NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Review Proposal Project (RPP) decision paper

Review of TA139; Continuous positive airway pressure for the treatment of obstructive sleep apnoea/hypopnoea syndrome

Final recommendation post consultation
Section 1.2 of TA139 will be updated in the ongoing OSAHSOS guideline. However, if the recommendation is unchanged from the TA, the recommendation can be left in place. Recommendations 1.1 and 1.3 within TA139 will remain extant and the OSAHSOS guideline will cross-refer to these recommendations.

1. Background

This guidance was issued in March 2008

At the Guidance Executive meeting of Tuesday 3 September 2019, it was agreed that we would consult on the recommendations made in the GE proposal paper. A four-week consultation has been conducted with consultees and commentators and the responses are presented below.

2. Proposal put to consultees and commentators

TA139 was added to the static list in February 2012 following stakeholder consultation on a review proposal; no new evidence had been identified that would change the current recommendations.

The *Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s* (*OSAHSOS*) clinical guideline currently in development is considering interventions for the treatment of obstructive sleep apnoea/hypopnoea syndrome (OSAHS), including the use of oral devices.

Although it had not been intended that the guideline would review evidence for continuous positive airway pressure (CPAP), a search of the available evidence for oral devices shows several studies comparing these with CPAP, mostly for mild to moderate OSAHS. The

Apnoea Hypopnea Index (AHI), which is used to define OSAHS, will be used where possible to split this evidence into mild and moderate populations. The guideline is not considering oral devices for severe OSAHS unless CPAP has been unsuccessful.

The Technology Appraisal 139 examined evidence for CPAP compared with oral devices (referred to as 'dental devices' in the appraisal). It is possible that the review of the evidence identified in the guideline may show that CPAP is more cost-effective for mild OSAHS than oral devices, leading to a recommendation for CPAP as a 'first line' treatment for this population. This would contradict the appraisal recommendation 1.2, which recommends CPAP for mild OSAHS only after other relevant interventions (including oral devices) have been unsuccessful or are considered inappropriate. As a result, it is appropriate to update recommendation 1.2 of TA139 within the OSAHSOS guideline.

Although the guideline will also be considering the evidence for oral devices in comparison with CPAP for moderate OSAHS, as TA139 recommends CPAP as a treatment option for this population (recommendation 1.1) it will not be impacted by the guideline; although the guideline may 'contextualise' this recommendation for people with moderate OSAHS.

The guideline recommendations on the diagnosis and treatment of OSAHS are expected to cross-refer to recommendation 1.3 of TA139.

The OSAHSOS guideline is due to publish in November 2020, at which point recommendation 1.2 of TA139 will be withdrawn and replaced. However, if the guideline recommendation is unchanged from that of the existing technology appraisal, the recommendation can be left in place. Recommendations 1.1 and 1.3 will remain extant and the OSAHSOS guideline will cross-refer to these recommendations.

Rationale for selecting this proposal

TA139 was added to the static list in February 2012 following stakeholder consultation on a review proposal; no new evidence had been identified that would change the current recommendations.

3. Summary of consultee and commentator responses

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees.

Respondent: Association of Respiratory Nurse Specialists **Response to proposal:** Agree TA 139 is now over 10 years old and evidence for managing patients with mild OSA who also have symptoms of daytime somnolence at a level impacting on quality of life with CPAP should be a recommendation of first line treatment. Where patients with mild OSA who do not have daytime somnolence or those who do not tolerate CPAP, an oral device (mandibular advancement device) maybe an alternative treatment as a secondary option. In conjunction with these devices as treatment options in first and second options, patients should also be advised of strategies to reduce and potentially remedy or manage mild OSA such as diet and exercise with weight reduction in the obese patient (BMi >30kg/m^2).	**Comment from Technology Appraisals** Thank you for your response. The guideline committee will consider the clinical and cost-effectiveness evidence for CPAP and oral devices when make recommendations for treatment in mild OSAHS. This will include considering whether one or both should be recommended as first-line treatments. It is expected that other NICE guidelines on dietary and exercise will be cross referred to in the guideline.

Respondent: British Thoracic Society **Response to proposal:** Agree	**Comment from Technology Appraisals** Noted. Thank you for your response.

Paper signed off by: Jenniffer Prescott, Associate Director – HTA process and operations

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