

CPAP Information

CPAP has been prescribed to control your sleep apnoea and snoring. To obtain the maximum benefit, it is important that you use the CPAP equipment correctly. Here are some hints to assist with problems and questions that may arise.

Q. How long will it take to get used to CPAP?

A. Most patients adjust to using CPAP in 2-3 weeks. Occasionally this may take a little longer.

Q. How long after I start CPAP will it be before I notice an improvement in how I feel?

A. This usually occurs within the first week, unless your sleep is disrupted while you become familiar with the mask and machine. Some patients take up to a month to get improvement. It is often not until you cease using the CPAP that you realise you were feeling better.

Q. Will I need to use CPAP every night of the week?

A. It is best to use CPAP every night. After the first 3 months you can try sleeping without it for 1 night each week and see how you feel the next day. If you feel good, it may be possible to continue this regime. Some people find that they need to use CPAP only 5-6 times per week, some people more, some people less. You need to experiment yourself as to what your needs are. If you have a commercial license you are required to use CPAP the night PRIOR to driving.

Q. I find the CPAP mask claustrophobic or uncomfortable to wear, what do you advise?

A. Some people experience feelings of claustrophobia, difficulty in breathing, choking or suffocation when first using CPAP. If this occurs, spend some time practicing with your CPAP machine several times during the day while awake and watching television or reading. You may need to start by wearing the CPAP device for only a few minutes at a time and gradually increase the time, according to your level of comfort. At first, some people “fight” the pressure and tend to hyperventilate. If this occurs, practice regular breathing in and out. While CPAP creates a strange sensation when you are awake, your body will automatically breathe completely normally once you fall asleep. If you don’t like the mask over your nose, try a mask that fits in or just under the nose. If you find the air-pressure is too high, consider a longer “ramp” time or self-adjustable CPAP. If these measures fail, consider learning a relaxation technique, either from a self-help book or tape, or from a professional trained in relaxation-methods (e.g., a sleep psychologist).

Q. I find the air through the mask is cold and disrupts my sleep.

A. Some people experience dryness of the nose, mouth or throat with CPAP, particularly during the winter months. If the air through the mask feels too cold and disrupts your sleep, the alternatives are heating the room, placing the tubing under the bedclothes (body heat will increase the temperature of the air passing through the tubing) or CPAP air humidification. A heated humidifier adds warmth and humidity to the air that the CPAP machine supplies to you. This normally reduces these symptoms and makes the air more comfortable to breathe.

Q. Quite often I wake and find I’ve taken my mask off in my sleep. How can I avoid doing this?

A. This depends on what is causing the problem. It may indicate that your CPAP pressure is not enough to control your sleep apnoea completely, in which case a slight increase in pressure may solve the problem. If a lack of comfort is to blame, then CPAP air-humidification may help. Alternatively, trying a different type of mask may prove helpful.

Q. I have developed redness on the face where the mask contacts the skin.

A. If you develop reddened areas or sores on or above the bridge of your nose or on your forehead, first check to see whether your mask is pressed too tightly to your face. Your mask needs to be fitted and adjusted to eliminate air-leaks without undue pressure on your skin. Sometimes spacers and air-cushions can help ease the pressure points. If you need to loosen your mask so much that leaks develop, ask your CPAP supplier to check whether your mask is the right type and size and is properly adjusted. If redness occurs wherever the mask touches your skin, loosen the headgear slightly, but not so much as to cause an air-leak. If you think you might be allergic to your mask, try applying a paper tape over areas where the mask touches your skin. If that eliminates the problem, contact your CPAP supplier and ask to trial a different mask or nasal “pillows” Fortunately, modern CPAP masks are made of materials designed to minimise allergic responses. In any case, ensure that your skin is clean before using your mask, and be prepared to trial an antibacterial wash regularly on your skin and mask.

Q. I've just started CPAP and it's irritating my nose.

A. The cool dry air of nasal CPAP can cause a runny nose and sneezing in some people, but these symptoms usually settle down within a few days to a week. If they do not settle down, you should consider using a CPAP air-humidifier, which will help by adding warmth and moisture to the air before you breathe it in from your CPAP machine.

Q. I am a mouth-breather. How will I start making myself breathe through my nose when I have CPAP on?

A. When using nasal CPAP, your mouth needs to be closed while you sleep in order to prevent air escaping from your mouth. It is likely that you will automatically close your mouth when you're asleep. If so, this will eliminate the drying effect of the air through your mouth. In some instances, a chin-strap will help to keep your mouth closed. If this is unsuccessful, you may need to try a full-face mask (which covers the nose and mouth) or “oral” CPAP. Contact your Sleep Centre for more advice if needed.

Q. I feel some air leaking out of my mouth as I fall asleep.

A. This can feel unpleasant, although it is nothing to be alarmed about. The delay-timer can be used to prevent this, as the pressure of the machine will then gradually build up over a period of time before and after you fall asleep. Otherwise, a chin-strap may help to reduce this problem.

Q. I am (or my partner is) very noise-sensitive. Will I find the machine very disruptive?

A. Usually not. Most CPAP machines available today are extremely quiet. However, it is possible to purchase extension tubing and put the machine in another room if you do find the unit distracting. NOTE: the pressure will need to be adjusted if extra tubing is added, as tubing length alters the pressure delivered. CPAP air-humidifiers can also help by “muffling” the noise. Ask your sleep clinic or equipment supplier for details. On the other hand, if you find the noise that disturbs you is coming from the air escaping from the vents on the mask frame, check that there is nothing blocking them. Otherwise, speak to your equipment-supplier. If all else fails, it can help to enclose the entire CPAP unit in a (vented) sound-insulated box.

Q. My nose gets blocked regularly so I have to mouth-breathe. What do you advise?

A. You shouldn't use nasal CPAP when your nose is blocked. Go to your local doctor and discuss the problem. We usually suggest a combination of a nasal steroid, such as Nasonex, one or two sprays to each nostril, each morning and night, combined with a local antihistamine spray or antihistamine drops. You should however consult your general practitioner about such treatment. A CPAP air humidifier may also assist with nasal blockage.

Q. Should I use the CPAP equipment if I have a cold?

A. If you experience an infection of the upper respiratory tract, middle ear or sinuses, you should consult your doctor before continuing CPAP treatment. You may be advised to stop CPAP until the infection has cleared. If you continue with CPAP during an infection, it is advisable to wash your mask and tubing more often to prevent reinfection.

Q. My nose is 'running' a lot since starting CPAP, and becomes 'blocked up' easily. What can I do about this?

A. It is necessary to have fairly clear nasal passages when using nasal CPAP. Discuss with your doctor the pros and cons of using a nasal decongestant. Please note that nasal decongestants should not be used for more than three days. A CPAP air-humidifier can also help overcome this problem.

Q. Will the pressure set on my machine ever need to be changed?

A. If you feel your symptoms of snoring and daytime sleepiness have returned, you need to be reviewed by your physician and may require a CPAP reassessment. A common problem is weight-gain. This typically requires an increase in CPAP pressure. For people who have lost weight, the originally-diagnosed higher pressure may no longer be required. If you find that your CPAP pressure is troublesome and difficult to tolerate it can be dropped slightly to see how you feel on the lower pressure. It is recommended in any case that a pressure check be performed every 12-18 months, or sooner if any of the above symptoms occur or if there is a weight-change. Contact your Sleep Centre for more advice.

Q. Will I ever be able to stop using CPAP - i.e., will I ever be cured of my snoring and sleep apnoea?

A. Some people have been able to stop using CPAP but these people are those whose symptoms are due mainly to being over-weight. If you are one of these people there is still no guarantee of total cure but weight loss will often be successful. Most people do however experience an improvement in the severity of their apnoea with weight-loss and this will usually enable a reduction of pressure.

Q. Is it easier to lose weight when using CPAP?

A. It may be easier for some people as it increases metabolic rate. You are likely to feel less tired once you are using CPAP regularly. Instead of sitting around feeling weary, or eating to try to increase your energy level, you can take advantage of this feeling of increased well-being by exercising and being generally more active. This can make a great difference to weight-loss.

Q. Do I need to take my machine into hospital with me if I require hospitalisation for any reason?

A. Yes, your condition (whatever it may be) may take longer to improve if you're back to your old habits of snoring, etc., and your general wellbeing again starts to deteriorate. If you are having surgery, it is very important that you tell both the surgeon and anaesthetist that you use CPAP.

Q. Will my blood pressure improve after I start CPAP?

A. Sometimes it can improve. Do not alter your medication without consulting your doctor. Feelings of dizziness are often a sign that your blood pressure is dropping too low.

Q. Should I wear my dentures when using CPAP?

A. Some people with dentures find that if they sleep without their upper dentures, the CPAP mask does not fit properly and air-leaks develop. If this occurs, try sleeping with your upper dentures to eliminate this infrequent but difficult problem.

Q. How do I clean my CPAP mask and hose?

A. Improper care of CPAP devices, filters, mask and hoses can lead to nasal and sinus problems (congestion, infection, etc). Regular cleaning is therefore essential to assure proper function, sterility and safety of CPAP devices. The method and schedule for cleaning masks and hoses and for changing filters may be different for each CPAP device, so you should refer to the manufacturer's instruction-manual for details about the maintenance of your CPAP equipment.

Q. What happens if I travel overseas?

A. Obtain a letter from the Sleep Centre to present to customs to explain what you need for the machine for and what it is.

Further information can be found through:

Snore Australia - www.snoreaustalia.com.au

Sleep Doctors – www.sleepdoctors.com.au

Sleep and respiratory group – www.sleepgroup.com.au