

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

Health Technology Appraisal

Points For Review

Points regarding specialist services

1.3 The word “initial” is not needed and incorrect. There must be a way for patients to be referred back to specialist services if difficulties arise. The definition of specialist should be clarified and should be worded specialist services with appropriately trained medical support staff

4.1.14 Healthcare professionals NOT healthcare scientists

1,2 suggest occasionally recommended for people with severe symptoms and mild OSAHS.

2.2 Instead of limited study sentence suggest- limited studies of breathing and oxygenation can be enough to confirm the diagnosis or occasionally overnight Polysomnography in a sleep medicine centre

The severity of OSAHS is defined by severity of symptoms and number of episodes of AHI. The severity of symptoms needs to be added here.

2.3 Use craniofacial characteristics not abnormalities

2.4 Add partner witnessed apnoeas, add nocturia to list of symptoms. Should add patients with these symptoms should be referred.

4.3.13 Very rare should be taken out and consider OSAHS is less common in the absence of craniofacial characteristics.

4.3.11 Studies with robust methodology have shown the positive beneficial effect by improving performance and reducing accidents. This needs to be recognised throughout the document

4.1.11 Two studies show a significant effect of CPAP compared to placebo

In the main document there are errors with references- FOR EXAMPLE on several pages the driving data reference refers back to Jenkinsen et al paper which did not investigate driving. C orrect reference should be to Hack et al for driving RCT