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Practice Parameters for the Use of Continuous and Bilevel Positive Airway Pressure Devices to Treat Adult Patients With Sleep-Related Breathing Disorders

**AASM LEVELS OF RECOMMENDATIONS**

**TERM** | **DEFINITION**
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STANDARD | This is a generally accepted patient-care strategy, which reflects a high degree of clinical certainty. The term standard generally implies the use of Level I Evidence, which directly addresses the clinical issue, or overwhelming Level II Evidence.

GUIDELINE | This is a patient-care strategy, which reflects a moderate degree of clinical certainty. The term guideline implies the use of Level II Evidence or a consensus of Level III Evidence.

OPTION | This is a patient-care strategy, which reflects uncertain clinical use. The term option implies either inconclusive or conflicting evidence or conflicting expert opinion.

**RECOMMENDATIONS**

4.1.1 | Treatment with CPAP must be based on a prior diagnosis of OSA established using an acceptable method. STANDARD

4.1.2 | CPAP is indicated for the treatment of moderate to severe OSA. STANDARD

4.1.3 | CPAP is recommended for the treatment of mild OSA. OPTION

4.1.4 | CPAP is indicated for improving self-reported sleepiness in patients with OSA. STANDARD

4.1.5 | CPAP is recommended for improving quality of life in patients with OSA. OPTION

4.1.6 | CPAP is recommended as an adjunctive therapy to lower blood pressure in hypertensive patients with OSA. OPTION

4.2.1 | Full-night, attended polysomnography performed in the laboratory is the preferred approach for titration to determine optimal positive airway pressure; however, split-night, diagnostic-titration studies are usually adequate. GUIDELINE

4.3.1 | CPAP Usage should be objectively monitored to help assure utilization. STANDARD

4.3.2 | Close follow-up for PAP usage and problems in patients with OSA by appropriately trained health care providers is indicated to establish effective utilization patterns and remediate problems, if needed. This is especially important during the first few weeks of PAP use. STANDARD

4.3.3 | The addition of heated humidification is indicated to improve CPAP utilization. STANDARD
RECOMMENDATIONS (CONTINUED)

4.3.4 The addition of a systematic educational program is indicated to improve PAP utilization. **STANDARD**

4.4.1 After initial CPAP setup, long-term follow-up for CPAP-treated patients with OSA by appropriately trained health care providers is indicated yearly and as needed to troubleshoot PAP mask, machine, or usage problems. **OPTION**

4.4.2 CPAP and BPAP therapy are safe; side effects and adverse events are mainly minor and reversible. **STANDARD**

4.5.1 While the literature mainly supports CPAP therapy, BPAP is an optional therapy in some cases where high pressure is needed and the patient experiences difficulty exhaling against a fixed pressure or coexisting central hypoventilation is present. **GUIDELINE**

4.5.2 BPAP may be useful in treating some forms of restrictive lung disease or hypoventilation syndromes associated with daytime hypercapnia. **OPTION**