EDITÖRE MEKTUP LETTER TO THE EDITOR

Using CPAP (Home Devices) During the COVID-19 Pandemic COVID-19 Salgını Sırasında CPAP (Ev Cihazları) Kullanımı

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There is insufficient data to suggest that patients with obstructive sleep apnea (OSA) have an increased risk of developing Coronavirus disease-2019 (COVID-19). However, continuous positive airway pressure (CPAP) is currently listed by the World Health Organization as a high-risk treatment that produces aerosol. Clinical guidelines are trying to balance the risks of stopping CPAP use with the risk of contamination with the user's family or caregiver.

British Thoracic Society Guidance for OSA argues that when using CPAP or stopping CPAP for a short time, each patient should be approached differently to determine appropriate measures. It encourages patients to continue with CPAP even when there are signs of respiratory infection.¹

CPAP therapy is primarily used for those with OSA and improves symptoms such as drowsiness, concentration, and memory problems. Increased sleepiness reduces work efficiency, threatens life safety, and can affect people who do critical work for them. Stopping CPAP therapy until the outbreak has completely disappeared cannot be recommended, especially for those who work in sensitive jobs that require attention, have safety-critical jobs, or have an increased workload during the pandemic.²

If a CPAP user catches COVID-19 and develops symptoms, he must follow strict isolation rules in a separate room. We recommend that the patient should stop using CPAP for about two weeks until the infectious period is over, especially if there are people in a high-risk group for COVID-19 (hypertension, diabetes) at home. Since it will be challenging to protect family members in the home environment, it may be the most prudent way to treat and monitor the CPAP user with COVID-19 infection at the hospital.

Although we acknowledge that the data are limited, theoretically, CPAP users have a high risk of household viral load.³ Viruses can be released from patients to households, as existing device systems are open and do not filter out expired air.⁴ We believe that being infected with a high viral load will have quite serious consequences.⁵

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Authorship Contributions

This study is entirely author's own work and no other author contribution.

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1. Guidance regarding coronavirus (COVID-19)

and Obstructive Sleep Apnoea (OSA):

for people who routinely use continuous

positive airway pressure (CPAP), their

families and health care workers, 20

March 2020. (Date of access: 13 June 2020)

NL, Pan D. COVID-19: community CPAP and

NIV should be stopped unless medically nec-

2. Barker J, Oyefeso O, Koeckerling D, Mudalige

REFERENCES

essary to support life. Thorax. 2020;75(5):367. [Crossref] [PubMed]

- Simonds AK, Hanak A, Chatwin M, Morrell M, Hall A, Parker KH, et al. Evaluation of droplet dispersion during non-invasive ventilation, oxygen therapy, nebuliser treatment and chest physiotherapy in clinical practice: implications for management of pandemic influenza and other airborne infections. Health Technol Assess. 2010;14(46):131-72. [Crossref] [PubMed]
- Kryger MH, Thomas R. Home PAP devices in patients infected with COVID-19. J Clin Sleep Med. 2020;16(7):1217-9. [Crossref] [PubMed]
- To KK, Tsang OT, Leung WS, Tam AR, Wu TC, Lung DC, et al. Temporal profiles of viral load in posterior oropharyngeal saliva samples and serum antibody responses during infection by SARS-CoV-2: an observational cohort study. Lancet Infect Dis. 2020;20(5):565-74. [Crossref] [PubMed] [PMC]