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Strategies for improving CPAP compliance in patients with obstructive sleep apnea

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Obstructive Sleep Apnea (OSA) is a highly prevalent condition, associated with excessive daytime sleepiness; considerable risk for traffic accidents; cardiovascular, neurological and metabolic morbidity and increased health costs. CPAP treatment is the first choice for most patients who suffer from moderate to severe OSA. CPAP reverts respiratory events and OSA symptoms, as sleep quality, snoring and somnolence. On the other hand it helps to control comorbidities conditions. Patients should use CPAP as much time as they sleep, at least 4 hours per night, 5 or more nights a week. Efficacy depends on adherence to treatment. In general population average CPAP compliance is around 50% therefore, strategies for improving CPAP compliance are necessary. Educational programs, close follow up and patient's training on CPAP usage clearly improve adherence. Correct pressure titration, adequate mask choice and adverse effects prevention are also key factors. Anxiety management and cognitive-behavioral strategies may help to increase patient willingness and commitment. Different technologic resources reduce mean CPAP pressure, increasing tolerance and potentially could enhance adherence to treatment. In patients who require high effective pressure alternative ventilator modalities should be considered, such as auto-adjust and bi-level devices. If sleep disturbed symptoms persist, another sleep disorders have to be excluded. Access to treatment is also a determining factor in developing countries.

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Effects of Kangaroo mother care in preterm infants on sleep parameters

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Our objective was to investigate the effects of Kangaroo mother care in preterm infants on sleep parameters. We conducted a quasi-experimental study in which 15 preterm infants participated (experimental group) and 30 newborn full term group (control group). It was a cross sectional, prospective exploratory study, quasi-experimental type involving 34 children, 19 premature infants and 15 were full term born to 48hour to create a polysomnographic reference. The sleep patterns of participants were assessed for three hours in the period from 19 to 22 hours. The premature group had sleep evaluated before and after one week of application of Kangaroo mother care for evaluation of this method on sleep. The characteristics of sleep parameters showed significant differences between preterm infants and full-term infants to sleep and cardiorespiratory parameters. The groups also differed significantly to the total number of painful procedures with greater occurrence at the group of preterm infants. When compared, the results of the two polysomnography of the group of preterm infants, the second polysomnography showed a decrease in the percentage of indeterminate sleep, total sleep time and total quiet time awakenings and increased mean in sleep efficiency. We concluded that neonatal care programs could influence sleep development and reduce the negative impact of painful events. This evidence is discussed in the perspective of how carefully planned hospital intervention can improve the quality of life and development of premature infants.

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