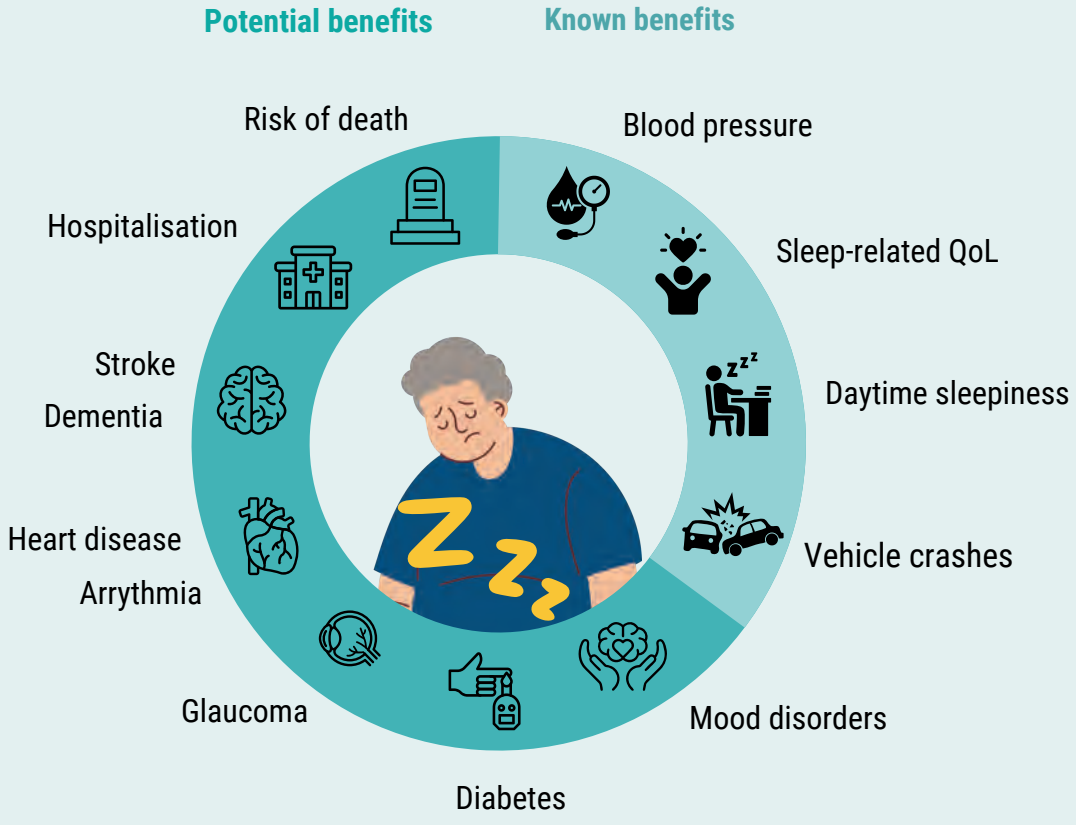
If you operate heavy machinery or hold a commercial license you may not be able to work until your sleep apnoea is treated.

Lifestyle benefits

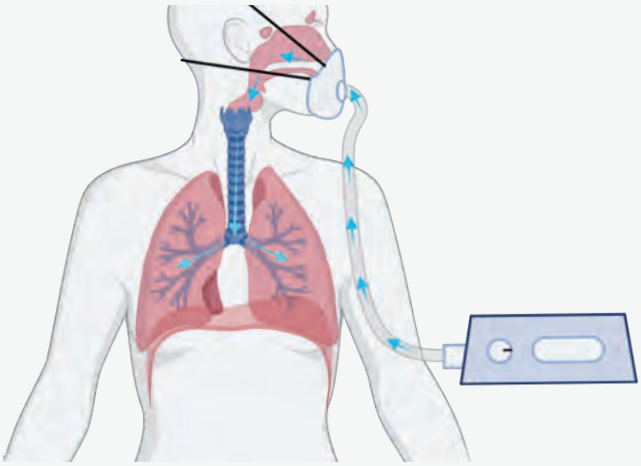
- ☐ Better sleep quality
- ☐ Less waking at night
- ☐ Less tired/more energy
- ☐ Better concentration and memory
- ☐ Awake and alert to socialise
- ☐ Energy to keep up with kids
- ☐ Less grumpy/irritable
- ☐ Improved libido
- ☐ Reduced strain on relationships
- ☐ Can share a bed with partner
- ☐ More productive at work
- ☐ No more embarrassing snoring!

1 in 10 adults have a sleep disorder that can affect their health and well-being

Treating sleep apnoea reduces your health risk



What is CPAP?



Continuous Positive Airway Pressure (CPAP) is the most effective treatment for OSA. It's a machine at the bedside which provides positive air pressure through a tube and mask worn on the face. It helps open your airway or throat, stopping it from collapsing while you sleep. This keeps air flowing into your lungs, and your oxygen and carbon dioxide levels normal so that your body and brain get a good night's rest.

It's important to remember that CPAP is not a cure, but a very effective treatment if used correctly. It should be used regularly and for all your sleep, including daytime naps. Successful therapy with CPAP can reduce apnoeas, improve oxygen levels and sleep quality and resolve daytime sleepiness.

Automatic or fixed pressure?

There are two types of CPAP devices:

Fixed pressure machines deliver a constant pressure (CPAP).

Automatic machines (APAP) adjust pressure when your breathing changes throughout the night.

Most people will find a fixed CPAP is all they need to treat their OSA. For some people the pressures needed vary greatly throughout the night e.g. the airway may be more collapsible when sleeping on your back, during REM sleep (your dreaming sleep), or if you have had alcohol that night.

Losing or gaining weight over time may also affect the pressure that you need. APAP can adjust for these changes over time and may be more comfortable for some people. There is no evidence that one machine is better than the other, provided the settings have been adjusted to your needs. APAP may help keep pressures lower while fixed CPAP may need to be reviewed over time, particularly if your weight changes. Your sleep team will be able to advise you on your options.

Comfort settings

A **heated humidifier** chamber with water adds humidity or moisture to the air you breathe. This can help if the air dries out your nasal passages or throat.
Ramp starts CPAP at a lower pressure while you are settling to sleep and 'ramps' up to the pressure you need for when you are asleep.
Expiratory Pressure Relief reduces the pressure that you breathe out against, making it easier to breathe out.

Mask selection

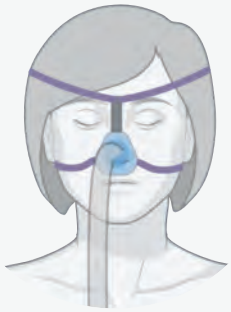
Selecting the right mask is an important part of starting CPAP. There are two main types of masks commonly used, each with their own benefits and disadvantages. These are the nasal mask, which covers the nose only and the full-face mask which covers the nose and mouth.

Full Face Masks allow you to breathe through your nose or mouth. These are usually used if you get a blocked nose or your mouth drops open while you sleep. Some people find it easier to breathe with a full-face mask, but the larger mask cushion is more likely to leak and if overtightened, the mask can push the bottom jaw backwards which can make OSA worse.

- Can breathe through mouth
- Larger, heavier mask
- More chance for leaks – particularly if you have facial hair

Nasal masks cover the nose only or fit snugly into (pillows) or under the nostrils (cradle).

- Less contact with face, and more comfortable for some
- Smaller area to seal and less leakage
- Lighter masks with less strapping and can dislodge more easily
- Not effective if nose is blocked
- If your mouth drops open, the air will rush out and disturb your sleep
- A chin strap can be used to help keep your mouth closed if this happens



Mask fitting tips

Many problems people face with using CPAP occur when the mask is a poor fit, is not assembled correctly, or is damaged. **When being fitted for your mask consider your preference, capacity and comfort.** To correctly fit your mask, follow these steps:

- It's best to try masks with CPAP turned on and lying down if possible
- Make sure the mask is put together correctly
- Fit the mask while looking in the mirror to keep it even on your face
- Tighten the straps so they are even but not too tight
- Adjust straps to fix leaks while machine is on and tube is connected
- Make further micro-adjustments to fit as required

Signs of a poor fit

- Excessive leak or noise
- Discomfort
- Constant needs to adjust
- Mask sliding off
- Sore eyes/air blowing in eyes
- Deep red marks on face
- Skin reactions
- Pressure sores
- Dry mouth

Many masks have clips with handy magnets making it easy to connect the straps. These magnets are very strong and can interfere with heart pacemakers, defibrillators and other medical implants. **If you think you may have an implanted device then contact your provider for advice.**

Starting CPAP treatment

After you and your doctor have decided that CPAP is the best option for you, your doctor will either book you for a CPAP sleep study or give you a prescription for an APAP trial to find the correct pressure settings and a suitable mask.

CPAP study

- Have to come to the sleep unit and sleep with the monitoring equipment and CPAP machine
- Staff present to ensure a suitable mask is found for home use and tested during sleep
- Pressure optimised by trained staff who will assist you during the first night

Home APAP

- Masks trialled in clinic while awake
- Repeat vists may be required to try other masks if not suitable in sleep
- Machine determines the pressures needed and adjusts during sleep
- If needing a fixed pressure, this can be worked out during the trial
- You will start CPAP by yourself in your own home

Home CPAP trial

After your CPAP study or your clinic APAP set up, you will need to do a home trial for 1-2 months to ensure:

- Treatment is right for you and see if your symptoms improve
- Overcome challenges you may experience
- Always try CPAP before you buy!
- Do your research and find a provider who will work with you to optimise treatment and support you with face-to-face visits and phone support

Questions for providers...

- Is there a clinic located close to me?
- What is the rental cost per month?
- Do they have masks for hire?
- Will they help with troubleshooting?
- Will they provide a report on request for free?
- How soon can I commence?
- Are hire fees deducted from purchase costs?
- Do they have payment plans?
- What is the warranty period?
- What is the after sales support?
- Does the CPAP have remote monitoring?
- Will they continue to remotely monitor for free?

Before you begin

- [ ] Do your research
- [ ] Check if you are eligible for government funded machines or other sources
- [ ] Ensure you have your prescription
- [ ] Book your appointment and take your prescription.
- [ ] Let Sleep Disorder Centre staff know when you commenced your hire
- [ ] Ensure you have follow up booked

Options for funding CPAP

Private health insurance holders with an extras policy may be eligible for rebate. Speak to your insurer to check if you are covered.

QHSDP participants are eligible for a permanent machine loan. Eligibility criteria include:

- Queensland resident with current Pension Concession Card, Health Care Card or DVA white/blue card
- Significant OSA or sleepiness
- Completed 2-month home CPAP trial with average usage of at least 4-hours per night and symptom improvement
- You will need to purchase your accessories including mask, humidifier and chin strap

My Aged Care - If you are 65 years or older you may be eligible for support. Phone 1800 200 422 or see www.myagedcare.gov.au/am-i-eligible

Aboriginal or Torres Strait Islander identifying patients can get support through the Institute for Urban Indigenous Health (IUIH) in metropolitan areas. All CPAP equipment is provided at no cost and with no rental fees. Phone 1800 254 354 or email reception@iuih.org.au

NDIS participants may be able to use plan funding for CPAP. Check with your NDIS provider.

Department of Veteran's Affairs (DVA) cardholders may be able to access equipment. Look for a DVA approved stockist who can assist DVA clients to access equipment.

Private purchase - If you don't qualify for other funding options, you will have to invest and pay for your own CPAP from your own funds.

Pension holders can claim an electricity rebate for costs associated with running CPAP. You will receive instructions on how to claim this when you commence therapy.

Kathleen's story

My story began in the early 1990s. I was struggling with fatigue and regardless of how much I slept, it made no difference to how I felt. Fatigue affected every area of my life, and my memory was impaired. I would forget dates and appointments. Even if I wrote them in my diary, I would forget to look there. had some knowledge about OSA, so I asked my doctor to refer me for a sleep study.

The result confirmed that I had severe OSA and I started on CPAP immediately. I had no trouble adapting, but I did have a lot of trouble finding a mask that actually fit my face. Back then the options for masks were more limited. I persevered for the next few years with limited success.

In 1998 I was diagnosed with cancer. I had very severe and serious side effects from the treatment and was unable to cope with the challenge of finding a mask that was suitable for me. It took several years before I was well enough to try CPAP therapy once more. By this time, there were many more choices and I had no problem finding a mask and machine that suited me. That was over 20 years ago and since then I have been able to return to work, take on new challenges in the workplace and in retirement. I am able to study languages, care for grandchildren, do gardening and live a full life. I do have respiratory problems, and I cannot lay flat for any length of time but with my CPAP, I have no trouble breathing when I am laying down.

I love my CPAP! It has given me a new life. If anyone has difficulty adapting to sleep therapy, my advice is to keep going. Accept the support from the staff in the Sleep Laboratory. They are very knowledgeable and helpful. I am very grateful for the support I have received over the years. My thanks to the great Sleep team at The Prince Charles Hospital. In case you missed it, I love my CPAP!

My goals for CPAP

Starting CPAP can feel like a big adjustment. You might have some questions about CPAP therapy, such as:

- How will CPAP affect my lifestyle?
- Will the CPAP mask and pressure be uncomfortable?
- Is CPAP necessary? Will CPAP work for me?

In this case, it is often a good idea to weigh up the 'Pros and Cons' of CPAP from the start, so that you have a clear plan for how you will approach this treatment. Consider reviewing section 1 (pages 3-7) to help you understand how your condition could be affecting you.

Take a moment to fill in the table below. You can do this with your sleep team or at home, and it is a good idea to discuss this with your team at your next appointment.

Why have you decided to start CPAP? What would you like to change?

Do you have any concerns about how treatment will go?

What are your goals for CPAP? What are you hoping to get out of treatment?

What are your top three reasons for receiving treatment? What is your top priority?

1
2
3

What are the pros and cons of using CPAP?	
<u>Benefits of CPAP use</u>	<u>Risks of untreated apnoea</u>
•	•
•	•
•	•

How confident are you feeling about regularly using CPAP**?**	
Rate from 1 star (no confidence) to 5 stars (high confidence)	★★★★★

Taking care of your equipment

Caring for your machine

- Dust in the machine is a fire hazard and if it gets inside the motor can affect performance
- Dust over the machine monthly. Check the filter monthly, replace when dirty
- Some filters are washable – check with your supplier if this is the case
- Filters are available from your local supplier and vary in cost for each type of machine

Caring for your head & chinstrap

Washing is essential as the head straps are in contact with sweat and dead skin cells off your scalp. If not washed they become smelly and lose their stretch

- Wash weekly by hand in warm soapy water, or place in a laundry bag/pillow slip in your washing machine
- When headgear loses its elasticity or becomes overstretched you will need to replace it

Tip – Wash straps while attached to the frame so only minor adjustments are needed when you use it again.

Caring for your mask

Looking after your mask will ensure it lasts longer.

- Wash the mask daily with warm soapy water (mild dishwashing detergent is satisfactory) or use a CPAP mask wipe each day to clean the cushion
- Allow to air-dry out of direct sunlight
- Inspect the mask for wear and tear each month
- If your cushion becomes torn or stretched, it may need replacing
- Spare parts are available from your supplier should any parts break

Caring for the hose

- Wash the hose weekly in warm soapy water (mild dishwashing detergent is satisfactory)
- Rinse out thoroughly and hang to dry e.g. over the shower out of direct sunlight
- Check monthly for wear and tear. If your hose gets a hole in it, you will need to replace it. The most common place for a hole is near the end where it flexes

Cleaning checklist

Every Day - Wipe over mask cushion, rinse and replace the water in the humidifier

Every week - Handwash your entire mask, tubing and humidifier chamber

Every month - Check and clean your filter & replace if necessary.
Check the mask and tube for wear and tear

Humidifier use and care

Humidifier settings

The ideal setting of the humidifier depends on the room temperature and humidity. These will vary according to the weather, room temperature and season.

- The aim is to maximise comfort, while preventing excessive condensation in the hose and mask
- Start with an automatic temperature setting and adjust if necessary
- Increase in small increments if you still feel that it is not warm or moist enough
- Decrease in small increments if you feel that it is too hot, too moist or there is too much condensation

Humidifier use

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Cleaning

The humidifier must be emptied and allowed to dry before reusing. Leaving water to sit in the chamber increases risk of bacteria in the machine that can make you sick.

Reassembly

The humidifier is reassembled making sure that the water chamber locks back into the humidifier base correctly. If you are having trouble, contact your stockist or sleep team for support.

Troubleshooting

If you are having trouble with condensation and temperature control, consider upgrading to a heated tube. This keeps the air inside the tube warm to prevent condensation which occurs as it cools. If you have a standard tube, try putting it under the bedclothes or wrapping it with padding or a hose ‘cosy’ to help keep it warm.

Transporting

Make sure to empty the humidifier water chamber before moving the machine or packing it if you are traveling. This is to avoid water entering into the machine and ruining the electrical system.

Do not move the machine with the humidifier filled with water. This will prevent water entering the machine and ruining it.

CPAP troubleshooting

Like any new treatment, you might find CPAP takes some getting used to. It can be helpful to know that challenges you might face are normal and can happen to many people. The good news is that many of these initial problems can be fixed. Remember your team and support members are here to help, so don't hesitate to contact them if you have any questions.

Difficulty relaxing with mask (anxiety/claustrophobia)

- If you are struggling to get used to your CPAP machine, try the Desensitisation Techniques on page 17 to help you acclimatise
- If CPAP reminds you of a past traumatic experience or you have severe insomnia, you may benefit from speaking to a Sleep Psychologist. Ask for a referral
- If the mask is uncomfortable consider changing it especially if you are still in the trial period

Pressure too high on waking

- Apply the Ramp or turn machine off then on again to reset at the lower starting pressure

Congestion/blocked nose

- If your congestion is temporary, you can try an antihistamine or a nasal decongestant spray
- If your congestion is more consistent and long-term, you can try adding a humidifier which will help to decongest your nasal passages overnight
- Consider a Full-Face mask to allow you to breathe through the mouth

Too much air/difficulty breathing out aginst pressure

- The "Ramp" feature can be used to make the starting pressure lower and more comfortable
- Pressure relief features on some machines can help if you feel you have trouble breathing out against the air

Dry mouth or throat

- Dry mouth/throat can occur if your mouth is opening while your CPAP is turned on
- Purchase a chinstrap to keep your mouth closed overnight
- Add a humidifier to put moisture into the air that is delivered to your airways
- Remember to drink enough water during the day. Being dehydrated can cause a dry mouth, as can some medical conditions and medications

Red or sore eyes

Eye irritation can happen if there is a small air leak blowing into your eyes.

- More common with over the nose nasal and full-face mask types
- Ensure that you have the mask fitted correctly and that you are using the correct cushion size
- Refer to our mask fitting guide or your manufacturers fitting/size guide for more information

Nose coming from mask (whistling or trumpeting)

Noise coming from the mask is usually due to leaks. Trumpeting is when the mask vibrates with an air leak. All masks have an exhalation port to allow some air to escape. This leak is intentional and should not be excessively noisy.

- Check the straps on your mask - they should be firm but not too tight. If worn out with no stretch left it may be time to replace them
- Another cause of leaks can be a dirty mask cushion. Oils from your skin make the cushion slippery, making it easier to move during your sleep and a leak to occur
- When cleaning your mask remember to check it for signs of wear and tear. A torn cushion can cause air leaks, noise and discomfort
- If the exhalation port is noisy, it may have dirt or condensation. Move bed linen away from port if it is close and causing a noise

Remember to call your care team if you need help

Uncomfortable mask or pressure on face/nose

A sore face or red masks is generally a sign that the mask is too tight. Over-tightening to stop leaks can crinkle the cushion making the leak worse.

- With the air on, loosen the mask straps briefly and allow air to fill the cushion before tightening up just enough to stop the leaks. Look in the mirror to check the mask is centred on your face
- If redness persists or you develop pressure sores, try using a dressing such as Duoderm or Comfeel while your skin heals. Other specific dressings are available from CPAP shops to use when the skin is not yet broken
- If the problem continues, consider a different mask

Gurgling water in mask or tube

Gurgling can occur if condensation builds up in the mask or tubing, particularly if you are using a humidifier with non-heated tubing.

- Add a heated tube to your humidifier
- Warm the room, put the tube under the bedding or add a tube cosy to keep it warm
- Put the machine on a bedside table lower than pillow height so water can drain back to the humidifier

Not enough air

- You may need to increase the starting pressure. Talk to your care team about doing this
- Turn off the “Ramp” or “Pressure relief”

Desensitisation techniques

Remember that no one else truly understands your goals, motivations and concerns about CPAP treatment as well as you. You are in charge of your own treatment and can start or stop at any time. If you choose to stop, it's important to speak with your doctor so you can come up with other strategies to manage your symptoms. If you are struggling to get used to CPAP, try these steps to help you acclimatise. You may be able to progress quickly, or it might take some time before you are able to sleep through the night.

Stage 1 - Starting slow

- Start by putting on your CPAP mask with the air on for 5-10 minutes
- Lie in bed or sit in a comfortable chair and relax. Distract yourself by watching TV, listening to music or reading to take your mind off the mask and your breathing
- Use the Ramp feature to reduce the pressure for a more comfortable starting point.
- If the mask is claustrophobic, start by holding it over your face without attaching the straps
- Try to relax and breathe normally

Stage 2 - Speeding up

- Increase the time you spend wearing CPAP and breathing with the air pressure on each day
- Lie down in bed, relax and let yourself drift off to sleep
- If you struggle to fall asleep and begin to get frustrated or anxious then try again tomorrow

Stage 3 - Take-off

- Continue to increase the time you spend using CPAP in bed each night
- If you wake up during the night, struggle to fall asleep and begin to get frustrated or anxious then try again tomorrow
- Eventually you will be able to fall back to sleep or even sleep through the night
- Try and take normal breaths. A common mistake is taking very large breaths

Return to Stage 1 anytime - there's no race! If you still struggle after you have tried your best, you may benefit from speaking to a Sleep Psychologist. Ask your doctor for a referral.

Long-term care

Once you are established on CPAP it will become a normal part of your life. Here are some things to know about your equipment, and how to get the best sleep for many years to come.

Travelling with CPAP

You can travel with CPAP, and you may be able to use it on a plane and even go camping. There are a number of options depending on your travel plans:

- CPAP machines designed for travel
- Portable batteries or power converters to run off a car battery

You will need to purchase travel accessories yourself.

Machine servicing

CPAP machines do not need routine servicing by a technician, but you will need to contact the CPAP supplier if:

- It's very noisy or won't turn on
- Screen shows error message, such as *'Run Hours Exceeded'*
- You notice any strange smells, sparking or pressure fluctuations that you have not experienced before

Replacing parts

Regular washing by hand will help prolong the life of your CPAP mask. It will also allow you to inspect the parts for damage and identify if anything needs replacing. General wear and tear will occur with normal use and after 1 year you could expect to replace your mask. Individual parts such as the cushion or head straps can be purchased separately rather than replacing the entire mask.

All consumables (masks and parts, tubing, filters and humidifiers are replaced at your expense.

QHSDP machines

If the machine has been supplied by the Queensland Health, it remains the property of Queensland Health. This means that it must be returned if you are no longer using the machine, no longer hold a pension or health care card, or no longer live in Queensland.

If there is a problem with the machine and you are still eligible for a device, it will be repaired or replaced by QHSDP. Contact the Sleep Disorders Centre if this the case.

Discharge from service

If you are going well on treatment, you may be discharged from regular follow up. You won't have any future appointments made but if you are having problems, look for helpful tips in this book, contact the Sleep Disorders Centre or your CPAP stockist for advice. In some cases, you may be re-referred by your GP.

What if my symptoms return?

If you begin to feel sleepy again or your partner reports you are snoring or stopping breathing, it can indicate that your CPAP treatment is not as effective as before. It may be due to changes in your health such as weight gain, or problems with the equipment. Please contact the Sleep Disorders Centre for further advice.

What if I stop CPAP?

It is important to give yourself a good amount of time to get used to CPAP. If you are having problems, then look through this book for some help or contact your Sleep Team for advice.

If you feel that CPAP is not for you then it is very important to see your doctor to discuss how your untreated sleep apnoea may affect you long term and to explore other options. **Deciding CPAP is not for you is not the end of your journey - talk to your doctor about alternative treatments that could help and ongoing care.**

Call your stockist

- If you need a replacement mask or part
- If you want to try a new mask style
- If you want to get your machine downloaded to check the data
- If you purchased a machine and it is not working

Call Sleep Disorders Centre

- If your symptoms return
- Your weight has changed significantly as you may need pressure adjustments
- You feel you don't need to use CPAP
- There is a problem with your CPAP machine that has been provided by QHSDP

Lifestyle changes that can help

Lifestyle changes can be made alongside your CPAP treatment to improve your health and sleep disordered breathing symptoms long term. Improving your diet, avoiding back sleep, exercising, adopting good sleep habits and reducing smoking and alcohol intake can all help.

Weight loss

Weight loss, supported by healthy eating and exercise, can help reduce the risk of OSA. Excess weight makes the airway more prone to collapse during sleep, with belly fat pushing down your diaphragm to reduce the amount of air you can breathe in. Weight loss can make a big difference in reducing OSA symptoms. Importantly, **maintaining a healthy weight with regular exercise and good nutrition, will reduce your risk of many chronic diseases and improve your overall health**. By treating your OSA and getting a better night's sleep, you may have more energy for physical exercise, making it easier to lose weight if you need to.

Positional therapy

Many people benefit from changing sleeping position during the night. OSA is generally worse while sleeping on your back, as the tongue and soft tissues can easily fall back and block your airways due to gravity. By avoiding sleeping on your back, you may find that you snore less and sleep better. There are lots of simple tricks you can try at home to help prevent you from sleeping on your back. You could try sewing a tennis ball into your pyjama shirt, using a pillow or foam belts. There are also a range of electrical devices available for purchase, that vibrate and wake you up if you roll onto your back. Speak with your CPAP team for more information.

Reduce Alcohol and Cigarettes

Alcohol may help you fall asleep however it can disrupt your sleep during the night. In the second half of the night, you may notice that you wake up more frequently, have more frequent nightmares or night sweats, and may experience morning headaches. Alcohol also makes your snoring and OSA worse as it relaxes you more. By limiting the alcohol you drink throughout the day and avoiding any alcohol in the 2 hours before bedtime, you may find your OSA symptoms improve. Nicotine in cigarettes is also a stimulant that can keep you awake. The smoke can cause inflammation in your airways, making your OSA worse. It is best to avoid cigarettes altogether if you can, but if you do smoke, try to avoid at least 2 hours before bed time.

Sleep hygiene

Sleep hygiene means good sleep habits. Regular evening routine is important for good sleep.

- Relax and wind down before going to bed
- Avoid watching TV, gaming or using phones or laptops while in bed
- Make sure your room is comfortable, dark and quiet
- Avoid drinking caffeine up to 6 hours before bedtime
- Go to bed and get out of bed at regular times
- If you are still awake after 20 minutes, get out of bed and go to another room until you are tired
- Avoid napping during the day, if you must, limit naps to 15-20 mins
- Get some sunlight in the morning when you wake up to kick start your day
- Exercise during the day, but limit high-intensity exercise at least 3 hours before bedtime
- Avoid going to bed on a very full or empty stomach
- The bed is not a problem-solving place, but sometimes thoughts and worries can in the way of good sleep. If this sounds like you, it can be helpful to keep a pad and pen next to your bed and write down any worries or troubling thoughts that are keeping you awake and revisit these in the morning

Dale's Story

After falling asleep in vital work meetings more than once, my boss told me to '*go and find out what is wrong*'. My GP asked me if I snored (which I did), and a sleep study was ordered. I went and had a sleep study and I clearly needed treatment. When I was told I needed CPAP I went and bought a very modern machine.

Starting CPAP was a long hard struggle. The mask would leak or get noisy and wake me up all the time. It was easy to think 'this is not for me' and I even gave up at times. I realised I needed to keep at it and that good things don't always come easily.

After reading some troubleshooting tips I discovered one of my mistakes was making the mask very tight to stop the leaks. I didn't realise I was making it worse. It was so important for me to find the right mask. I tried quite a few until I found the right one for me.

At the start I would take it off after just a few hours, but I kept at it until I could sleep through the whole night. I'm so glad I did, within a week of getting things right I had so much extra energy and vitality at work and at home.

I have now been using CPAP for ten years and it's become part of my life.

I've taken my machine with me on a trip to New Zealand. I charged it each day from the van we hired. I wanted to feel vital and alive even while on holidays and knew I couldn't leave it behind. More recently I had I had to go to hospital and using my CPAP was part of my recovery. You need an edge when your body is trying to build tissue and good sleep is an important part of that process.

Now when I look back at the times that I 'gave up' I realise how tired I was, and my health was poor. I didn't know at the time how bad I was feeling, it was just my 'normal'. Although I had my struggles, I'm so glad I got help, it really wasn't very far away. Losing weight and keeping active also has made my life better.

CPAP is a journey but was so important for me to getting a great night's sleep. It's part of my routine now and has been so vital for me to live my best life.

Learning resources

Use the resources below to do some independent learning about your sleep apnoea diagnosis, starting CPAP, managing CPAP and long-term care. Scan the QR code to view.

SleepHealth FOUNDATION

The **Sleep Health Foundation** has a number of articles to help you learn about your apnoea diagnosis, CPAP treatment, troubleshooting and outcomes.

Metro South Health
Princess Alexandra Hospital

The **Princess Alexandra Hospital** has created a series of short videos to educate patients on the theoretical and practical elements of CPAP.

THIS WAY UP

The **This Way Up** insomnia program is a free online module series to help people understand and self-manage their insomnia.

This booklet is yours to keep. If you have any concerns or if anything changes with your current symptoms and treatment, please get in contact with us.

The Prince Charles Hospital Sleep Disorders Centre

07 3139 4803

TPCH-SDC@health.qld.gov.au