Snoring, CPAP, and Sex; Who Will Sleep With Me Now?

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Contact Info & Conflict Disclosure

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I have no conflicts to disclose
Laugh and the world laughs with you

Snore and you sleep alone…

- Anthony Burgess
Patients family and romantic relationships have a profound effect on their perception of sleep disorders and their pursuit of evaluation and treatment.

"I was very surprised when my lovely wife first clued me in that I was snoring at night. It was disturbing her sleep, but I didn't realize that snoring was the cause of my own fatigue."
OSA patients may be seeking help due to pressure or direct threats from spouses, S.O., or family members.
The utility of the elbow sign in the diagnosis of OSA.

BACKGROUND:
We wanted to determine whether a simple two-part questionnaire has predictive value in the pretest clinical evaluation for OSA.

METHODS:
A questionnaire consisting of two questions--(1) Does your bed partner ever poke or elbow you because you are snoring? and (2) Does your bed partner ever poke or elbow you because you have stopped breathing?--was prospectively administered to patients evaluated in a sleep disorders clinic prior to undergoing polysomnography. Age, sex, BMI, and Epworth Sleepiness Scale data were collected.

RESULTS:
Among the 128 patients who had a polysomnogram, answering "yes" to being awakened for snoring increased the OR of an apnea-hypopnea index≥5/h 3.9 times compared with "no." Answering "yes" to being awakened for apneic spells was associated with an OR of 5.8 for an apnea-hypopnea index≥5/h compared with "no." These associations did not differ by sex, BMI, Epworth Sleepiness Scale or answering "yes" to the other question. The sensitivity and specificity of being awakened for apneic spells was 65% and 76%, respectively, with a positive predictive value of 90%. Subgroup analysis revealed that in men with a BMI>31 a positive elbow sign had a specificity of 96.6% for a diagnosis of OSA.

CONCLUSIONS:
Among patients referred to a sleep disorders clinic, a positive response to being elbowed/poked for apneic spells significantly improves the pretest prediction of OSA.

Patients family and romantic relationships have a profound effect on their perception of sleep disorders and their pursuit of evaluation and treatment.

- Melvin Switzer of Kent, England held world record for snoring from June 1984 until May 1993 Guinness World Records 2000

- His snoring was measured at 87.5 dBA, comparable to the decibel level of a fire siren

- His wife is deaf in one ear.
How To Stop Snoring:

- Place pillow tightly over partner’s face
- Hold til snoring stops
- Delete this message
A 37-year-old local mother, Tippy Retana, was arrested yesterday for fatally shooting her boyfriend, 30-year-old Kenneth Wilson. Wilson's body was found Christmas morning.

- She told deputies that at about 1 AM that morning, she put both her children in the car
- She said she left the house because Wilson was snoring
- She went back into the house and shot Wilson three times in the head
- Since he was snoring, it appears that Wilson was asleep when Retana shot him
OSA patient’s bedpartners may leave the room

Take the “Sleep Divorce” Quiz:

- Are you awakened more than once each night by snoring, bathroom trips, accidental jabs or night talking?
- Do you two go to sleep and wake up at different times?
- Would you describe your overall sleep habits -- length of sleep, nap habits, comfort needs -- as different from your partner's?
- During the night, do you yell something like, "Please for the love of...!" on a regular basis?
  (2 or more positive consider separate beds)
Patients sleep disorders have a profound effect on their family and romantic relationships, their self-perception, self-esteem, and confidence.
Obstructive sleep apnea is associated with low GABA and high glutamate in the insular cortex


Sleep apnea suffers often experience:

✓ A heightened response to stress
✓ Lack of concentration
✓ Generally feeling like emotions are teetering on the proverbial cliff
✓ Study may shed light on the connection between apnea and depression
Sleep deprivation contributes to false confessions, study confirms


Study led by Kimberly M. Fenn, assoc professor of psychology at Michigan State University,

✓ Cognitive abilities break down after even 24 hours without sleep, researchers say, making fatigued subjects 4.5 times more likely to sign false confessions

✓ Suggests sleep-deprived people’s memories are less reliable than previously assumed, with complex consequences for the criminal justice system's use of eyewitness' and suspects' accounts
OSA patients have a significant incidence of Erectile Dysfunction (ED) as part of their symptomology

Sleep apnea is an independent correlate of erectile and sexual dysfunction.

Budweiser S, Enderlein S, Jörres RA, Hitzl AP, Wieland WF, Pfeifer M, Arzt M.

Center for Pneumology, Donaustauf Hospital, Ludwigstrasse 68, D-93093 Donaustauf, Germany. stephan.budweiser@klinik.uni-regensburg.de J Sex Med. 2009 Nov;6(11):3147-57. Epub 2009 Jun 29

AIM: The aim of this study was to evaluate the relationship between ED/sexual dysfunction and polysomnographic measures of sleep apnea in patients with known risk factors for ED.

METHODS: Prospective cross-sectional analysis of 401 male patients undergoing in-lab polysomnography for suspected OSA. Erectile (EF) and sexual function were assessed by the 15-item International Index of Erectile Function (IIEF-15) questionnaire.

MAIN OUTCOME MEASURES: Severity of OSA via apnea-hypopnea index (AHI) and mean/lowest nocturnal oxygen saturation (SaO(2)). The IIEF-15 including the sexual domains: EF, intercourse satisfaction, orgasmic function, sexual desire, and overall satisfaction.

RESULTS: OSA (AHI > 5/h) was diagnosed in 92% of patients. ED (EF subdomain < or = 25) was present in 69% of patients with, and 34% of patients without OSA (P < 0.001).

CONCLUSIONS: ED and overall sexual dysfunction were highly prevalent in patients with suspected OSA. Irrespective of known risk factors, mean nocturnal SaO(2) was an additional, independent correlate of these dysfunctions, suggesting that OSA-related intermittent nocturnal hypoxemia specifically contributes to their development.
PAP can reverse ED and improve sexual function across multiple domains in OSA patients
“My husband has trouble with erections, however we have discovered that since he has been putting his mask on at night that he can almost instantly have an erection.

Has anyone else experienced this or know why this happens? I’m curious to know if anyone else has experienced this.”

 Posted by Melody 3/30 16:13
RE: erections after using mask

“That’s how I can tell I’ve had a good nights sleep. But I read in this forum where this guy was having very painful ones wake him up. Getting an erection from using the mask sounds like it could be A+ at the right times. Sweet Dreams”
RE: erections after using mask

“Melody-Don’t let the word get out to the general public. The Viagra market would plunge and the sleep apnea mask market prices would go through the ceiling. (:>John)”
RE: erections after using mask

“Our WHERE is he putting this mask?”
RE: erections after using mask

“Sad to say, the mask doesn’t even get a rise out of me (:o)
-so sad, too bad.”
RE: erections after using mask

“JUST HOW HIGH IS HIS PRESSURE ANYWAY? I used to get some bloating but?????? Seriously though, it may have something to do with the rush of oxygen in his blood etc. Or maybe he has some kind of Darth Vader fantasy thing going on…just an idea”
RE: erections after using mask

“How can I convince my husband to use his mask???”
RE: erections after using mask

“One thing Sleep Apnea does is deprive you of REM sleep, REM sleep pressure builds up and when you start CPAP, you have REM rebound, lots of REM sleep quickly over the first few nights, and yes it is normal and expected to have erections in REM sleep. So until you get back to a normal sleep and get rid of the rebound you will have more erections than normal”
“But I read in this forum where this guy was having very painful ones wake him up.”

Sleep related painful erections
Short Description: Other priapism
ICD-10: N48.39
RE: erections after using mask

“How can I convince my husband to use his mask???”


**Abstract**

✓ **STUDY OBJECTIVES:** To examine intimate and sexual relationships in patients with obstructive sleep apnea (OSA), the association with daytime sleepiness, and the change in these outcomes with continuous positive airway pressure treatment (CPAP).

✓ **SETTING:** Seven sleep disorders centers in the U.S. and Canada.

✓ **PARTICIPANTS:** 123 males with OSA (AHI > or =20), aged 21 to 60 years.

✓ **INTERVENTIONS:** Nasal CPAP for > or =3 months.

✓ **MEASUREMENTS AND RESULTS:** Compared to normal values, at baseline patients were significantly sleepier, as measured by the Multiple Sleep Latency Test and Epworth Sleepiness Scale. They were also more impaired in intimate and sexual relationships, as measured by the Intimate and Sexual Relationships subscale of the Functional Outcomes of Sleep Questionnaire. Neither race nor marital status was significantly associated with impaired intimate and sexual relationships. Following treatment, patients were significantly more alert and had reported improved intimate and sexual relationships, with the greatest change occurring in those with the most disease severity.

✓ **CONCLUSIONS:** OSA has an adverse impact on intimate and sexual relationships that is related to subjective sleepiness and improved with CPAP treatment.
Effects of nasal continuous positive airway pressure therapy on partners' sexual lives

✓ To assess sexual functioning in male and female partners before and after nasal CPAP therapy in men with OSA
✓ 21 males with moderate to severe OSA and erectile dysfunction (ED), and their female partner, were recruited into this prospective study
✓ Males diagnosed with OSA were treated with nasal CPAP therapy for 12 weeks.
✓ Women were assessed for sexual functioning using the Female Sexual Function Index (FSFI), and for mood status using the Beck Depression Inventory (BDI), before and after their male partner underwent nasal CPAP therapy.
✓ Sexual functioning was assessed in men using the International Index of Erectile Function (IIEF), before and after nasal CPAP therapy
✓ After nasal CPAP therapy for OSA in men, IIEF scores were significantly higher than pre-treatment scores
✓ Following treatment of men with OSA, our data indicate benefits for nasal CPAP therapy on sexual functioning in both the male and female partners
✓ Moreover, our findings indicate that improved sexual function in women after their male partner underwent nasal CPAP also had psychological benefits.

Eur Arch Otorhinolaryngol. 2015 Feb 10. Acar M¹, Kaya C, Catli T, Hancı D, Bolluk O, Aydin Y.
OSA patients may leave the room

- "I am neater than my wife. I like my side of the room to be very orderly, with no clothes on the floor or bureau. She is less interested in that."
- "My wife needs white noise (loud white noise) in order to sleep. This bums me out. I have to hear the drone of the air conditioner (on fan setting -- she's not that wasteful) even during the winter. She also has to have the door closed a certain way. In fact, every environmental condition in the room has to be to her specifications, not mine. And that bums me out."
- "We're on different sleep schedules most of the time. Often I like to go to bed first, and there's always the anxiety that if I fall asleep, I'll just end up awake when she finally comes into the room and gets into bed. On the flip side, occasionally, I like to read in bed for a while. But I can't do that if my wife wants to sleep."
- "As far as actually sleeping goes, sure, it's nice to feel my wife next to me. But more often than not, she's hogging the covers and blasting out body heat. (Did I mention that we like very different types of bedding?)"
- "I am a morning person. My wife is not."
“Two in a Bed: The Social System of Couple Bed Sharing”
Paul C. Rosenblatt interviews 42 couples and examined how sharing a bed affects the couple's relationship:

✓ Many couples described the intimacy and comfort level of sleeping in the same bed is extremely important to their relationship.

✓ In their time together before drifting off to sleep "couples catch up on what's going on with one another, plan, make decisions, deal with disagreements and solve problems“.

✓ With their hectic schedules, many couples often only have this time to catch up, “it's crucial to their relationship”
National Sleep Foundation survey conducted 1,506 telephone interviews in 2004, released results March, 2005

23% of respondents to its “Sleep in America” poll who were married or living with someone sleep in a separate bed or on the couch

Survey didn’t ask why those couples were sleeping apart or how often they did so

26% say that they do lose on average, 49 minutes of sleep, on a typical night, because of their partner's sleep problems
How Many Couples Sleep in Separate Beds? By MONA CHALABI

Survey Monkey gathered responses from 1,057 American adults who were married, in a domestic partnership, in civil union or cohabiting with a significant other. Data was gathered in July, 2014.
Dual Master Bedrooms – Lets Not Spend the Night Together

National Association of Home Builders has been predicting nearly 60% of future custom houses will eventually have dual master bedrooms.
So who’s hogging YOUR bed?
If you and your loved one ever have words at 3am, the answer is at your fingertips!

Say it all! The perfect gift for...
- Anniversary (1st is cotton)
- Wedding
- Valentines

The fitted Layline Bed Sheet has a line along the middle you can feel with your fingertips, without switching the light on.

Superior bed linen by Percale of Cheshire
CPAP or MAD therapy can enable bed partner to share the bed with OSA victims

After approximately one month of CPAP therapy, partners experienced less daytime sleepiness as measured by the Epworth Sleepiness Scale and improved quality of life (Doherty et al., 2003; Quality of life in bed partners of patients with obstructive sleep apnea or hypopnea after treatment with continuous positive airway pressure. Parish and Lyng, 2003)
OSA patients may reject therapy based on fear of what their spouses, significant other, or family member’s perceptions may be. They may fear humiliation or rejection by present or potential partners.
I'd rather die prematurely...

than wear a CPAP mask.
If you're dating somebody new, and there's a possibility you might sleep over at their place, do you bring your machine with you everywhere? It seems impractical. And on the other side it seems like a bummer to have to go all the way home late at night after a good time together at their house, just because I need my CPAP. Sleeping without a CPAP doesn't seem like a good idea too.
Whether for good or not, this has not been an issue in my life 😊😊😊

Not sure how I'd handle that, it for sure is a love me, love my machine sort of deal for me 'cause I ain't sleeping without it! If it reached that point, I'd discuss it beforehand...this therapy would not be a good surprise to spring on a potential bedmate 😊😊😊
I'm not really worried about what they'd think of me or how they'd judge me. I can handle any social situation.

It's more the practical difficulty of either bringing a big machine with me, or sleeping without it, or going back home. I guess it means I can only have dates over at my place and not go to their place.
If you are being picked up and you bring your machine, you are broadcasting your intentions but you can always come back and sleep where your machine is. If it is too far to come back then your intentions are already being assumed. If you drive, you can either have a spare or bring your regular machine.

After the first part of my second sleep study, I realized how lousy it is to drive back in the morning without having used your machine and it’s not real safe.

My friend, who will be a bachelor forever, sleeps around a lot and he has an extra machine in his car. Hey, if you are fun to be with and good in bed, your partner would rather have you ready to go the next day than see you drooping along.

There are so many more factors that affect how sexy and sensual you are or how fit you are that using a machine is almost invisible.
Posted by Rockiebug on April 22, 2010 at 05:54:52:
In Reply to: CPAP & Sex

“CPAP has been wonderful. I now have energy past 6pm every night so I can stay awake and enjoy time with my husband. We talk, we laugh, we have fun just being in the same room. He has a partner again.
I've moved back into his bed after a 3 year "temporary" move to the guest bedroom so that at least one of us could get a good night's sleep. Just sleeping in the same bed has done wonders for our relationship. Feel like newlyweds again. I have energy again and we both appreciate it. ;) “

Posted by Breezin' on April 23, 2010 at 10:00:08:
In Reply to: Re: CPAP & Sex posted by Rockiebug on April 22, 2010 at 05:54:52:

Hi Rockiebug,
I concur. For us, although it hadn't been 3 years sleeping apart, it sure seemed like it. Just being in the same room together increases the odds!! It is like being newlyweds!!
Breezin'
The Mysteries of Sleep-Related Sexual Arousal

1944 - Discovery and Scientific Documentation of Sleep-Related Sexual Arousal

German physiologists published the first scientific report on periodic sleep-related erections;

“Periodische vorgange in schaf pflug”
Arch Ges Physiol. 1944;248:559-560
REM-Related Sexual Arousal Reported by US Researchers

OUR SPUTNIK MOMENT:

1965

“Cycles of penile erection synchronous with dreaming (REM) sleep”
Arch Gen Psychiatry. 1965;12:29-45
American researchers correlate the recurrent sleep-related erections to the occurrence of REM sleep
Pioneer of Measurement and Clinical Application of REM Sleep Related Sexual Arousal Cycle

- During the 1960’s through the 1990’s, Dr. Ismet Karacan devoted his professional career to describing the human erectile cycle, the “Father of Tumescence”

- Began his career in sleep medicine as a researcher and clinician within the department of psychiatry at the University of Florida in Gainesville

- His work with impotence was known world-wide and was in such demand that he was often running up to 20 beds per night 7 nights per week just to get all the patients studied.

- “EEG of Human Sleep: Clinical Applications” published 1974, distilled information from 10,000 paper record polysomnograms and detailed the percentage of deep sleep, latency to REM sleep, sleep efficiency, and 25 other polysomnographic variables. These data were recorded from three consecutive laboratory nights from normal sleeping boys, girls, men and women, ages three to 79 years

- Died June, 2009
REM Sleep Related Sexual Arousal

The Phenomenon

✓ Penile tumescence cycles in REM sleep occur in all normal healthy males from early infancy, through adulthood, and into old age

✓ Similar clitoral erection cycles, increased uterine activity, and increases in vaginal blood flow during REM sleep have been described in females
REM Sleep Related Sexual Arousal

✔ A REM sleep related erection (SRE) is initiated at the brain stem level, while those occurring during sexual excitement are initiated at higher levels.

✔ REM SREs differ from the erections that occur during sexual excitement only in the level of the nervous system where they are initiated.

✔ Sexual arousal during REM sleep is not related to dream content.
REM Sleep Related Sexual Arousal

Why?

☑ May provide daily “exercise” of the skeletal perineal muscles essential for penile rigidity

☑ In the non-erect penis, blood drawn from the corpora cavernosa has a PO2 similar to that of venous blood (25 to 43 mmHg).

☑ Regular penile vasodilation during sleep probably provides oxygen, nutrition and waste removal necessary for normal sexual functioning
The NPT Test is born

Because of the consistent, involuntary, and autonomic nature of REM-related penile tumescence, nocturnal penile tumescence (NPT) recording was developed as a means of differentiating “psychogenic” from “organic” impotence.
Diagnostic NPT Recording
REM Sleep Related Sexual Arousal

Why?

- It is speculated that REM sleep related erections play a role in the development and maintenance of erectile neural circuitry from the end-organ to supraspinal levels

- “If You Don’t Use It, You Lose It”
Causes of Erectile Dysfunction

✓ Medication - Beta blockers
✓ Vascular based; Artherosclerosis, smoking, bicycles
✓ Neurologic - CVA, Autonomic or peripheral neuropathy, spinal cord damage
✓ Endocrine - Diabetes, Hypogonadism, Cushing’s
✓ Iatrogenic - Pelvic radiation, Prostatectomy
✓ Psychogenic - Performance anxiety, Depression
✓ Sleep Apnea
Sleep studies were performed on 1,025 patients complaining of erectile dysfunction.

The overall prevalence of sleep apnea activity in this sample was: 43.8% with Ai greater than or equal to 5; 27.9 percent with Ai greater than or equal to 10; and 19.6 percent with Ai greater than or equal to 15.

These results confirm that sleep apnea activity is common in men with erectile dysfunction.

Prevalence of erectile dysfunction in men with sleep apnea

✔ Most patients with severe obstructive sleep apnea syndrome (OSAS) have drastically reduced amounts of REM sleep (and reduced “exercise”)

✔ Many patients with severe OSAS that begin PAP therapy experience “REM rebound effect”, with much higher than normal percentages of stage REM sleep.

“My husband has trouble with erections, however we have discovered that since he has been putting his mask on at night that he can almost instantly have an erection”
CPAP = Improved “Intimacy” and Quality of Life

- Bedpartners previously driven from the room by loud stentorian snoring and apnea-related gasping may return to the room after PAP therapy is initiated.

- After amounts of stage REM and the overall sleep “architecture” return to normal with sustained use of PAP therapy, most patients report improvements in erectile function and libido.
Abstract

✓ The aim of this study was to investigate frequency and degree of ED in patients with severe sleep apnea and to evaluate the results of only CPAP therapy on ED in patients with severe OSAS.

✓ Patients with severe OSAS (40) were randomized into two groups. Multiple questionnaire investigation and laboratory evaluation were performed for ED, severity of OSAS and psychological status.

✓ Group 1 was treated with CPAP and group 2 was treated with only antidepressant medication for at least 1 month.

✓ Before CPAP, the International Index of Erectile Function (IIEF)-5 scores were significantly correlated only with body mass index (BMI; P=0.007) and not correlated significantly with Epworth Sleepiness Scale scores, lowest SaO, Beck's Depression Inventory scores and apnea/hypopnea index.

✓ After 1 month of regular CPAP usage, mean value of IIEF-5 score was 15.71 +/- 5.12 before CPAP and were improved up to 19.06 +/- 3.94, statistically significant.

✓ All subjects responded positively to the CPAP treatment and their erection status was improved positively. We have found a correlation between severe OSAS and ED.

✓ CPAP is effective in improvement of sexual performance of these patients.
Sexual Dysfunction in Sleep Apnea

Results of Study Performed by Dr. Janet Myers at Nat’l Naval Medical Center in Bethesda, Md. and Walter Reed Army Medical Center in Washington

✓ 32 patients with OSAS (more than 5 respiratory events per hour)

✓ Overall decreased scores of less than 50% of normal (age matched, no OSAS) control subjects in the categories of sexual cognition/fantasy, sexual arousal, sexual behavior, orgasm, and sexual drive/relationship.
Sexual Dysfunction in Sleep Apnea

Results of Study Performed by Dr. Janet Myers at Nat’l Naval Medical Center in Bethesda, Md. and Walter Reed Army Medical Center in Washington

✓ Patients treated with PAP improved in all domains

✓ Most dramatic in orgasm and sexual drive/relationship

Li X, Dong Z, Wan Y, Wang Z. Institute of Urology, Second Hospital, Lanzhou University, Gansu, China.

Abstract

OBJECTIVE: To evaluate the effectiveness of sildenafil versus continuous positive airway pressure (CPAP) for patients with erectile dysfunction (ED) and obstructive sleep apnea (OSA).

METHODS: This is a meta-analysis of a randomized controlled trial. The main outcome measures for effectiveness were the percentage of successful intercourse attempts, International Index of Erectile Function (IIEF) domain scores (erectile function, EF) and the satisfaction levels of the patients and their partners with the treatment for ED.

RESULTS: Two randomized controlled trials totaling 70 patients were included. Meta-analysis results are as follows: after 12 weeks of treatment, patients under sildenafil demonstrated a significant advantage over under CPAP in terms of the percentage of successful intercourse attempts [OR = 3.24, 95% CI (2.37-4.43)], EF scores [WMD = 3.57, 95%CI (1.68-5.45)], and the satisfaction levels of the patients and their partners with the treatment for ED [OR = 3.56, 95% CI (1.27-9.98)].

CONCLUSION: Current clinical studies might confirm that both therapeutic methods were safe and effective, but sildenafil was superior to CPAP in the treatment of ED in men with OSA. We conclude that new therapeutic agents or a combination of the two methods should be studied further.
CPAP vs Viagra
CPAP vs Viagra

Sildenafil versus continuous positive airway pressure (CPAP) for erectile dysfunction in men with obstructive sleep apnea: a comparative study of their efficacy and safety and the patient's satisfaction with treatment.

AIM: To assess the efficacy of sildenafil and CPAP in the treatment of concurrent erectile dysfunction (ED) with obstructive sleep apnea (OSA), and to gauge the level of treatment satisfaction in patients and their partners.

METHODS: Forty men were treated for 12 weeks with sildenafil 100 mg (20 men) or CPAP during nighttime sleep (20 men). Treatment efficacy was assessed by the rate of successful intercourse attempts, and satisfaction with treatment was assessed by patients' and partners' answers to question 1 of the Erectile Dysfunction Inventory of Treatment Satisfaction.

RESULTS: Under sildenafil, 128 of 249 (51.4%) intercourse attempts were successful; under CPAP, 51 of 193 (26.9%) attempts were successful ((c)P < 0.001). Erectile function was improved in both groups. CPAP and sildenafil were well tolerated.

Fifty percent of patients treated with sildenafil and 25% with CPAP were satisfied with the treatment, and their partners were equally satisfied. The satisfaction scores for both patients and partners under sildenafil were superior to those under CPAP.

CONCLUSION: Both sildenafil 100 mg and CPAP, used separately, had positive therapeutic impact but sildenafil was superior. Patients and their partners were more satisfied with sildenafil for the treatment of ED. However, because of the high proportion of dissatisfied men and partners, new therapeutic agents or a combination of the two methods must be studied further.

Putative facilitators and barriers for adherence to CPAP treatment in patients with obstructive sleep apnea syndrome: a qualitative content analysis.


Abstract

✓ INTRODUCTION: Effective treatment of obstructive sleep apnea syndrome (OSAS) with continuous positive airway pressure (CPAP) can reduce morbidity and mortality, but adherence rates are low without a clear consensus of causes.

✓ OBJECTIVE: To explore the experiences of adherence to CPAP treatment in patients with OSAS.

✓ METHODS: A qualitative content analysis was employed. Data were collected by in-depth interviews with 23 purposively selected patients.

✓ RESULTS: Adherence to CPAP treatment was summarized according to "facilitators" and "barriers" to CPAP treatment. Facilitators for adherence, as described by the patients were a desire to avoid symptoms, knowledge about the risk for medical consequences, fear of negative social consequences and disturbing the sleep of significant others. Other facilitators were a positive attitude to CPAP treatment, trust in healthcare personnel, a sense of engagement from the spouse and a feeling of physical improvement. Barriers included experiencing practical problems, negative psychological effects of the equipment, and negative attitudes to the treatment. Other barriers were side-effects as well as insufficient support from healthcare personnel and the spouse.

✓ CONCLUSION: Adherence to CPAP treatment is a multifaceted problem including patient, treatment, condition, social and healthcare related factors. Knowledge about facilitators and barriers for adherence to CPAP treatment can be used in interventional strategies.
Educate bedpartners to support patient “collaboratively” especially in initial few weeks (and avoid well-meaning humorous but negative remarks and teasing)

Spousal Involvement in CPAP: Does Pressure Help?

- Spousal involvement in CPAP adherence assessed in 23 married male OSA pts after one week of treatment.
- At 3 months, 16 participants completed a second assessment of spousal involvement, CPAP adherence data was available for 14 participants.
- Types of involvement assessed included positive (e.g., encouraging), negative (e.g., blaming), collaboration (e.g., working together), and one-sided (e.g., asking).
- Average frequency of spousal involvement ratings were low for each involvement type and only negative spousal involvement frequency decreased at 3 month follow-up.
- Perceptions of collaborative spousal involvement were associated with higher CPAP adherence at 3 months.
- Positive, negative and one-sided involvement were not associated with adherence.
- Collaborative spousal involvement was associated with moderately warm and controlling interpersonal behaviors.

Take Home Points

✓ PAP therapy can improve sexual performance in all domains in those who suffer from sleep-related breathing disorders

✓ Patient education about improvement in sexual performance associated with PAP use can be a motivating force for PAP compliance, and dispel anxiety about bed partner acceptance of PAP use