



Abstract 13 Figure 2 Changes in key metabolites after period of CPAP

OSAHS, and could reflect the cardiometabolic risk associated with OSAHS better than current diagnostic modalities.

REFERENCE

1. O'Rourke, et al. Plasma metabolomics identifies OSAHS. ERS Congress 2021.

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NON-INTERVENTIONAL, QUALITATIVE STUDY ASSESSING PATIENT PERSPECTIVES OF THE BURDEN OF EXCESSIVE DAYTIME SLEEPINESS IN OBSTRUCTIVE SLEEP APNOEA

¹Ginger S Carls*, ²Robin Pokrzywinski, ³Hayley Karn, ³Hannah Collacott, ⁴Sam Mettam. ¹Jazz Pharmaceuticals, Luxembourg, Luxembourg; ²Patient-Centered Research, Evidera, Bethesda, USA; ³Patient-Centered Research, Evidera, London, UK; ⁴Health Economics and Outcomes Research, Jazz Pharmaceuticals, Oxford, UK

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Introduction Many patients with obstructive sleep apnoea (OSA) experience excessive daytime sleepiness (EDS) despite primary airway therapy. This study aimed to understand the burden of EDS in European adults with OSA who received primary airway therapy.

Methods Non-interventional, qualitative study in patients with EDS in OSA, from the UK, Germany, and Spain. Post-IRB approval, patients with self-reported OSA were recruited via patient panels. Eligible patients had Epworth Sleepiness Scale (ESS) score ≥ 10 , self-reported adequate nightly sleep, current/past primary airway therapy, and no other self-reported EDS-associated conditions. Patients completed a quantitative pre-interview questionnaire and a qualitative, semi-structured telephone interview.

Results Fifteen patients (n=5/country; 60% female; mean age, 48.7 years; mean years since OSA diagnosis, 7.7) were included. Six of 8 current positive airway pressure (PAP) users were compliant (≥ 4 h, 7 nights/wk); 6 of 7 non-PAP users had prior airway surgery. Mean ESS score was 14.5; 60% of those without an EDS diagnosis reported discussing EDS with

their doctor. Patients experienced broadly consistent negative impacts from EDS, including physical functioning (n=15), daily life activities (n=15), work/study habits (n=14), emotional (n=15), social life (n=14), and cognition (n=13). No between-country differences were observed.

Discussion Findings demonstrate the patient-perceived burden of residual EDS in OSA. Forty percent of patients without an EDS diagnosis did not discuss EDS with their doctor despite daily impacts.

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A REAL-WORLD STUDY ASSESSING THE RELATIONSHIP BETWEEN POSITIVE AIRWAY PRESSURE TREATMENT, EXCESSIVE DAYTIME SLEEPINESS, AND PATIENT SATISFACTION IN OBSTRUCTIVE SLEEP APNOEA

¹Sairam Parthasarathy*, ²Danielle Hyman, ³James Doherty, ³Ragy Saad, ³Jerry Zhang, ²Susan Morris, ⁴Lev Eldemir, ³Benjamin Fox, ⁵Mai Ka Ying Vang, ⁵Jessica Schroeder, ⁵Nell J Marshall, ³Gregory Parks. ¹University of Arizona, Tucson, USA; ²Formerly of Jazz Pharmaceuticals, Palo Alto, USA; ³Jazz Pharmaceuticals, Palo Alto, USA; ⁴Formerly of Evidation Health, San Mateo, USA; ⁵Evidation Health, San Mateo, USA

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Introduction Excessive daytime sleepiness (EDS) persists in some positive airway pressure (PAP)-treated patients with obstructive sleep apnoea (OSA). This study examined prevalence and severity of EDS in a real-world population with OSA to understand how EDS, PAP adherence, and patient satisfaction with care relate.

Methods US-resident adults (self-reported clinician OSA diagnosis [1/1/2015-31/3/2020]) were surveyed (Epworth Sleepiness Scale [ESS], PAP usage, and patient satisfaction) in Evidation Health's Achievement app. Self-reported PAP use was categorised: nonuse, nonadherent (< 4 h/night or < 5 d/wk), intermediate (4-6 h/night, ≥ 5 d/wk), or highly adherent (≥ 6 h/night, ≥ 5 d/wk). ESS > 10 defined EDS. In PAP users, a linear model tested whether PAP use and ESS score relate; logistic regression models tested how PAP use (nonadherence=0,