adherence=1) and EDS impact satisfaction with healthcare providers (HCPs) and overall OSA care. Due to no adjustments for multiplicity, P-values are nominal.

**Results** Of 2289 participants (50.3% female; mean±SD 44.8 ±11.1 years old; 42.5% ESS>10), 72% were satisfied with HCPs and 65% with OSA care. In the nonuse (n=700), non-adherent (n=153), intermediate (n=225), and highly adherent (n=1211) groups, 47%, 52%, 53%, and 36% had EDS, respectively. An additional h/night PAP use was associated with lower ESS scores (n=1589, β=-0.28; 95% confidence interval [CI]=-0.40, -0.16; P<0.001). In PAP users (n=1589), adherence associated with higher satisfaction with HCPs (adjusted odds ratio [adjOR]=2.37; 95% CI=1.64, 3.43; P<0.001) and EDS (adjOR=2.91; 95% CI=2.03, 4.17; P<0.001), and EDS with less satisfaction with HCPs (adjOR=0.62; 95% CI=0.48, 0.80; P<0.001) and OSA care (adjOR=0.50; 95% CI=0.39, 0.64; P<0.001).

**Discussion** In this real-world study, EDS was prevalent among highly adherent PAP users. PAP adherence was associated with greater patient satisfaction with HCPs and overall care, whereas persistent EDS was associated with lower patient satisfaction with HCPs and overall OSA care.

**Introduction** Health coaching/patient initiation is part of the NHS long term plan. This case study will look at the way health coaching can help in improving compliance and way we can implement it in our service.

**Case Study** 62yr old female who was set up on CPAP due to severe OSA. Had been compliant at the beginning from Average hours of 6.5hrs, AHI 2.3/hr when using CPAP and a mask leak of 0.5%, but then compliance had dropped. Patient seemed to have been struggling with mask fit and therefore was issued with several different masks.

Came into a compliance clinic and still using CPAP sporadically and no improvement in compliance. Coaching conversation started and patient then began explaining the main reasons which were stopping her from using her CPAP. Goals were set for the patient to achieve before her next appointment.

**Method** Initiating the coaching conversation did improve the patients compliance and she began feeling the benefits of her treatment and felt more positive towards it.

**Conclusion** Need to start having conversations and asking key questions to consistent non-compliant patients which may uncover the root cause and engaging the patient to take control of their therapy and getting patients to find their own answers.

**Abstract 17 Table 1** Terms used in healthcare databases advanced search (HDAS) function in OpenAthens

<table>
<thead>
<tr>
<th>spinal cord injur* or spinal injur* or SCI or tetraplegia or quadriplegia or paraplegia</th>
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<td>periodic limb movement* or PLM or PLMS or PLMD or restless leg or RLS or Willis-Ekbom Disease</td>
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