

Obstructive rest apnea treatment differences among more established grown-ups with neurological issues

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Objective

The objective of the study was to characterize obstructive sleep apnea treatment patterns among older Americans with neurological conditions.

Setting and Participants

Claims data from a 5% fee-for-service sample of Medicare beneficiaries were analyzed to determine the proportion of older adults with OSA who received and were adherent to continuous positive airway pressure therapy and examine potential gaps in OSA care among neurological populations. Logistic regression was used to determine whether gender or race/ethnicity modified the associations between neurological morbidities and OSA treatment or adherence.

Results

Data from $n = 102,618$ beneficiaries with OSA were identified. The prevalence of stroke, cognitive disorders, or Parkinson's disease in this sample was 7%, 3%, and 2% respectively. Overall, OSA-diagnosed individuals (73%) obtained treatment, and most treated were adherent to CPAP (72%). Lower proportions of OSA treatment and adherence were observed in neurological conditions, particularly stroke. In logistic regression models, gender and race/ethnicity each modified associations between neurological comorbidity and OSA treatment and adherence. Women as compared to men with a given neurological condition were uniformly less likely to receive CPAP or adhere to treatment ($P < .01$ for each condition). Similarly, in comparison to whites with the same neurological condition, OSA treatment was significantly lower among all other races with stroke, and among blacks with cognitive disorders.

Conclusions

Older women and minorities with neurological conditions may be more vulnerable to gaps in OSA care. Targeted strategies to improve treatment disparities and neurological outcomes in older adults could be informed by these data.