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

**Appraisal Consultation Document**

**Reply from**
**Association for Respiratory Technology & Physiology (ARTP)**

Please find our comments on the Appraisal Consultation Document (ACD) for the above appraisal.

We are replying under the following general headings in **blue font**:

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

**We are generally happy that all of the relevant evidence has been taken into consideration. This is a very thorough and robust piece of work and reaches general conclusions that are consistent with the impression that practitioners in the field have of CPAP in OSAHS.**

ii) 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?

**Most of the clinical and cost-effectiveness are reasonable interpretations but we were surprised to find the cost of road traffic accidents was not used in the QALYS analysis. This is a serious oversight and paints an artificial picture of how CPAP impacts on national healthcare economics.**

iii) 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?

**We generally consider that the provisional recommendations of the Appraisal Committee are sound and constitute a suitable basis for the preparation of guidance to the NHS. However, we would like to highlight some errors in the draft document:**

**(i) Recommendation 1.3 should have the word "initial" removed, so that specialists in sleep medicine (and specifically, obstructive sleep apnoea hypopnoea syndrome) should be involved with the patient pathway throughout their treatment and not just at diagnosis.**

**(ii) Recommendation 2.2 suggests that OSAHS should only be studied using polysomnography in a sleep medicine centre**

**and refers to AHI values to determine severity. The largest method of screening for OSAHS in the UK is predominantly home oximetry using oxygen saturation "dip rate" as the outcome measure along with arousal rate. This needs amending.**

**(iii) Recommendation 2.4 discusses symptoms but fails to point out that the common symptoms described require referral to a sleep medicine specialist.**

**(iv) Recommendation 4.1.10 demonstrates the importance of CPAP in contributing to road traffic accidents, but fails to link this to the cost analysis later. This is illogical and needs amending.**

**(v) Recommendation 4.1.11 states than none of the 6 studies showed a statistically significant difference, yet in the table of evidence, 2 studies clearly did demonstrate a significant difference. This needs amending.**

**(vi) Recommendation 4.1.14 needs re-wording to emphasise that greater numbers of ALL healthcare staff will be needed in order to treat OSAHS, but particularly healthcare scientists who have significant expertise and experience in running sleep study services should be considered. Workforce and training issues are crucial for development of services and there needs to be more emphasis on encouraging providers to recruit and develop more staff in this area.**

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

**Recommendation 4.3.13 concludes that CPAP should only apply to adults. Clearly with increasing obesity in our population there will be an increasing need for CPAP treatment if not in young children (<5 years) certainly in adolescents (14-18years). This statement will have major repercussions on our population's health if commissioners ignore treating children in the future, which will lead to a net effect of increasing the number of adults treated in the longer term.**

Finally, as a general observation and for future NICE technical reviews, it is disappointing to see no representation of clinical physiologists or clinical scientists on the Appraisal Committee. It is this group of workers who have most experience of diagnostic and therapeutic services for OSAHS. There are several healthcare scientists throughout the UK who could contribute to this role in the future. I suspect they either need to be approached or at least encouraged to approach a position on such an important and influential committee.

[redacted]