

# Claustrophobia with Continuous Positive Airway Pressure (CPAP) Therapy for Sleep Apnea: Editorial

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## Abstract

Claustrophobia associated to the CPAP device is noted by around 1/3 of CPAP users as one of the many hurdles to adherence reported by patients. Psychological approaches for phobias (exposure based therapies) adjusted for CPAP-related claustrophobia show promise in reducing claustrophobia and, as a result, improving adherence. The magnitude of the problem with claustrophobia and CPAP is described in this review, which also includes a theoretical framework for understanding the genesis and maintenance of claustrophobia. The existing literature on CPAP-related claustrophobia and exposure-based therapy is reviewed, emphasizing the need for more study.

## Introduction

In individuals with obstructive sleep apnea, continuous positive airway pressure (CPAP) successfully eliminates sleep-related upper airway blockage, decreases blood pressure, reduces daytime somnolence, and improves quality of life (OSA). Despite its effectiveness, adherence to CPAP therapy is famously difficult; CPAP therapy necessitates a considerable lifestyle adjustment that includes nightly application and usage of a mask while sleeping, which can be burdensome, invasive, and painful. According to estimates, CPAP adherence rates range from 30 to 60%. Non-adherence to CPAP can be caused by a variety of variables, including CPAP device malfunctions, adverse effects, and/or patient characteristics, as well as psychological, behavioral, and social aspects. Claustrophobia, or anxiety, fear of suffocation, or panic in reaction to CPAP therapy, is a substantial barrier to CPAP adherence that patients frequently report.

Claustrophobia is a typical CPAP therapy side effect that might lead to treatment discontinuation. With CPAP, about 30% of sleep apnea patients report feeling claustrophobic or enclosed. According to a recent study, sleep apnea patients had substantially greater rates of claustrophobic tendencies 63%, especially in females 84 % than in males 44%. Patients consider claustrophobia to be one of the most significant barriers to CPAP therapy, with less than half of patients saying that they would use CPAP if they were claustrophobic.

CPAP-related claustrophobia interventions have been developed on the assumption that the phobic reaction to CPAP is conceptually similar to other phobias (e.g., fear of heights, fear of flying) and thus should be treatable with the same psychological interventions (e.g., graded exposure therapy, systematic desensitization). The goal of graded exposure therapy and systematic desensitization is to break

the learned link between the feared object and the anxiety response. With the help of a therapist, the individual creates a hierarchy of steps connected to the dreaded object or circumstance in graded exposure therapy.

CPAP is the most common treatment for OSA, although many patients have difficulty sticking to it. Claustrophobia is a common CPAP side effect that is defined as a feeling of being hemmed in or suffocated. Exposure-based therapies have shown some promise in treating claustrophobia caused by CPAP. Such therapies have yet to be subjected to rigorous scientific examination; the condition of research support is generally poor, with uncontrolled trials and small sample sizes. Variants of the exposure intervention (e.g., using exposure prophylactically to address anticipated claustrophobia prior to initiation of CPAP, adding relaxation techniques, or combining with other therapy techniques such as cognitive behavioral therapy or motivational enhancement) have yet to be determined whether they improve outcomes, at least for some people. Future research should include randomized controlled trials, bigger sample sizes, objective CPAP adherence metrics, and long-term effects. Efforts to formalize the diagnosis of CPAP-related claustrophobia standardize claustrophobia tests, and analyses determinants of outcome are also needed [1-5].

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