



Information for Patients

# CPAP TREATMENT & CLAUSTROPHOBIA



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Claustrophobia can be a major obstacle in the treatment of Obstructive Sleep Apnoea (OSA) with continuous positive airway pressure (CPAP). Nevertheless, CPAP is by far the most effective treatment for OSA, and it is sometimes the only effective treatment. It is important, therefore, to introduce CPAP treatment despite the presence of claustrophobia. These notes are designed to explain how this can be achieved. Recommended steps in introducing CPAP in claustrophobic patients:

- View our educational DVD about OSA – it is important to commence with a good understanding of the problem
- Complete overnight diagnostic sleep study and initial CPAP-titration study, so that the required CPAP pressure is known
- Practice wearing a suitable CPAP mask only (before introducing the CPAP machine). The smaller the mask the better, e.g. a small 'nasal pillow' mask is better than a standard nasal mask, which is better again than a full-face mask (for claustrophobic patients)
- If necessary, improve nasal air-flow, e.g. treat nasal allergies with medications or see an ear, nose and throat (ENT) specialist for treatment of structural nasal problems – sometimes this will enable a nasal or nasal-pillow mask to be used when a full-face mask would otherwise have been needed
- The mask should initially be worn for brief periods during the day (only). Begin by wearing the mask for only a few minutes at a time before removing it, and then repeat this sequence again and again
- The most important thing is to remove the mask at any time it causes a feeling of panic
- Gradually, the mask should be worn for longer and longer periods (during the day, while relaxing watching TV by day or night, or while performing housework or other tasks)
- When the chosen mask can be worn for long periods during the day without causing panic, it is time to begin wearing it also in bed, initially for brief periods but then for gradually longer periods, unless feelings of panic occur. In that event, the mask should always be removed (and replaced again later, when the sensation of panic has settled)
- Once the mask feels comfortable, with no feelings of panic, CPAP should be commenced, initially at a low pressure, e.g. 5–6cm of water. As with the above process of mask familiarisation, the CPAP machine should be disconnected if it induces a feeling of panic
- Once CPAP feels comfortable at a low pressure, the CPAP pressure should be gradually increased to the required setting, until the mask and machine can be worn throughout the night at this pressure
- At that stage, a formal CPAP-titration study can normally be performed with success – the sleep centre staff will be happy to arrange this (unless the initial CPAP-titration study has already enabled the correct pressure to be established)

**NOTE:** It is important throughout this process that the person suffering from claustrophobia is in full personal control of the program, i.e., there should be no sense of being 'forced' to persist with wearing a mask or connecting it to a CPAP machine at any time that feelings of panic occur.