Survey of UK sleep apnoea patients 2017

58% of patients are aged between 45-54

The majority of patients are male

72% Male 28% female

Employment status

22% of sleep apnoea patients are unable to work

“I want to know if I'll ever be able to work again?”

N=137
Nearly all (85%) of sleep apnoea patients have co-morbidities. The most common are hypertension, type 2 diabetes and depression.

The most common treatment for sleep apnoea is CPAP (87%).

Only 4% of patients say that they have been advised to make lifestyle changes to treat their sleep apnoea.
Living with sleep apnoea has a very significant impact on peoples quality of life.

9 out of 10 people with sleep apnoea say that it has had an impact on their quality of life

Survey of UK sleep apnoea patients 2017

N=137

I regularly fall asleep uncontrollably and have limited concentration

Knowing that will have to use cpap for the rest of my life. It upsets me and has contributed to anxiety and depression

Daily tiredness and intimate moments with my partner are badly impacted
Help me, 9 masks later for CPAP and still no permanent fix. I want my life back. If I can pin down severe sleep apnoea then depression will be next.

What message would you like to give to your doctor?

Find a better way than CPAP as when you move a lot in your sleep they slide off and make a dreadful noise.

To give more support in trying to help deal with living with sleep apnoea, more explanation about what's happening.

Is there a smaller mask/CPAP available?

Design a more comfortable face mask/nasal attachment.

A mask is not viable in a physical relationship.

Also tackle the associated issues like weight and (the) psychological impact to the illness.

N=137
What is the most difficult aspect of managing your sleep apnoea?

“Wearing a mask to sleep, which I hate, and getting little to no benefit from it.”

“Making sure the seal stays air tight between the mask and my face.”

“The full face mask. It's very uncomfortable as I am a stomach sleeper.”

“The marks left from wearing the mask.”

“Wife being able to stay in same bed as machine noise is just as bad as apnoea.”

N=137
43% of patients have a full face mask. 30% have a nasal cushion.

Almost half of all patients found their sleep mask easy to get used to, however, over half now find their mask very uncomfortable.

N=137
What was the hardest aspect of getting used to your mask?

"I've always slept on my stomach prior to the mask, changing my position was most difficult. A close second would be the seal issue."

"The straps rub the back of my head and neck whilst moving during sleep."

"Can't sleep wearing it. It puffs air & wakes me up so I lay there too frightened to go to sleep."

"Waking up from noise from the nose vent if its too close to the pillow plus getting wrapped up in hose."

"Claustrophobic, panic feelings, finding a comfortable position, sensation of air pump."

N=137
Survey of UK sleep apnoea patients 2017

What could be done to improve your mask?

“Ways to stop skin getting sweaty, less rigidity”

“Cushioned more so that it doesn't leave marks and sores”

“Longer life of the plastic”

“Be able to lie at different angles so it doesn't leak”

“Strapping stretches out of shape, seal not always exact.”

“Make it less cumbersome. I can't sleep on my back so when I turn over the mask slips blowing air into my eyes etc.”

N=137
Survey of UK sleep apnoea patients 2017

Advice for manufacturers of sleep masks

“Design more comfortable soft cushioning for against the face”

“Make masks out of a different material that is unaffected by natural oils in the skin and fit comfortably without leaking”

“One size does not fit all”

“Talk to the users”

“Less use of hard plastics, maybe something silicone like that could move/mould to your face”

“Make a mask that does not leave marks on face.”

“Nasal pad made to suit individual nostrils the same way as hearing aid moulds are made to suit each persons ear”

N=137
What would a perfect mask be like?

“Less straps. Small coverage on the face. A very soft comfortable fit and no trace of it when it’s not there.”

“Smaller with softer plastic easier to get on and off.”

“Full face mask made from a single piece soft material (like the material used to seal the mask onto the face). Also a more ergonomically fitting straps that do not cross the upper neck area to prevent rubbing.”

“More contoured to the face.”

“Able to wear glasses with it.”

“Easy to assemble and take apart and more flexible tube.”

N=137
Thank you

for more information contact:
LDA Research Ltd
Enterprise House, Building 52
Wrest Park, Silsoe,
Bedfordshire
MK45 4HS
Info@ldaresearch.co.uk
www.ldaresearch.co.uk