Getting Started with

CPAP Therapy

A Comprehensive Patient Guide

Better Sleep Project

Evidence-Based Sleep Education

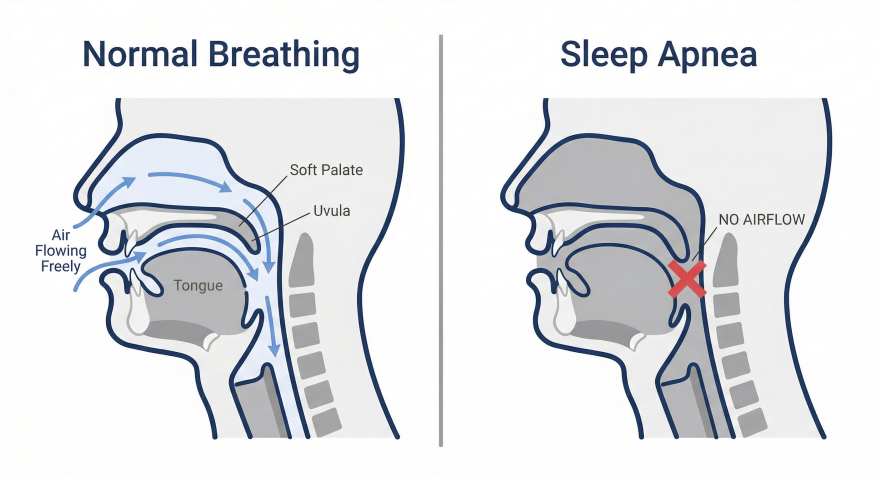
What's Inside

1. Understanding Sleep Apnea

What Is Obstructive Sleep Apnea (OSA)?

Obstructive sleep apnea (OSA) is a condition where the muscles in your throat relax during sleep, causing the soft tissues of the upper airway to collapse inward. This narrows or completely blocks the airway, causing breathing to pause for 10 seconds or longer. These pauses are called **apneas**.

Each time breathing stops, your blood oxygen level drops and your brain sends an emergency arousal signal to wake you just enough to reopen the airway — usually with a gasp or snort. This cycle of collapse, oxygen drop, arousal, and recovery can repeat **dozens to hundreds of times per night**. Most people are completely unaware these episodes are happening, though bed partners often notice the snoring and gasping.



Types of Sleep Apnea

- **Obstructive Sleep Apnea (OSA)** — Accounts for approximately 85% of cases. Caused by physical airway collapse as described above. This is the most common form and the focus of this guide.
- **Central Sleep Apnea (CSA)** — The brain fails to send proper signals to the muscles that control breathing. The airway is not physically blocked, but the effort to breathe simply stops.
- **Complex / Treatment-Emergent Sleep Apnea** — A combination of obstructive and central events. Some patients develop central apneas after starting CPAP, which may require a different type of PAP device.

How Common Is Sleep Apnea?

Sleep apnea is remarkably common and significantly underdiagnosed. Current estimates suggest that **25–30% of men and 10–15% of women** have some degree of OSA. Many of these individuals remain undiagnosed because the symptoms develop gradually and the episodes occur during sleep.

Risk Factors

- **Excess weight** — The single strongest risk factor. Fat deposits around the upper airway narrow the breathing passage.
- **Neck circumference** — Greater than 17 inches in men or 16 inches in women increases risk.
- **Age** — Risk increases significantly after age 40, though OSA can occur at any age.

- **Male sex** — Men are 2–3 times more likely to have OSA, though risk in women increases after menopause.
- **Family history** — Having a first-degree relative with OSA increases your risk.
- **Nasal congestion** — Chronic nasal obstruction from allergies, deviated septum, or other causes.
- **Alcohol and sedatives** — These relax the throat muscles further, worsening airway collapse.
- **Smoking** — Increases inflammation and fluid retention in the upper airway.

2. Why We Treat Sleep Apnea

Untreated OSA is not just about snoring or feeling tired. The repeated cycles of oxygen deprivation and stress hormones take a serious toll on nearly every system in the body. Understanding these consequences helps explain why consistent treatment is so important.

Cardiovascular Consequences

- **Hypertension** — Approximately 50% of OSA patients have high blood pressure. The repeated oxygen drops trigger surges in stress hormones and blood pressure throughout the night.
- **Heart attack and heart failure** — The chronic strain on the cardiovascular system significantly increases the risk of heart disease.
- **Atrial fibrillation** — OSA patients have a much higher rate of this common heart rhythm disorder.
- **Stroke** — Untreated severe OSA is an independent risk factor for stroke.

Metabolic Effects

- **Insulin resistance and type 2 diabetes** — The disrupted sleep and intermittent hypoxia impair glucose metabolism, increasing diabetes risk.
- **Weight gain** — OSA and obesity create a vicious cycle. Poor sleep disrupts appetite-regulating hormones (leptin and ghrelin), promoting weight gain, which in turn worsens OSA.

Cognitive and Mental Health

- **Memory impairment** — Fragmented sleep prevents adequate memory consolidation during deep sleep and REM.
- **Difficulty concentrating** — Chronic sleep deprivation impairs attention, reaction time, and executive function.
- **Increased dementia risk** — Chronic hypoxia (low oxygen) during sleep is associated with elevated risk of cognitive decline and dementia over time.
- **Depression** — Up to 5 times higher risk. Anxiety and irritability are also significantly more common.

Safety and Quality of Life

- **Motor vehicle accidents** — 2–7 times higher risk due to excessive daytime sleepiness.
- **Workplace accidents** — Impaired alertness increases errors and injury risk on the job.
- **Morning headaches** — Caused by CO2 retention and oxygen fluctuations during the night.
- **Dry mouth** — Mouth breathing during sleep causes chronic dryness and dental problems.
- **Nocturia** — Frequent nighttime urination, caused by hormonal changes from disrupted sleep.
- **Decreased libido** — Fatigue and hormonal disruption affect sexual function.
- **Relationship strain** — Loud snoring often forces bed partners to sleep separately.

Good news: CPAP therapy effectively reverses most of these risks when used consistently. Many patients report dramatic improvements in energy, mood, and cognitive function within the first few weeks. Blood pressure often begins to improve within the first month of regular use.

3. How CPAP Works

CPAP stands for **Continuous Positive Airway Pressure**. The machine draws in room air, pressurizes it, and delivers a steady stream through a hose and mask into your airway while you sleep. This pressurized air acts as a **pneumatic splint** — it keeps the airway open so the soft tissues cannot collapse, preventing the apneas and hypopneas that define sleep apnea.

Pressure Settings

Pressure is measured in centimeters of water pressure (cmH2O). Your doctor prescribes a specific pressure or pressure range based on your sleep study results. Most prescriptions fall in the range of **6–20 cmH2O**. The right pressure is the lowest setting that eliminates your apneas and hypopneas.

Fixed CPAP vs. Auto-CPAP (APAP)

Fixed CPAP delivers one constant pressure all night long. This is the traditional approach and works well for many patients. **Auto-CPAP (APAP)** adjusts pressure automatically throughout the night based on detected events — it increases pressure when it senses obstruction and decreases when the airway is stable. Most patients today start with APAP because it adapts to changes in sleep position, sleep stage, and congestion.

Bilevel PAP (BiPAP)

BiPAP delivers a higher pressure when you inhale (IPAP) and a lower pressure when you exhale (EPAP). This is sometimes prescribed for patients who have difficulty tolerating standard CPAP, patients with very high pressure requirements, or patients with central sleep apnea or hypoventilation conditions. BiPAP is prescribed by your sleep physician and is not typically a first-line therapy for standard OSA.

Comfort Features

- **Ramp feature** — Starts at a very low pressure and gradually increases to your prescribed setting over 15–45 minutes. This makes it easier to fall asleep because you are not immediately hit with full pressure.
- **EPR / Pressure relief** — Reduces pressure slightly during exhalation (breathing out) for a more natural breathing feel. ResMed calls this EPR (Expiratory Pressure Relief); Philips calls it Flex. Settings of 1–3 are available.
- **Heated humidifier** — Adds warm moisture to the pressurized air before it reaches your mask. This significantly reduces dryness in the nose, mouth, and throat — one of the most common CPAP complaints.
- **Heated tubing** — Warms the hose itself to prevent condensation from forming inside (commonly called "rainout"). Especially helpful in cooler rooms or higher humidity settings.

4. Your Equipment Explained

A standard CPAP setup includes several components. Understanding what each part does will help you use and maintain your equipment confidently.

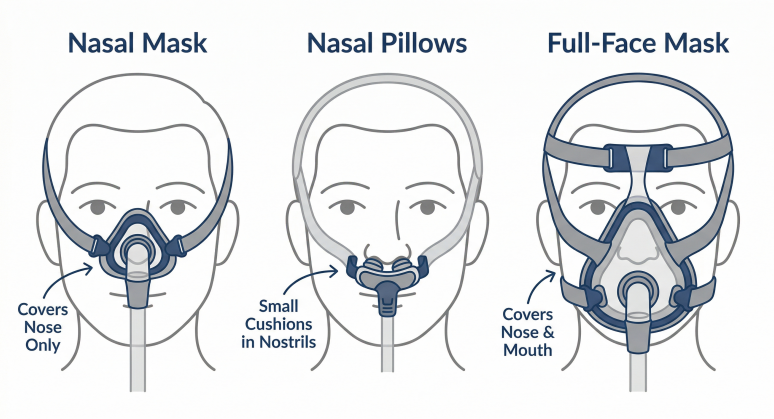
Component	Description
CPAP machine	The main unit containing the motor, pressure sensor, and controls. Most modern machines are compact and quiet.
Humidifier chamber	Removable water tank that adds moisture to the air. Fill with distilled water only to prevent mineral buildup.
Standard tubing	Flexible hose (approx. 6 feet) connecting the machine to your mask. Lightweight and universal.
Heated tubing	Tubing with a built-in heating element to prevent condensation (rainout). Connects to a compatible machine.
Mask	Delivers pressurized air to your airway. Available in three types: nasal, nasal pillows, and full-face.
Headgear	Straps and frame that hold the mask in place. Should be snug but not tight — overtightening causes leaks.
Cushion / pillows	The silicone seal that contacts your face or nostrils. Replace regularly as it wears and loses its seal.
Disposable filters	White, fine-particle filters that trap dust and allergens. Replace every 2 weeks (2 per month).
Reusable filters	Gray or foam filters that catch larger particles. Rinse monthly, replace every 6 months.
SD card / wireless	Records therapy data (usage, AHI, leaks, pressure) for you and your provider to review.
Power supply	AC adapter for home use. Some machines support DC battery power for travel and camping.

Component	Description
Travel bag	Padded carrying case for your machine and supplies. Useful for travel and storage.

Tip: CPAP machines are FAA-approved as carry-on items and do not count toward your carry-on luggage limit. Never check your CPAP in luggage — pressure changes and rough handling can damage the device. Battery options are available for camping and travel without electrical outlets.

5. Choosing the Right Mask

Mask comfort is the single most important factor for CPAP success. If your mask doesn't fit well, you won't wear it. There are three main types, each with distinct advantages and trade-offs.



Mask Type	Best For	Considerations
Nasal mask (covers nose)	Most common choice. Side sleepers. Moderate pressures. Nose breathers.	Requires nasal breathing. May need chin strap if mouth opens during sleep. Good balance of seal and comfort.
Nasal pillows (inserts into nostrils)	Minimal facial contact. Claustrophobia concerns. Glasses/reading in bed. Facial hair.	Less effective at very high pressures (>15 cmH2O). Can cause nostril dryness or soreness. Lightweight.
Full-face mask (covers nose + mouth)	Mouth breathers. Chronic nasal congestion. High pressure settings. Frequent nasal blockage.	Larger and heavier. Higher leak potential. May feel claustrophobic. Required if you cannot breathe through nose.

Mask Fitting Tips

- Always fit your mask with the machine running at your prescribed pressure — a mask that feels good without air may leak under pressure.
- You should be able to fit 1–2 fingers between the straps and your face. If the straps leave deep marks, they are too tight.
- Overtightening is the number one cause of mask leaks — a slightly looser fit often seals better than a tight one.
- Lie down and check the seal in your usual sleep positions. The seal can change when you shift from back to side.
- Wash your face before bed — skin oils and moisturizers degrade the silicone cushion and break the seal.
- Replace your mask cushion on schedule. A worn-out cushion cannot maintain a proper seal regardless of strap adjustment.

- If your mask consistently leaks, rubs, or feels uncomfortable after proper adjustment, try a different size or style rather than suffering through it.
- Most DME (durable medical equipment) providers allow mask exchanges within 30 days if the fit is not right. Take advantage of this policy.

When to Try a Different Mask

If you experience persistent leaks after adjusting straps and replacing the cushion, persistent skin irritation or pressure sores, claustrophobia that does not improve with practice, or if you find yourself removing the mask every night, it is time to discuss alternative mask styles with your DME provider.

6. Setting Up Your Machine

Follow these steps the first time you set up your CPAP. After the initial setup, your nightly routine will only take 2–3 minutes.

1. **Choose the right location.** Place the machine on a flat, stable surface near your bed, at or below head level. A nightstand or small table works well. Ensure the air intake (usually on the back or side) is not blocked by curtains, bedding, or walls. Allow at least 6 inches of clearance.
2. **Fill the humidifier chamber.** Remove the chamber, fill with distilled water to the max fill line, and slide it back into the machine. Never use tap water — minerals cause white buildup that damages the chamber and can become airborne.
3. **Connect the tubing.** Attach the hose firmly to the machine's air outlet. Connect the other end to your mask. Check that both connections click securely into place — loose connections cause air leaks.
4. **Install the filters.** Insert the disposable (white) filter and, if your machine uses one, the reusable (gray/foam) filter behind it. Check that they are seated flat with no gaps around the edges.
5. **Put on your mask.** Sit on the edge of the bed and place the mask on your face. Pull the headgear over your head and adjust the straps until the mask seals comfortably without being overtight.
6. **Turn on the machine and adjust.** Power on and breathe normally through your nose. Enable the ramp feature if you want a gradual pressure increase. Adjust humidifier and heated tube settings to medium — you can fine-tune over the next few nights.
7. **Lie down and verify the seal.** Once settled in your sleep position, check for air leaking around the mask. Make small strap adjustments if needed. The seal may change slightly between sitting and lying positions — this is normal.

Tip: Plug your CPAP directly into a wall outlet, not a power strip or extension cord. Keep the machine on a hard surface — placing it on carpet or soft fabric can block the air intake and affect performance.

7. Your First Month

The first month with CPAP is an adjustment period. Most people find it awkward initially, but the majority adapt within 2–4 weeks. Here is a week-by-week guide to help you through it.

Week 1: Nights 1–7

Nights 1–2: Getting Familiar

- Wear your mask for 15–30 minutes while awake (reading or watching TV) to get accustomed to the sensation.
- Use the ramp feature so pressure starts low and builds gradually.
- Focus on breathing naturally through your nose. It is normal to feel like there is too much air — this sensation typically fades within minutes.
- Don't worry about wearing it all night. Even a few hours is a successful start.

Nights 3–5: Building Tolerance

- Aim to wear the mask for at least 4 hours each night.
- If you remove the mask during sleep, put it back on whenever you wake up. Every hour counts.
- Adjust humidifier settings if you experience dryness in the nose or mouth.
- Fine-tune strap tension — small adjustments make a big difference in comfort and seal.

Nights 6–7: Establishing the Habit

- Many people start noticing improved sleep quality and daytime energy by the end of week one.
- Check your machine's data (via the app or display) — your AHI should be dropping significantly.
- Make CPAP part of your nightly routine: brush teeth, put on mask, turn on machine.
- Celebrate small wins — every hour of use is benefiting your health.

Weeks 2–4: Adapting and Improving

- Sleep quality should continue improving as you get more comfortable with the mask.
- **Dreaming may increase.** This is called REM rebound — your brain is catching up on suppressed REM sleep that was disrupted by apneas. Vivid dreams are a positive sign.
- Energy levels and daytime alertness should noticeably improve.
- Your bed partner may notice less snoring immediately (often within the first night).
- By week 3–4, wearing the mask should feel more natural and less intrusive.

Common First-Month Challenges

- **Removing the mask during sleep:** This is very common early on. Put the mask back on whenever you wake up. Consider a shorter ramp time so you reach therapeutic pressure faster. Some patients set a gentle alarm at the 4-hour mark as a reminder to reapply.
- **Air swallowing (aerophagia):** Swallowing pressurized air can cause bloating, gas, or stomach discomfort. Sleep with your head slightly elevated. If it persists, ask your provider about adjusting pressure or adding

EPR/pressure relief.

• **Dry mouth or nose:** Increase the humidifier setting. Use a heated hose to maintain moisture. Saline nasal spray before bed can help. If you are a mouth breather, consider a full-face mask or chin strap.

• **Feeling claustrophobic:** Practice wearing the mask while awake in a relaxed setting. Start with nasal pillows if you have not already. Use the ramp feature to start at very low pressure. Gradual exposure over several days usually resolves this.

• **Marks on face:** Loosen the straps slightly. A mask that is too tight causes more marks than one that is properly adjusted. Marks that fade within an hour are normal; persistent marks mean the mask is too tight.

• **Trouble falling asleep with the mask:** Use the ramp feature. Practice relaxation breathing. Maintain good sleep hygiene (consistent bedtime, cool dark room, no screens 30 minutes before bed). Consider putting the mask on as the very last thing you do before sleep.

Keep going: Don't judge CPAP after one night or even one week. Most patients who persist past the first 2–3 weeks report significant improvements in energy, mood, and sleep quality. Give yourself time to adapt — the adjustment period is temporary.

8. Using the myAir App

What Is myAir?

myAir is ResMed's free companion app for AirSense 10 and AirSense 11 CPAP machines. It connects to your machine wirelessly and provides daily therapy data, coaching tips, and a simple score to help you track your progress. The app is available for iOS and Android.

What myAir Tracks

- **Usage hours** — Total time the machine was on and detecting breathing each night.
- **Mask seal** — How well your mask sealed throughout the night (measured by leak rate).
- **Events per hour (AHI)** — The number of residual apneas and hypopneas per hour of use.
- **Mask on/off events** — How many times you removed and replaced the mask during the night.

Understanding Your myAir Score

myAir gives you a daily score from 0 to 100 based on three components:

- **Usage (up to 70 points)** — The largest component. You earn maximum points for using your CPAP 7+ hours.
- **Mask seal (up to 20 points)** — Based on how low your leak rate was. A well-fitting mask earns full points.
- **Events per hour (up to 10 points)** — Based on your residual AHI. Lower is better.

How to Use the Data

- Check your data **weekly, not daily**. Night-to-night variation is normal and a single bad night does not indicate a problem.
- Look for **trends over time**. A gradually improving score and consistently low AHI mean therapy is working.
- Share your data with your provider at appointments. myAir allows you to email summaries directly.
- Focus on **consistent usage and low AHI** rather than chasing a perfect 100 score every night.

Other Companion Apps and Tools

- **DreamMapper** — Philips Respironics' companion app for DreamStation machines. Similar functionality to myAir.
- **SleepStyle app** — Fisher & Paykel's companion app for their SleepStyle CPAP machines.
- **OSCAR** — Free, open-source software for detailed CPAP data analysis. Reads data from the SD card and provides in-depth graphs and metrics. Recommended for advanced users who want granular control over their data.

Tip: Your myAir score is a helpful guide, not a medical metric. Focus on consistent usage and a low AHI rather than chasing a perfect score. A score of 70+ consistently is excellent for most patients.

9. Staying Engaged with Therapy

Long-term CPAP success is about more than equipment — it is about building habits, staying motivated, and addressing problems before they become reasons to quit. These strategies help make CPAP a sustainable part of your life.

- **Set realistic expectations.** Adjusting to CPAP is a marathon, not a sprint. Some people feel dramatically better within days; others need several weeks. Both are normal. Give yourself grace during the adjustment period.
- **Track your progress.** Keep a simple morning log: rate your energy on a 1–5 scale, note how you slept, and write down any issues. After a few weeks, you will see clear improvement trends that reinforce your commitment.
- **Celebrate milestones.** Acknowledge your achievements: your first full night, your first week, your first month, reaching 90-day compliance. Each milestone represents a real investment in your health.
- **Connect with others.** Online CPAP communities offer peer support, practical tips, and encouragement from people who understand. Popular communities include CPAPtalk.com, r/CPAP and r/SleepApnea on Reddit, and Facebook CPAP support groups.
- **Remember your "why."** Write down your top 3 reasons for treating your sleep apnea. Post them where you will see them — on the nightstand, on the bathroom mirror. On difficult nights, these reasons provide motivation.
- **Involve your bed partner.** Partners often notice improvements before you do — less snoring, less gasping, less restlessness. Their positive feedback reinforces your progress.
- **Make it routine.** Link CPAP to an existing habit: brush teeth, wash face, put on mask, turn on machine. When CPAP becomes automatic, it requires less willpower.
- **Travel with your CPAP.** Do not take nights off. Even a few nights without treatment can make returning to CPAP feel harder. Pack your CPAP as a non-negotiable travel item.
- **Reward yourself.** If you hit 30 days of consistent use, treat yourself to something you enjoy. Positive reinforcement strengthens the habit loop.
- **Address problems immediately.** Do not suffer in silence. If something is not working — mask discomfort, dry mouth, pressure issues — contact your DME provider or sleep clinic. Most problems have straightforward solutions.

Key insight: Research shows that patients who use CPAP consistently for the first 90 days are much more likely to become long-term users. The adjustment period is temporary — the benefits are lasting. Invest in these first three months and you are investing in years of better sleep and health.

Insurance compliance note: *Most insurers require at least 4 hours of use per night on 70% of nights (roughly 21 out of 30 days) during the first 90 days. Meeting this threshold ensures continued coverage of your equipment. Aim higher than the minimum — more usage means more benefit.*

10. Cleaning, Maintenance & Replacement

Proper care of your CPAP equipment keeps it working effectively, extends its lifespan, and protects your health. Below is a summary of essential maintenance tasks. For detailed daily, weekly, and monthly checklists, see our dedicated cleaning guide.

Daily

- Wash your mask cushion with warm water and mild, fragrance-free soap. Air dry.
- Empty the humidifier chamber. Rinse with clean water and let dry.

Weekly

- Wash the tubing by soaking in warm soapy water for 15 minutes. Rinse thoroughly and hang to dry.
- Wash the headgear straps by hand with mild soap. Air dry completely.

Monthly

- Replace the disposable (white) filter. Check and rinse the reusable (foam) filter.
- Replace the mask cushion or nasal pillows.
- Inspect tubing for cracks, holes, or discoloration.

Replacement Schedule

Component	Replace Every
Mask cushion / nasal pillows	1 month
Full mask frame	3 months
Headgear	6 months
Standard tubing	3 months
Heated tubing	3 months
Disposable filters (white)	2 per month
Reusable filter (foam)	6 months
Humidifier chamber	6 months
CPAP machine	5 years

Insurance coverage: *Most insurance plans cover replacement supplies on the schedules listed above. Your DME provider typically handles the ordering and insurance billing. Contact them to set up automatic replacement shipments so you never fall behind on maintenance.*

Also available: For detailed daily, weekly, and monthly cleaning checklists with step-by-step instructions, download our **CPAP Supplies: Replacement Schedule & Cleaning Guide** at bettersleepproject.com/resources.

11. Understanding Your Data

Your CPAP machine records detailed therapy data each night. Most machines sync to a companion app (myAir, DreamMapper, etc.) or store data on an SD card. Here is how to interpret the key numbers.

Key Metrics and Targets

Metric	What It Means	Target
AHI (Apnea-Hypopnea Index)	Number of breathing events per hour of use. The primary measure of therapy success.	Below 5 events/hour
Usage hours	Total time the machine was on and detecting breathing each night.	7+ hours (all-night use)
Mask leak rate	Air escaping from around the mask seal, measured in liters per minute.	Below 24 L/min (varies by machine)
95th percentile pressure	The pressure your machine delivered 95% of the time. Useful for APAP users.	Set by your provider

What the Numbers Mean in Plain Language

AHI is the most important number. Before treatment, your AHI may have been 15, 30, or even 80+ events per hour. With CPAP, the goal is to bring it below 5 — the normal range. An AHI of 2–3 on CPAP is typical and means your therapy is working very well.

Usage measures how long you actually wore the mask. More hours means more benefit. While insurance requires a minimum of 4 hours, research shows that all-night use (7+ hours) provides significantly greater improvements in blood pressure, cognitive function, and daytime alertness.

Leak rate indicates how well your mask is sealing. Some leak is normal and the machine compensates for it, but consistently high leaks reduce therapy effectiveness and can cause dry eyes, noise, and arousals.

AHI Severity Scale

Classification	AHI Range	Description
Normal	Fewer than 5 events/hour	No significant sleep apnea
Mild	5 to 14 events/hour	Mild sleep apnea
Moderate	15 to 29 events/hour	Moderate sleep apnea
Severe	30 or more events/hour	Severe sleep apnea

Tip: Check your data weekly rather than daily. Night-to-night variation is normal. Look for trends over time — a consistently low AHI and good usage hours mean your therapy is working well. Bring your data to every provider appointment.

12. Troubleshooting Quick Reference

Mask leaks

→ Check strap tension (try loosening first, then tightening slightly). Wash your face before bed to remove oils. Replace cushion if worn or discolored. Verify correct mask size. Lie in your sleep position while adjusting.

Dry mouth

→ Increase humidifier level. Use heated tubing. If you breathe through your mouth, try a chin strap or switch to a full-face mask. Staying hydrated during the day also helps.

Dry or stuffy nose

→ Increase humidifier setting. Use saline nasal spray before bed. Check and replace filters. Keep the bedroom clean and dust-free. Consult provider if congestion persists.

Rainout (water in tubing)

→ Increase heated tube temperature. Keep the machine at or below head level. Use a tubing insulator or cover. Lower humidifier setting slightly. Keep the bedroom warmer if possible.

Pressure feels too high

→ Use the ramp feature to start low and increase gradually. Try EPR/flex setting if available (reduces exhalation pressure). Do not adjust the prescribed pressure yourself — contact your provider.

Claustrophobia

→ Practice wearing the mask while awake in a relaxed setting. Start with nasal pillows (minimal coverage). Use ramp to start at low pressure. Gradual exposure over several days usually helps.

Skin irritation or pressure marks

→ Wash cushion daily to remove oils and residue. Replace if worn, cracked, or discolored. Try mask liners (cloth barriers). Loosen straps. Switch mask types if irritation persists.

Aerophagia (swallowing air)

→ Sleep with head slightly elevated (wedge pillow or adjustable bed). Contact provider about lowering pressure or adding EPR/pressure relief. Avoid large meals close to bedtime.

Noise from machine

→ Check and replace filters (clogged filters increase noise). Inspect tubing connections for leaks. Ensure air intake is unobstructed. Place machine on a stable, non-resonant surface. Contact provider if motor sounds abnormal.

Waking up with mask off

→ This is common early on. Put the mask back on whenever you notice. Consider a shorter ramp time. Check if mask discomfort or leak is causing unconscious removal. Some patients set a soft alarm at the 4-hour mark as a reminder.

When to Contact Your Provider

Reach out to your sleep care team if:

- Your AHI remains above 5 despite consistent nightly use for 2+ weeks.
- You regularly remove the mask during sleep without realizing it and cannot resolve this with adjustments.
- Persistent mask leaks despite correct fitting, new cushions, and trying different mask styles.
- Skin irritation, sores, or pressure marks that do not improve with strap adjustment and mask care.
- Excessive dryness, congestion, or nosebleeds not resolved by humidifier and heated tube adjustments.
- New or worsening daytime sleepiness despite regular CPAP use (may indicate a pressure change is needed).
- Morning headaches that do not improve after the first few weeks of therapy.
- Significant weight change — either gain or loss — which may require pressure re-titration.
- Machine displays error messages, makes unusual noises, or stops working properly.
- You want to discuss alternative or additional treatments such as oral appliances, surgery, or positional therapy.

Remember: Bring your CPAP data to every appointment. Most providers can also access your data remotely through the machine's cloud platform, but having your own records helps you track progress and ask informed questions. Download or screenshot your app data before each visit.

About Better Sleep Project

Better Sleep Project provides evidence-based sleep education for patients. Our guides are based on published research from the American Academy of Sleep Medicine (AASM), the National Institutes of Health (NIH), and peer-reviewed sleep medicine journals.

Also available:

CPAP Supplies: Replacement Schedule & Cleaning Guide

Visit bettersleepproject.com