

FINDING THAT ONE PERFECT MASK: OR MAYBE NOT

By Lisa Bond, RST, RPSGT

Masks, masks, masks. Those of us in the sleep field be it working in the sleep center, the durable medical equipment (DME) company, or even if you are a patient, are constantly talking about masks. Why? Because we all know that the mask is the single most important factor in achieving compliance and successful adherence to positive airway pressure (PAP) therapy. All of us are on the search for the perfect mask, the one that above all others fits, is comfortable, and will be used every night. And there are so many to choose from now. New masks are coming out every day. So that perfect mask has to be out there and we are all determined, down to the core of our being, to find that one mask that will work for every patient we see, or for just this one patient in front of us right now.

Well step on the brakes, it's time to consider another approach. Maybe the patient needs more than one mask. It's not a new approach but it is an approach that has been forgotten in the sea of masks we have available today. We all know intellectually that no single mask style or brand will fit everyone. It's not possible and that is why we have so many choices.

Now and again, you will run into those patients that you just cannot fit perfectly, no matter what mask you try. You have fit them with 20 different masks and nothing seems to work for them to use every night. Sure this mask was good for a few nights but then they started to have redness from it rubbing in one spot. Then the second mask worked for a week but then the patient started complaining about sinus passage issues and excessive drainage. So you try yet another mask, sure that this time it will be the perfect one at last, only to yet again have the patient call and say that it was great for a while but now this mask is leaking in a different area and it is bothering them. We have all been there.

There are patients out there for whom no one mask will work for an extended period of time. These patients actually will do better with a couple of different masks that they can use

on a rotating basis. Some facial shapes simply do not lend themselves to finding any mask that fits perfectly and being able to rotate masks every couple of days keeps any one issue from becoming overwhelming. Some patients simply do better with that sense of control they get from being able to switch masks around even though every mask they have actually does fit them well. Some masks work well at one altitude but when the patient travels, that mask may not do so well at another altitude, even though the CPAP machine is adjusting to the new altitude.

On the patient side finding the right mask or interface can be very frustrating. The patient may have been getting conflicting information about what one mask is the best. At the time of their sleep study they were told mask A was the best, at the DME they are told another mask, mask B, is perfect for them. In the support groups/forums they are told masks C, D, E, etc. will solve their problems. Now the patient is really frustrated and ready to give up because at this point, the patient has decided that nobody knew what they were talking about. No mask will work for them. The problem is that nobody considers that they may all have been right mask. It's a novel thought but everyone may have been right saying this is the mask for you. It's just that this patient needs different masks in order to deal with different issues at different times.

I have always advocated for every patient that loves their nasal mask or pillows to have a full face mask as a backup. Why? Because when the patient gets a bad cold, or has excessive sinus drainage from allergies, it can not only be difficult to breathe through the nose but detrimental to the patient to use that nasal mask or pillows interface. Colds and allergies cause lots of pressure, pushing mucus into every corner of the sinus passage and increasing the chances of obtaining a sinus infection. Using a full-face mask temporally during these times allows your patient to breathe through their mouth and takes some of the pressure off the sinuses. Maybe it is not the perfect fit for them and they normally hate a full-face mask but, it allows them to actually breathe and use their PAP, so it may be the perfect mask for the moment and this situation.

The goal is to assure our patients get the therapeutic PAP pressure they need to support their airway. It's not actually to find them the one perfect mask. We tend to concentrate on the mask as it is the interface we need to accomplish our goal. There is no rule, no law, no real reason we cannot switch the mask up a bit to fit the situation. Sure, we know that with



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some masks we may need a slightly different pressure than with another to assure a perfect fit and to splint that airway perfectly. Still, if you look at the global picture, where 4 measly hours of use is considered compliant (we all know this is not really very therapeutic) and we are able to get our patient to use their PAP device every night for 7+ hours where the actual delivered pressure is off by $\frac{1}{2}$ to 1 cm H_2O because of the mask variation, are we not ahead by miles?

Most patients will do well with just one interface. But not all patients will. For some patients the use of multiple masks may be the solution to assure their compliance and adherence to their PAP therapy. ❖



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