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Treating sleep apnea in cardiac patients reduces hospital readmission

Study is first to investigate the impact of PAP therapy on 30-day hospital readmission rates

DARIEN, IL – Oct. 15, 2014 – A study of hospitalized cardiac patients is the first to show that effective treatment with positive airway pressure therapy reduces 30-day hospital readmission rates and emergency department visits in patients with both heart disease and sleep apnea. The results underscore the importance of the “Stop the Snore” campaign of the National Healthy Sleep Awareness Project, a collaboration between the Centers for Disease Control and Prevention, American Academy of Sleep Medicine, Sleep Research Society and other partners.

Results show that none of the cardiac patients with sleep apnea who had adequate adherence to PAP therapy were readmitted to the hospital or visited the emergency department for a heart problem within 30 days from discharge. In contrast, hospital readmission or emergency department visits occurred in 30 percent of cardiac patients with sleep apnea who had partial PAP use and 29 percent who did not use PAP therapy.

“Finding a reduced 30-day cardiac readmission rate in PAP-adherent patients is important for improving both patient care and hospital finances,” said principal investigator and senior author Dr. Richard J. Schwab, Professor in the Department of Medicine and co-director of the Penn Sleep Center at the University of Pennsylvania Medical Center in Philadelphia.

The study results are published in the Oct. 15 issue of the *Journal of Clinical Sleep Medicine*, which is published by the American Academy of Sleep Medicine.

“Severe sleep apnea is solidly associated with serious cardiovascular outcomes, such as heart failure, heart attacks, and heart-related deaths,” said American Academy of Sleep Medicine President Dr. Timothy Morgenthaler, a national spokesperson for the Healthy Sleep Project. “This study is a clarion call to detect, diagnose, and especially to treat sleep apnea in patients who are hospitalized for heart problems. Doing so is a win-win-win move; it improves the patient’s quality of life, improves health outcomes, and reduces the resources used to manage heart diseases.”

The “Stop the Snore” campaign was launched recently to encourage people to talk to a doctor about the warning signs for obstructive sleep apnea, which afflicts at least 25 million adults in the U.S. Sleep apnea warning signs include snoring and choking, gasping or silent breathing pauses during sleep. Pledge to stop the snore at www.stopsnoringpledge.org.

The study involved 104 consecutive patients who reported symptoms of sleep apnea while being hospitalized for a cardiac condition such as heart failure, arrhythmias or myocardial infarction. They were evaluated for sleep apnea using an in-hospital, portable sleep study. Results show that 78 percent of the cardiac patients had sleep apnea (81/104). Eighty percent of sleep apnea cases were predominantly obstructive sleep apnea (65/81), and 20 percent were predominantly central sleep apnea (16/81).

Participants who were diagnosed with sleep apnea were started on PAP therapy, and compliance data were collected via modem or data card. Adequate treatment adherence was defined as using PAP therapy four or more hours per night on at least 70 percent of nights. Thirty-day hospital readmission was defined as a hospitalization or visit to the emergency department for a cardiac cause more than 48 hours after discharge.

According to the authors, reducing hospital readmission rates for cardiac patients is essential for the provision of cost-effective care. They noted that the average total cost per heart failure hospitalization ranges from \$13,000 to \$18,000. Furthermore, the Centers for Medicare and Medicaid Services (CMS) withholds hospital reimbursement for the care of patients readmitted within 30 days after hospital discharge.

The study involved a collaboration between the Center for Sleep and Circadian Neurobiology and the Department of Cardiology at the University of Pennsylvania in Philadelphia.

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To request a copy of the study, "[Diagnosis and Treatment of Sleep Disordered Breathing in Hospitalized Cardiac Patients: A Reduction in 30-Day Hospital Readmission Rates](#)," and the commentary, "[Hospital Sleep Medicine: The Elephant in the Room?](#)" or to arrange an interview with the study author or an AASM spokesperson, please contact Communications Coordinator Lynn Celmer at 630-737-9700, ext. 9364, or lcelmer@aasmnet.org.

The monthly, peer-reviewed Journal of Clinical Sleep Medicine is the official publication of the American Academy of Sleep Medicine, a professional membership society that improves sleep health and promotes high quality patient centered care through advocacy, education, strategic research, and practice standards (www.aasmnet.org). The AASM encourages patients to talk to their doctor about sleep problems or visit www.sleepeducation.org for a searchable directory of AASM-accredited sleep centers.

About the National Healthy Sleep Awareness Project

The Healthy Sleep Project addresses the sleep health focus area of Healthy People 2020, which provides science-based, 10-year national objectives for improving the health of all Americans. The sleep health objectives are to increase the medical evaluation of people with symptoms of obstructive sleep apnea, reduce vehicular crashes due to drowsy driving and ensure more Americans get sufficient sleep. For more information, visit www.projecthealthysleep.org.