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What is Obstructive sleep apnea, and why should it be treated?

Obstructive Sleep Apnea (OSA) is a chronic disease and one of the most common sleep disorders. In those affected by OSA, the supporting muscles in the back of the throat relax excessively during sleep. As a result, the airway collapses, and you begin to choke in your sleep. This results in reduced oxygen levels in the blood. Your brain is very sensitive to oxygen changes and, therefore, wakes you briefly to start breathing again. These events are not remembered in the morning. This awakening can happen hundreds of time throughout the night, resulting in unrefreshing sleep, difficulty sleeping, worsening anxiety, depression, and poor quality of life. OSA increases the risk of stroke, irregular heartbeat, difficulty controlling blood pressure and blood sugar in diabetics, sexual dysfunction, and waking up several times for urination at night.

How is obstructive sleep apnea diagnosed?

Diagnosis is based on clinical symptoms and a sleep test. During the sleep test, the clinician monitors your breathing and oxygen levels during sleep and records the total number of times you stopped breathing or reduced breathing, lasting 10 seconds or longer, with an associated drop in oxygen levels. The clinician generates a score called the Apnea Hypopnea Index (AHI). The AHI measures how many times per hour you stopped breathing during the sleep study.

- AHI 0-4 Normal
- AHI 5-14 Mild Sleep Apnea
- AHI 15-30 Moderate Sleep Apnea
- AHI 30+ Severe Sleep Apnea

How does continuous positive airway pressure (CPAP) work?

CPAP therapy is the most common and most successful treatment option for sleep apnea. The machine blows air into the upper airway through a tube and a mask. This is air from the room, not oxygen; the air pressure allows the airway to remain open, allows you to have uninterrupted deep breathing and stabilizes oxygen levels during sleep.



GETTING STARTED WITH YOUR CPAP

Once people get used to CPAP; they often can't imagine trying to sleep without it. CPAP improves their alertness and focus, reduces the chances of being involved in a car accident, improves sleep quality, and allows them to feel better during the day. Many people have difficulty using CPAP when they first try it. This guide includes strategies and exercises to help you feel comfortable using your CPAP. These steps should help you use your CPAP regularly with little or no difficulty. The key to success is consistent *practice*.

Some common reasons why wearing CPAP can be problematic are:

- Disliking CPAP for how it looks on one's face
- Discomfort from a poorly fitted mask
- Difficulty getting used to the feel of the air pressure and flow
- The expectation that one will be able to use CPAP perfectly right from the start
- Fear of being in a narrow or close space, anxiety, or panic

The first step is to work with your CPAP therapist to troubleshoot and resolve any technical or equipment-related problems.

Tips for Equipment-Related Problems With the Help of Your CPAP Therapist:

Leaky Mask: Make minor adjustments to the straps. Do not over-tighten the straps, as this can create more air leaks. Men may find it helpful to trim or shave their mustache. If these suggestions do not work, you may need a different mask style or size.

Positional Mask Leak: If you are a side sleeper and your pillow gets in the way of your mask, you can get a different style mask or use a "CPAP pillow." CPAP pillows are available for independent purchase over the counter. If the tubing tangles around your body and causes the mask to move and leak, consider getting a "tubing holder." Talk to your CPAP therapist.

Mask Discomfort and Irritation: Getting used to a new mask can be like getting used to new shoes. Talk to your CPAP therapist if you do not get used to your mask after four weeks, or your previously comfortable mask becomes uncomfortable. This could also be a sign that your mask is over-tightened or too old. There are mask liners to reduce skin irritation and leak that your CPAP therapist can order for you.

Discomfort From High Air Pressure: There is a ramp feature on your machine. This temporarily lowers the air pressure until you fall asleep. If you continue to feel uncomfortable air pressure, talk to your CPAP therapist about other options. Please refer to your CPAP machine manual for more specific ramp functions.

Eye Irritation: This can be a sign of air leaking into your eyes. If you have already corrected any problems with mask fit, you may want to try using nasal bridge pads. Your CPAP therapist can order nasal bridge pads for you.

Headaches: Headaches may be caused by a mask that is too tight. Try loosening the straps. Straps should be just tight enough to keep the mask on the face (not too tight, not too loose).

Stuffy Nose: Nasal congestion makes it hard to use CPAP. Sometimes, CPAP can cause nasal congestion. Over-the-counter nasal spray such as fluticasone, antihistamine, and nasal saline may help with this. Talk to your primary care provider or sleep provider about which treatment for stuffy nose is right for you.

Dry Mouth: CPAP use can cause mouth dryness. Your CPAP has a heated humidifier that allows you to adjust humidity settings from 1 to 8; feel free to increase the settings as needed. Ask your CPAP therapist to switch you to a unique heated tube that is temperature controlled to improve moisture delivery. Sometimes a mask leak or mouth breathing when using a nasal mask can cause dry mouth. You may need a chin strap or a full-face mask if you are mouth breathing. Over-the-counter nasal saline spray and mouth wash (e.g., Biotene) will help. Talk to your CPAP therapist about the best option for you.

In the remainder of this guide, we will walk you through additional steps that can help you become more comfortable using CPAP:

- Changing how you think about CPAP
- Learning and practicing relaxation exercises with CPAP use
- Following healthier sleep habits

WILL ANYTHING OTHER THAN CPAP HELP WITH SLEEP APNEA?

- Losing weight. Even a small weight loss of 5% may have a positive effect and reduce the number of times you stop breathing or have slowed breathing in your sleep.
- Avoid sleeping on your back. When you sleep on your back, your tongue falls back due to gravity and blocks the airway during sleep. Sleeping on your side will improve your AHI significantly and may even stop mild sleep apnea. If you tend to roll back, sew a pocket in the back of your pajama top or nightgown. Put a tennis ball into the pocket, and stitch the pocket shut. This will keep you from sleeping on your back. A sleep positional belt may also be used and your primary care physician or CPAP therapist can order one for you.
- Sleep with the head of the bed elevated to a 30-degree angle, or use a wedge pillow.
- Stop using alcohol at least two hours before bed. Alcohol and certain sleeping pills can relax your throat muscles even more and suppress breathing in your sleep.

CHANGING HOW YOU THINK ABOUT YOUR CPAP

Our thoughts can be the most significant barriers we face when changing our behaviors.

Things to know About Thoughts:

- 1. Thoughts are things that we tell ourselves.
- 2. Our minds constantly produce thoughts, no matter what we are doing or how busy we are.
- 3. Some thoughts are helpful, some are unhelpful, and many are neutral.

<u>Unhelpful Thoughts</u>: Sometimes, we get stuck in unhelpful thinking patterns, especially when using our CPAP. Here are some common types of thinking that do not help bring us closer to regular CPAP use.

- Emotional reasoning: Basing our decisions on emotions instead of logic
 Example: "I'm too frustrated/irritated/annoyed/angry to use my CPAP tonight."
- 2. "Should" thoughts: Trying to motivate ourselves using guilt or shame Example: "I really should use my CPAP every night, or I've failed."
- 3. All or nothing thoughts: Thinking in terms of extremes and not seeing the middle ground
 - Example: "My CPAP machine is too uncomfortable. It's not worth it."
- 4. Fortune telling: Assuming that we can predict what will happen in the future Example: "My partner will dislike the way I look if I wear my CPAP."

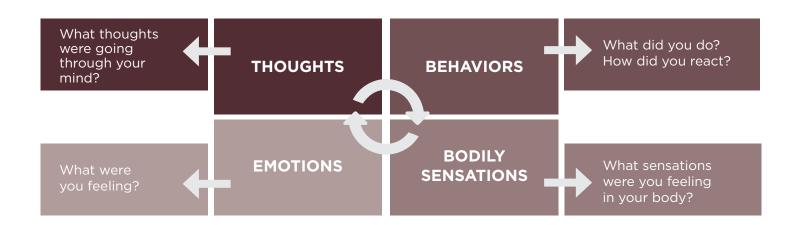
You Can Use a Method called "The Three Cs" to Help Talk Back to Your Unhelpful Thoughts:

1. CATCH IT: What is the unhelpful thought?

Example: "I'll never get used to this ridiculous CPAP mask on my face."

- **2. CHECK IT**: What are the results of having this thought? Is it helping? Example: "When I have this thought, I feel irritated and helpless, and I give up on using the CPAP. I wake up in the morning and still feel tired."
- **3. CHANGE IT**: Generate a new helpful thought. Example: "I'm not comfortable with the CPAP now, but I can work on it each day and take things one step at a time".

Your thoughts, emotions, bodily sensations, and behaviors are all interconnected. Making a change to your thoughts can help you feel and behave differently. Changing Your Thinking Can Help You Make Better Choices.



Helpful Thoughts About CPAP

Using CPAP will help me

- Sleep better and feel more rested.
- Be more effective at work and home.
- Be more present and pleasant.
- Feel more alert.
- Focus better.
- Reduce my chances of being involved in a car accident.

- Reduce my depression, anxiety, and irritability levels.
- Not snore, which my bed partner will appreciate.
- Make fewer bathroom trips.
- Improve my sexual functioning.
- Reduce my chances of having increased blood pressure, and risk of stroke, diabetes and death.

LEARNING AND PRACTICING RELAXATION EXERCISES WITH CPAP

Relaxation exercises are simple ways to calm your mind and body. They can help you better tolerate the feeling of your CPAP mask on your face and help you fall asleep more easily. There are multiple forms of relaxation exercises; below you will find one example. Try out the exercise below, and then practice it at least once per day with CPAP use.

Relaxation Strategy: Guided Imagery

Instructions:

- 1. Imagine a peaceful, safe, and relaxing place in your mind.
- 2. Use all your senses to make this scene as vivid as possible. What are you doing, what are you seeing, hearing, smelling, who is there with you, can you feel the sun on your face or the breeze?
- 3. Spend as much time in this place as you'd like. Bring yourself back to this place any time you like.

Options for listening to relaxation strategies:

Search <u>YouTube.com</u> for "guided imagery meditation." Under Resources you can find YouTube links from accredited sources.

Use the free VA-sponsored relaxation apps for smartphones listed under Resources.

Begin the work of "getting used" to the CPAP.

Desensitization is the process of retraining your brain to have a positive emotional reaction to something and feel more comfortable. For example, you can take small steps to retrain your brain to associate your CPAP with calm, comfortable, relaxed feelings.

Goals of desensitization:

- 1. Become comfortable enough with the CPAP to fall asleep with it on.
- 2. Be able to keep the CPAP on throughout a night of sleep.
- 3. Incorporate the CPAP into your nightly routine.

STEP 1. The goal is to become comfortable with your CPAP mask alone (not connected to the machine) while awake.

Mini-step A: Hold the mask against your face without the strap for up to five minutes. Do not attempt to use the machine. Increase the length of time you hold the mask against your face, up to 15 minutes each day.

Mini-step B: Strap the mask on the face in the evening; leave it on but don't connect it to the machine. You can walk around, watch TV, do chores with the mask on your face. Start with 15 minutes, and progress to one hour each day.

Use "Helpful Thoughts about CPAP" and "Relaxation Strategies" while practicing these steps.



STEP 2. The goal is to become comfortable with the CPAP mask and machine while awake.

Mini-step A: Place the mask on your face, attach it to the CPAP machine, turn on the unit, and practice breathing while you do activities in which you don't move much, such as watching TV, reading, or relaxing. Start with 10 minutes a day and, at your own pace, increase your comfort level to 30 minutes each day.

Mini-step B: Increase duration from 30 minutes to 60 minutes each day at your own pace and comfort level.

Use "Helpful Thoughts about CPAP" and "Relaxation Strategies" while practicing these steps. If you are struggling to achieve this goal, return to Step 1.



STEP 3. The goal is to become comfortable using the CPAP mask and machine during a daytime nap.

Schedule a 30- to 60-minute nap using your CPAP machine. You may nap in a recliner or your bedroom. You may start with shorter naps. Limit this step to a week or less because napping daily for more than a week can affect sleep quality and contribute to difficulty sleeping at night.

Use "Helpful Thoughts about CPAP" and "Relaxation Strategies" while practicing these steps. If you are struggling to achieve this goal, return to Step 2.



STEP 4. The goal is to become comfortable using the CPAP mask and machine during nighttime sleep

Now that you have practiced using CPAP outside the bed and during the day, it is time to start using it at bedtime.

Mini-step A: Use the CPAP while falling asleep at the beginning of the night. Work on initially using it for at least one to two hours. It's okay if you pull it off and go back to sleep.

Mini-step B: Work on using the CPAP for four hours or more every night.

Use "Helpful Thoughts about CPAP" and "Relaxation Strategies" while practicing these steps. If you are struggling to achieve this goal, return to Step 3.



FOLLOWING HEALTHY SLEEP HABITS

TIPS FOR BETTER SLEEP

Only go to bed when you are sleepy. Keep a consistent bed and wake-up time.

If you do not fall asleep in a reasonably short period, practice the relaxation exercises in bed until drowsy. If relaxation techniques do not work, go to another room, and do something boring until you feel sleepy.

If you cannot sleep, do not look at the clock.

Use your bed and bedroom for sleep and sex only. Do not watch TV, listen to music, eat, plan the next day, worry, surf the internet, talk on the phone, or read in your bed.

Avoid napping in the afternoon. Napping ruins your sleep drive in the same way that an afternoon snack ruins your appetite for dinner.

Avoid consuming caffeine six hours before your bedtime. Caffeine is a mild stimulant. Individuals with insomnia are more sensitive to it. Caffeine is found in foods and beverages like tea, coffee, soda, chocolate, and certain over-the-counter medications (e.g., Excedrin).

Avoid nicotine before bedtime. People who smoke may think that smoking relaxes them, but nicotine is a stimulant. Do not smoke if you wake up in the middle of the night.

Avoid alcohol after dinner. A small amount of alcohol may help you fall asleep, but that effect wears off quickly. You are likely to awaken multiple times later in the night and get less sleep overall. Alcohol relaxes muscles in your throat and suppresses your breathing. It can make OSA worse.

Allow yourself at least an hour before bedtime to unwind. Your brain is not a light switch that can be turned on and off. Do not schedule active tasks before bedtime.

Avoid having a heavy meal before going to bed. If you feel hungry, eat a light snack. Avoid water or beverages to reduce bathroom trips.

Download and use the "Insomnia Coach" smartphone app.

Explore the "Path to Better Sleep" online insomnia treatment program at the following website: www.veterantraining.va.gov/insomnia

CONCLUSION

In this guide, we summarize some steps and skills that, when used together, can make you more familiar and comfortable with CPAP use.

It is helpful to share these recommendations with your loved ones and ask for their help in encouraging you and keeping you on track. Enlisting support can help you accomplish your goals!

If you find that feelings of anxiety or upsetting memories from past experiences make it difficult to follow these steps, a Mental Health professional can help. Consider requesting a referral to Mental Health from your Primary Care provider.

The key to success is making small, measurable, achievable goals and tracking your use. My Air (ResMed devices) or the Dreammapper (Respironics Devices) smart phone application or website can be very helpful in tracking your CPAP use. Keep in mind that all progress is good progress. Even small increases in your ability to comfortably use your CPAP make a positive difference for your health. Every bit counts!

If you are struggling with any of the material in this guide, remember that you can always connect with your CPAP therapist or a Mental Health professional for assistance in working through any of these steps by calling the sleep center or sending a secure email message.



RESOURCES

SOURCES

Online

https://www.sleepfoundation.org/sleep-apnea

https://sleepeducation.org/patients/cpap/

Sleep Apnea | NHLBI, NIH

https://www.myhealth.va.gov/mhv-portal-web/home

FREE VA- Sponsored Relaxation Apps and Resources

Mindfulness Coach (Mindfulness Coach | VA Mobile)

CBT-I Coach (CBT-i Coach | VA Mobile)

Tactical Breather (Tactical Breather PWA (health.mil))

CA WRIISC Online Yoga Resources - War Related Illness and Injury Study Center (va.gov)

"Guided Imagery" YouTube Links From Accredited Sources:

<u>Guided Imagery - YouTube</u> (John Hopkins)

Reduce Stress Through Guided Imagery (2 of 3) - YouTube (John Hopkins)

Guided Visualization: Dealing with Stress - YouTube (National Institute of Mental Health)

<u>Guided Meditation: Heart Practice - YouTube</u> (Veteran Administration)

Online Resources Provided by the Two Major CPAP Manufacturers:

My Air (for ResMed devices) myAir web (resmed.com)

Dream Mapper (for Respironics Devices) <u>Log In - Philips Respironics DreamMapper</u> (mydreammapper.com)

- Free to you
- Accessible by computer or smartphone app
- Allows you to monitor your own CPAP use
- Provides additional education on sleep apnea, CPAP use and problem solving

My local CPAP Clinic contact information is: ______

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