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A SURVEY TO ASSESS PATIENTS’ INTEREST IN THE DIDGERIDOO AS AN ALTERNATIVE THERAPY FOR OBSTRUCTIVE SLEEP APNEA

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Introduction: Adherence to standard therapy for obstructive sleep apnea (OSA) (e.g. positive airway pressure [PAP]) is low. New alternative therapies for OSA could be beneficial to patients who are non-adherent. In a prior clinical trial, didgeridoo therapy improved OSA outcomes, but few studies have replicated these findings. A large trial to test the efficacy of the didgeridoo is needed. As part of a feasibility/pilot study to prepare for a large trial, we measured the level of interest in a didgeridoo instructional program among patients with OSA.

Methods: We mailed 344 surveys to patients (aged ≥ 21 years) at a Veterans Affairs Medical Center who were nonadherent to PAP therapy over the prior 12 months as part of the recruitment phase for an instructional program using the Asate didgeridoo. The survey included items assessing attitudes towards OSA, PAP, and alternative therapy for OSA, as well as the Epworth Sleepiness Scale (ESS). We examined frequencies for items assessing dissatisfaction with PAP, difficulty using PAP, perceptions that treating OSA is important, and level of interest in a didgeridoo program, as well as the distribution of the ESS.

Results: We received surveys from 56 individuals (response rate: 16%; 97% male). Of 56 participants, 15 (27%) indicated that they were currently dissatisfied with their OSA treatment, 67% reported difficulty using PAP, and 77% believed that treating OSA is important to their health. Mean ESS score was 10.9 (SD: 4.7). Two-thirds of respondents (67%) expressed interest in participating in a didgeridoo program, and 68% indicated they would practice the didgeridoo.

Conclusion: We found that over 2/3 of OSA patients who are nonadherent to PAP therapy are interested in participating in a didgeridoo program. Given this high level of interest, further research is needed to determine the role, if any, of the didgeridoo in management of OSA.


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SLEEP-REPOSITIONING IS A REQUIRED COMPONENT IN MAKING NASAL EPAP EFFECTIVE IN CONTROLLING OSA

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Introduction: Current Obstructive Sleep Apnea (OSA) treatments include PAP therapies, oral appliances, and surgical approaches. Non-supine sleep repositioning is often encouraged as an adjunctive measure. As compliance with CPAP/BIPAP remains poor, nasal expiratory positive airway pressure (EPAP) offers benefits of simplicity and convenience. The aim of this study is to determine if nasal EPAP in combination with non-supine sleep position is an effective therapy for patients with mild-severe OSA who have failed traditional treatments.

Methods: Forty two participants, aged 18 and older, were recruited from an independent sleep center. Initial apnea-hypopnea index (AHI’s) were verified by original sleep studies. After instruction on use of nasal EPAP and one month of documented use, a validation polysomnogram was completed with nasal EPAP recording both supine & nonsupine AHI. Mean, median, and interquartile range were used to assess the change in AHI’s. Genders were compared using mean change in AHI and a linear regression model (R^2 = 0.04) allowed correlation of change in AHI to weight. Mean ESS scores were compared before and after intervention. The AASM titration guidelines provide the basis for classification of response to treatment.

Results: Study population: 37.5% severe OSA, 42.5% moderate OSA, 15% mild OSA, and 5% with primary snoring. The mean change in AHI was -22.4 +/- 21.4. The median was -18.15 with interquartile range of -34.3 to -7.1. The average AHI improved by 19.3 +/- 22.7 in women and 25.0 +/- 20.4 in men (p = 0.42). On average, the AHI improved by 0.55 for each increase in BMI (p = 0.24). Mean initial ESS 9.8 and post intervention ESS 7.6. With intervention, 80.9% had improved by 0.55 for each increase in BMI (p = 0.24). Mean initial ESS 9.8 and post intervention ESS 7.6. With intervention, 80.9% had improvement in ESS score of 3 or more.

Conclusion: This study provides evidence that nasal EPAP requires non-supine sleep position to be an effective treatment for mild-severe OSA in those who have failed traditional treatments.

Support (If Any):