The experience of claustrophobia in continuous positive airway pressure therapy
Patricia A. Dettenmeier Saint Louis University, School of Nursing

INTRODUCTION

• Obstructive sleep apnea (OSA) affects 18 million Americans
• Untreated OSA is a major cause of heart attack, heart failure, arrhythmias, stroke, premature death, peri-operative complications
• Continuous positive airway pressure (CPAP) is the mainstay therapy
• Claustrophobia impairs ability of some to use CPAP

RESEARCH QUESTIONS

• What is the meaning of claustrophobia in people with OSA?
• What are the bodily sensations of claustrophobia in people with CPAP?
• How have childhood and adult experiences impacted claustrophobia in people with CPAP?
• How do claustrophobic people cope with the challenges of using CPAP?

PHILOSOPHICAL BACKGROUND

• Healthcare is dominated by the mechanical model of the body; the lived body experience is disregarded
• Diagnosis of OSA and treatment with CPAP disrupts the patient’s world and the lived body
• Effective use of CPAP requires skillful use for the machine to withdraw into the background.
• Claustrophobia may interfere with skillful use of CPAP

STUDY DESIGN

Inclusion criteria
• Age 18-90, Community dwelling
• Diagnosed with sleep apnea via prior polysomnogram
• Prescribed CPAP, may be intolerant
• Subjective claustrophobia
• Ability to read and speak English, complete questionnaires and draw a picture

Exclusion criteria
• Moderate or severe cognitive impairment and cannot complete interviews or questionnaires

CLAUSTROPHOBIA

fear of enclosed spaces

DEMOGRAPHIC QUESTIONNAIRES

• Baseline demographics (age, gender, height, weight, race, household income)
• Likert type scale for anxiety, depression, claustrophobia (range 0-10)
• Adverse Childhood Experiences (ACES) (range 0-10)
• Beck Anxiety Inventory (BAI) (range 0-63)
• Claustrophobia Questionnaire and added CPAP specific items (CLQ) (range 0-196)
• Epworth Sleepiness Scale (ESS) (range 0-24)
• Patient Health Questionnaire-9 (PHQ-9) (range 0-27)

METHODOLOGY

Interpretive phenomenology: semi-structured interviews
• Interview 1- claustrophobia and embodiment
• Interview 2- OSA and CPAP
• Drawing-what claustrophobia feels like

Data analysis
• Triangulation of data with interviews, drawing and questionnaires, member checking
• Review interviews and field notes for Themes, Exemplars, and Paradigm cases

PRELIMINARY RESULTS

4 Subject interviews before July 30, 2018
• Demographics: Non-working Caucasian females, ages 44-68, Income $0-75,000
• Questionnaires (subject range)
  • Anxiety (0-10), Depression (1-10), Claustrophobia (5-10), ACES (1-7), BAI (18-62), CLQ (26-133), ESS (6-19), PHQ-9 (10-24)
• Significant claustrophobic triggers
  • CPAP mask, crowds, sequential compression stockings, MRI, straitjacket
• Embodiment-how claustrophobia feels
  • Palpitations, sweating, chest tightness, feel like suffocating, lightheaded
• Preliminary themes
  • Life altering events
    • “I have to be sedated for MRI.”
    • “I can’t believe I have sleep apnea.”
  • Altered bedtime routine
    • “I dread going to bed and put it off as long as possible.”
  • Escape
    • “I need to get away.”

Dr. Rebecca Lorenz and Dr. Lee Smith Dissertation Co-chairs