

Repeat Positive Airway Pressure (PAP) Titration Sleep Testing

The adverse outcomes of untreated sleep disordered breathing and benefits of treatment with positive airway pressure are well described in the literature.¹⁻¹² It is reasonable for a repeat titration/treatment study to be performed in certain clinical scenarios to optimize therapy.

Routine reassessment of asymptomatic patients with OSA on PAP therapy is not recommended.¹³ There should be sufficient subjective and objective reason to suggest a retitration. Regular titration testing is unnecessary and possibly misleading and can result in inadequate titrations or the conclusion that Bilevel PAP is needed when CPAP therapy is sufficient.¹³⁻¹⁶

In patients with known OSA, appropriate redirection to a full night of titration from a requested diagnostic or split night study can be beneficial in terms of allowing extra time during the sleep period to find the optimal settings for the PAP therapy. Performing the requested diagnostic study instead of an appropriate titration study causes harm by potentially necessitating a further titration study in the future and thereby delaying optimal care. Performing a split night study instead of a full night titration study, in the appropriate circumstances, can be harmful to the patient, due to limitation of the amount of time allotted for acquisition of titration data, increasing the chances for an ineffective or indeterminate titration.¹⁷ This leads to delays in optimal care. Lack of effective titration data leads to PAP therapy non-compliance, which is harmful, as noted above.

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