

Common CPAP Problems, Their Cause And Solutions

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Aerophagia	Unintentional Air flow into the stomach (very rare)	Reduce pressure with bi-level positive airway pressure.
Air from CPAP unit seems warm	The filter may be obstructed or dirty. Filter or intake may be occluded by bedclothes, curtains, etc. or room temp too warm.	Check/replace filter. Move CPAP unit. Turn down thermostat at night. Place unit on floor where unit may be cooler.
Allergic Rhinitis	Irritants drawn in with room air through machine	Place unit on bedside table to keep dust and/or animal hairs out of machine. Add heated humidification. Consult physician if symptoms persist.
Bed Partner Intolerance	Multiple factors (noise, anxiety)	Promote education of the patient and bed partner. Recommend attending a patient support group (A.W.A.K.E. Network of the American Sleep Apnea Association).
Chest Discomfort	Pressure requirement may be lower at beginning of sleep period	Try ramping pressure at beginning of sleep period.
Cold Nose	Room air temperature is too cold. Air cools while traveling through the tubing.	Reposition the tubing so that it runs under your bed covers to reduce heat loss.
CPAP unit too noisy	Too close to the sleeping area	Add a length of hose and place unit farther away.
Difficulty Exhaling	Blocked air intake	Check if air filter is clean and not blocked by outside items.
Dry Mouth	Sleeping more with mouth open	Try a chin strap. If this is not helpful, a full-face mask may be considered. Add heated humidification.

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Feeling of discomfort from the sensation of too much pressure	CPAP pressure above 12cm/H ₂ O may cause feelings of discomfort but are necessary to relieve sleep apnea.	It may take up to 4 weeks to adjust to the system. Try to relax when using CPAP. Remember to use the ramp feature. Contact physician if problem persists.
Nasal, Sinus or Ear Pain	Sinus infection or middle ear infection	Stop using CPAP & contact your physician.
Pressure delivered seems significantly lower or higher than usual	Possible unit malfunction (Also, possible: adaptation effect; unit under bed w/limited airflow)	Consult with respiratory therapist to check pressure/unit.
Pressure Sores or Blisters	Worn-out mask	Inspect mask for stiffness, cracks or breaks.
Redness on the face where mask contacts skin	Mask on too tight! Irritation or allergy to mask material.	Loosen headgear-Use barrier between skin & mask such as 3M's Microspore tape or moleskin tape. Contact physician if problem persists.
Runny Nose	Nasal reaction to air flow	If problem persists beyond first 2 weeks of continued CPAP use, contact physician.
Sinus Discomfort	Initial adjustment period	Try to reduce pressure requirement by using oral appliance and CPAP.
Skin Irritation	Incorrect mask size/ mask needs cleaning	Consult respiratory therapist for a mask fitting. / Wash mask thoroughly with anti-bacterial soap. If condition persists, contact physician's office.

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Sore, Dry, Irritated or Swollen Eyes, Conjunctivitis	Mask not positioned properly, mask size not appropriate	Try resealing the mask on face. Readjust headgear straps. Inspect mask for stiffness, cracks, or breaks. Replace if needed. Use an eye patch.
Dry Nose and/ or Throat Nasal Congestion	Dry air	Try nasal saline spray before bedtime and upon awakening. Increase heated humidification.