

Chris Feinmann
Project Manager Single Technology Appraisals
National Institute for Health and Clinical Excellence (NICE)
Peter House
Oxford Street
Manchester
M1 5AN

26/09/07

**Re: Appraisal Consultation Document - Health Technology Appraisal
Continuous positive airways pressure for the treatment of obstructive sleep
apnoea/hypopnoea syndrome.**

Dear Mr Feinmann

Thank you for sending the Appraisal Consultation Document and Evaluation Report.

My colleagues and I were impressed with the thoroughness of the review and recognise the effort involved in collating such an extensive document and thank you once again for the opportunity to comment.

Our comments are referenced according to the headings in the original Appraisal consultation document (issue date August 2007).

1.3

We believe that the definition "*specialists in sleep medicine*" is open to interpretation and suggest the following modification, which also conveys the need for long term follow up:

"The diagnosis of obstructive sleep apnoea/hypopnoea and the prescription of CPAP treatment should be carried out by a qualified physician experienced in sleep medicine. Monitoring of the initial response and long term follow up should be carried out by trained staff with an appropriate professional qualification".

2.2

The Appraisal Consultation Document states that

"OSAHS is usually diagnosed....by overnight oximetryor occasionally by an overnight polysomnography in a sleep medicine centre. The severity of OSAHS is usually defined by the number of episodes of apnoea/hypopnoea per hour of sleep, expressed by the apnoea/hypopnoea index (AHI)"

This is indeed the case, however it is not possible to get an AHI from oximetry alone. We suggest a modification for the second sentence of the paragraph such as

"An overnight study allows the severity of OSAHS, defined by the number of episodes of apnoea/hypopnoea per hour of sleep (the apnoea/hypopnoea index – AHI), to be calculated"

3.2

This section covers treatment compliance with reasons for non use. Compliance is much improved with regular patient follow up and we suggest the importance of acute and long term

follow up should be mentioned. While the working life of CPAP machines is adequately covered elsewhere in the report we feel it would be useful for there to be a comment regarding the importance of mask replacement at 6 monthly or maximum yearly intervals. A suggested final sentence for the paragraph could cover both points:

"Masks should be replaced at least annually and long term follow up of patients is critical to ensure compliance"

3.3

This section recognises the role of Auto-titrating CPAP devices. We suggest the mention of the importance of compliance monitoring with possible cost savings *"Compliance monitoring is important however the use of auto-CPAP may also improve the efficiency and cost effectiveness of the service because patients may avoid the need to return to the unit for pressure adjustment"*.

3.5

Concerning the lifespan of the device, we suggest that it would also be helpful to mention that the patient interface should be replaced more frequently, for example after the mention of the device life:

"Mask lifespan is 6-12 months".

Thank you for taking the time to consult with Respironics on this matter.

Yours Sincerely

A solid black rectangular box used to redact the signature of the sender.

Respironics UK Limited