

CHEST Publishes New Data on the Risk of CPAP Users with Central Sleep Apnea Terminating Therapy

Publication could lead to better diagnosis and treatment, says study coauthor

SAN DIEGO - June 22, 2017 - CHEST, the publication of the American College of Chest Physicians, [has published a ResMed-sponsored \(NYSE: RMD\) study](#) finding that 3.5 percent of people on positive airway pressure (PAP) therapy have central sleep apnea (CSA), and that those with treatment-emergent CSA are 1.7 times more likely to terminate PAP treatment.

The 134,899-patient study, *Trajectories of Central Sleep Apnea during Continuous Positive Airway Pressure and Association with Therapy Termination: A Big Data Analysis*, was presented in May at the American Thoracic Society International Conference in Washington, DC.

“By publishing this data, CHEST is encouraging pulmonologists, sleep physicians and others involved in the delivery of PAP therapy to quickly identify these patients and switch them to a more effective treatment, like adaptive servo-ventilation or ASV,” said ResMed Chief Medical Officer Carlos M. Nunez, M.D.

ASV is designed to treat both obstructive and central events,* and in a recent study, [significantly increased therapy compliance](#) of those with treatment-emergent CSA who switched from CPAP to ASV:

- 62.7 percent: Patients' compliance on CPAP prior to switching
- 76.6 percent: The same patients' compliance after switching to ASV

[Read “Trajectories of Central Sleep Apnea...” in CHEST here.](#)

* ASV therapy is contraindicated in patients with chronic, symptomatic heart failure (NYHA 2-4) with reduced left ventricular ejection fraction (LVEF \leq 45%) and moderate to severe predominant central sleep apnea.

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