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An Educational Smart Phone Application Improves PAP Adherence

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APSS

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Financial support	
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INTRODUCTION

- PAP adherence is poor
- Numerous interventions have not shown much benefit
- What has shown benefit:
 - Sedative hypnotics
 - Patient education
 - Heated humidification

SleepMapper™

- Free mobile and web-based system
- Patients can track their PAP therapy, AHI, mask fit
- Patients can set up reminders for themselves
- Motivational and educational literature and videos



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STUDY OBJECTIVES

- **Aim:** To compare PAP adherence with SleepMapper™ patients vs standard of care patients
- **Hypothesis:** PAP adherence would be improved with the group using SleepMapper™

METHODS

- **Study design:** Retrospective review of prospectively collected performance improvement data
- **Study group:** 31 patients—standard care vs. 30—standard care with SleepMapper™ application
- **Standard care:** Initiation of CPAP in a group therapy format
 - Comprehensive four hour group session patients (previously published data shows this improves adherence)
 - Lectures include overview of OSA, PAP and good sleep habits
 - 30 day follow-up appointment with respiratory therapist

METHODS

- **OSA diagnosis:** ICSD-2 criteria with attended in-lab PSG at an AASM certified center interpreted by a sleep-certified physician
- **Group assignment:** Based on group therapy day
- **CPAP treatment (both groups):**
 - Same PAP platform/device
 - Standard follow-up care protocol
- **Primary outcome:** PAP adherence assessed at 11 weeks



RESULTS: GROUP CHARACTERISTICS

	SleepMapper™	Control	p-value
Age	44.5 ± 11.3	42.1 ± 6.8	0.31
Sleep Efficiency	85.0 ± .9.9	78.43 ± 15.4	0.05
Arousal Index	16.2 ± 8.1	17.2 ± 11.8	0.70
AHI	19.3 (10.1 - 25.3)	18.1 (10.3 - 29.5)	0.86
Auto PAP Min.	8.8 ± 1.7	8.4 ± 1.3	0.35
Auto PAP Max.	12.8 ± 2.8	13.5 ± 3.4	0.41



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11 WEEK FOLLOWUP: EFFICACY DATA

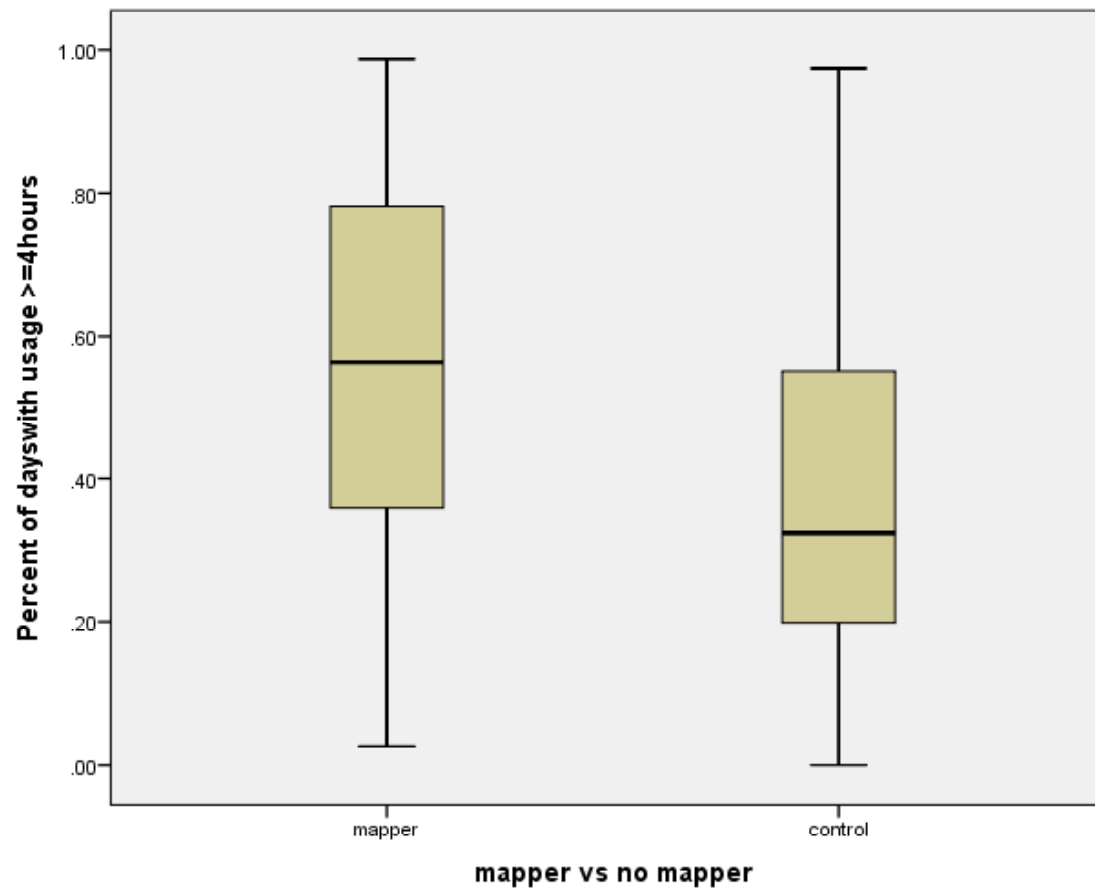
	SleepMapper™	Control	p-value
AHI 11 Week	3 (1.6-3.8)	2.3 (1.2-5.0)	.70
% of night PB	.004 ± .01	.005 ± .01	.33
90% pressure	10.7 ± 2.0	10.10 ± 1.5	.16
Average CA	0.4 (.1-.9)	0.5 (.2-1.3)	.45
Large leak per day	0 (0-5)	0 (0-1)	.23



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11 WEEK FOLLOWUP: % days \geq 4 hours





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11 WEEK FOLLOWUP: ADHERENCE DATA

	SleepMapper™	Control	p-value
Hrs./night (days used)	4.78±1.43	4.73±1.98	.90
% days ≥ 4 hours	54 ± .27	37 ± .25	.02
% days device used	78 ± .22	55 ± .24	<.001



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PREDICTORS for % DAYS \geq 4 HOURS

Multivariate linear regression

<u>Variables</u>	<u>Coefficient (β)</u>	<u>SE</u>	<u>95% CI</u>	<u>p-value</u>
SleepMapper TM	.17	.07	.03 to .31	.02
Max Pressure*	- .30	.01	-.05 to - .01	.01
Sleep efficiency**	- .003	.003	-.01 to .002	.26

R^2 for model = 0.24

* Initial maximum pressure setting

** Sleep efficiency on diagnostic portion of PSG



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DISCUSSION

- Patients with SleepMapper™ increased the percentage of nights > 4 hours by 17% after controlling for maximum PAP pressure and sleep efficiency

DISCUSSION

- We surveyed SleepMapper™ patients after 11 weeks follow-up
- Scores included an average of 7.7 for the question ‘I am confident that I am using my mask and device in the proper way for the appropriate amount of time’ to 9.2 for ‘overall I like the software.’



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LIMITATIONS

- Survey Response
- Limited Sample Size

CONCLUSIONS

- SleepMapper™ application when added to our standard educational program improved adherence
- SleepMapper™ group had a 17% increase in nights PAP was used >4 hours
- Larger prospective randomized control trial being developed to study SleepMapper™ adherence



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