

# Continuous positive airway pressure for the treatment of obstructive sleep apnoea/hypopnoea syndrome

Health Technology Appraisal

Response from [REDACTED] British Sleep Society

Do you consider that all of the relevant evidence has been taken into account?

This Appraisal Consultation Document has incorporated relevant evidence available for clinical effectiveness and cost effectiveness of Continuous Positive Airway Pressure (CPAP) therapy in the treatment of patients suffering with Obstructive Sleep Apnoea Hypopnoea Syndrome (OSAS). The clinical need and practice section contains some areas requiring clarification and these are stated in attached document Points for Review. The technology section provides an accurate summary of CPAP devices.

The main omission to this document in the consideration of evidence is the failure to appreciate the importance of CPAP in improving driving performance and acknowledgement of the robust data that it reduces the risk of a motor vehicle accident to that of a "normal" healthy driver on the roads. In this field the relevant evidence has been marginalized. The document states that the data on road traffic accidents "needs to be treated with caution" and this is inappropriate and suggests a lack of understanding by the authors. The reason that RCT trials on roads are not conducted is because robust evidence already exists that CPAP works and therefore trials on roads would be ethically unacceptable.

Do you consider that the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence and that the preliminary views on the resource impact and implications for the NHS are appropriate?

The clinical effectiveness section is reasonably interpreted with the exception of driving performance and road traffic accidents. The effect of CPAP is to significantly improve driving performance and to significantly reduce road traffic accidents.

It is important to recognize that HGV and other professional drivers and pilots with OSAS are required by their licensing and regulating bodies such as DVLA and CAA to be established on CPAP therapy before they can return to work.

The impact and implications for the NHS are appropriate although some clarification should be made on the need for specialist input. All of the evidence from RCT data is supported by early specialist intervention and there would be no guarantee of results if CPAP therapy was set up and monitored in other settings. Further comments are attached in Points for Review

Do you consider that the provisional recommendations of the Appraisal Committee are sound and constitute a suitable basis for the preparation of guidance to the NHS?

This document provides a well researched working basis for recommendations on CPAP therapy in OSAS.

The provisional recommendations of Appraisal Committee are sound and with attention to the above points will constitute a suitable basis for preparation of guidance to the NHS

Are there any equality related issues that may need special consideration?

This document does not raise any equality issues that may need special consideration although at present access to CPAP services is patchy in some areas of UK.