

Longer PAP therapy for apnea reduces medical visits, costs

November 26 2019



(HealthDay)—In patients with moderate-to-severe obstructive sleep



apnea, positive airway pressure (PAP) therapy reduces acute and inpatient care visits as well as health care costs, according to a study recently published in the *Journal of Clinical Sleep Medicine*.

Douglas B. Kirsch, M.D., from Atrium Health in Charlotte, North Carolina, and colleagues performed a retrospective cohort study of 1,098 <u>adult patients</u> 18 years of age or older diagnosed with moderate-to-<u>severe obstructive sleep apnea</u>. Within this patient group, 60 percent were on PAP therapy for more than four hours a night for ≥70 percent of the studied nights. The average amount of PAP therapy received per night was 5.3 hours.

With every one-hour increase in PAP use per night, the researchers observed a 4 percent reduction in patient acute care clinical visits (rate ratio, 0.96; 95 percent confidence interval [CI], 0.92 to 0.99) and an 8 percent reduction in inpatient visits (rate ratio, 0.92; 95 percent CI, 0.86 to 0.98). When comparing adherent patients to less-adherent patients, the investigators noted fewer emergency department visits (rate ratio, 0.78; 95 percent CI, 0.62 to 0.98) and inpatient stays (rate ratio, 0.56; 95 percent CI, 0.35 to 0.91) among adherent patients. Increasing PAP usage was also tied to a lower likelihood of incurring positive <u>health care costs</u> from acute care visits (odds ratio, 0.94; 95 percent CI, 0.89 to 1.00) and inpatient care (odds ratio, 0.93; 95 percent CI, 0.86 to 1.00).

"As patients and health care systems evaluate methods to reduce medical costs, treating obstructive sleep apnea effectively should be considered part of the solution," the authors write. "Researchers and clinicians in the field of sleep medicine should continue to focus on outcomes-based research to ensure that patients, payers, and hospital systems all understand the value that treatment of sleep disorders provides."

More information: <u>Abstract/Full Text</u>



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Citation: Longer PAP therapy for apnea reduces medical visits, costs (2019, November 26) retrieved 25 April 2024 from https://medicalxpress.com/news/2019-11-longer-pap-therapy-apnea-medical.html

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