

# No advantage seen with long-term oxygen therapy for 24 versus 15 hours/day

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For patients starting long-term oxygen therapy for chronic, severe hypoxemia at rest, the risk for hospitalization or death within one year is comparable with long-term oxygen therapy for 24 or 15 hours per day,

according to a study published online Sept. 10 in the *New England Journal of Medicine* to coincide with the European Respiratory Society Congress, held from Sept. 7 to 11 in Vienna.

Magnus Ekström, M.D., Ph.D., from Lund University in Sweden, and colleagues compared the risk for hospitalization or [death](#) at one year with long-term [oxygen therapy](#) for 24 versus 15 hours per day among [patients](#) who were starting oxygen therapy for chronic, severe hypoxemia at rest. Patients were randomly assigned to receive long-term oxygen therapy for 24 hours (117 patients) or 15 hours (124 patients) per day.

The researchers found that the risk for hospitalization or death within one year was not lower in the 24-hour versus the 15-hour group (mean rate, 124.7 and 124.5 events per 100 person-years, respectively; hazard ratio, 0.99; 95 percent confidence interval, 0.72 to 1.36; P = 0.007 for nonsuperiority). No substantial difference was seen between the groups in the incidence of hospitalization for any cause, death from any cause, or adverse events.

"This trial has direct clinical implications. The findings support that there is no clear disadvantage of supplemental oxygen use for 15 hours per day rather than 24 hours per day in terms of reducing the risk of hospitalization or death within one year," the authors write.

**More information:** Magnus Ekström et al, Long-Term Oxygen Therapy for 24 or 15 Hours per Day in Severe Hypoxemia, *New England Journal of Medicine* (2024). [DOI: 10.1056/NEJMoa2402638](https://doi.org/10.1056/NEJMoa2402638)

Darren B. Taichman et al, Making Long-Term Oxygen Therapy Less Burdensome, *New England Journal of Medicine* (2024). [DOI: 10.1056/NEJMe2410129](https://doi.org/10.1056/NEJMe2410129)

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