



Every hour counts

Results from the ALASKA research programme show that in patients with obstructive sleep apnoea, **each additional hour of nightly CPAP usage** was associated with **better survival**.

A real-world analysis of 31,764 OSA patients treated with CPAP, over more than one year

French national health insurance data linked to objective, night-by-night CPAP telemonitoring data, allowing CPAP usage to be tracked over time.

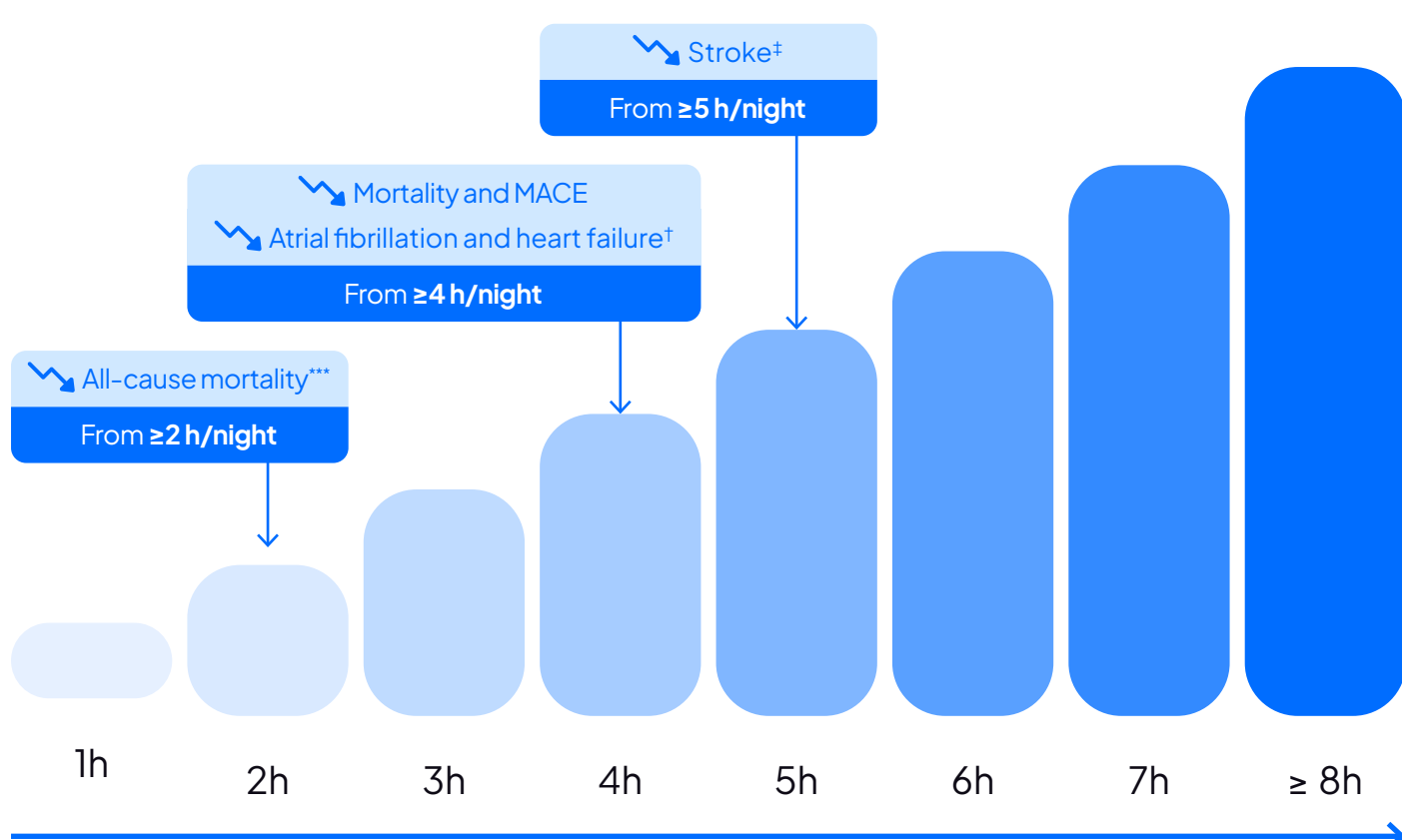
More hours, broader benefits



13%

*lower risk of all-cause mortality associated with each additional hour of CPAP usage per night**

With greater CPAP use, significant risk reductions extended beyond mortality to cardiovascular outcomes**



Dose-response association between CPAP use and risk reduction in mortality and MACE

Greater CPAP use, lower risk



Help your OSA patients to add more hours

Prescribing CPAP is only the first step. Identifying patients at risk, supporting engagement from initiation through follow-up and empowering them in their own care help more patients achieve the full benefit.

This content is intended for health professionals only.

* Adjusted hazard ratio 0.87 (95% CI 0.84 to 0.91); $p < 0.001$, per additional hour of nightly usage.

** No consistent association with a lower risk of coronary artery disease events. All hazard ratios versus < 2 h/night. Cardiovascular outcomes are cause-specific hazard ratios (csHR) with all-cause death as a competing risk; these analyses are exploratory.

*** Adjusted hazard ratio 0.54 (95% CI 0.37 to 0.80) for 2 to under 4 hours a night versus under 2 hours a night.

† Adjusted cause-specific hazard ratios 0.69 (95% CI 0.53 to 0.89); $p = 0.004$ for atrial fibrillation and 0.69 (95% CI 0.48 to 1.00); $p = 0.050$ for heart failure, both for 4 to under 5 hours a night versus under 2 hours a night.

‡ Adjusted cause-specific hazard ratio 0.36 (95% CI 0.20 to 0.65); $p < 0.001$ for 5 to under 6 hours a night versus under 2 hours a night. Cause-specific hazard ratios treat all-cause death as a competing risk. Analyses of individual cardiovascular outcomes are exploratory.

Abbreviations

CI: confidence interval;
CPAP: continuous positive airway pressure;
MACE: major adverse cardiovascular events; defined as hospitalisations for coronary artery disease (including acute myocardial infarction), stroke, heart failure, or atrial fibrillation;
OSA: obstructive sleep apnoea.

Reference

Pépin JL et al. Dose-response relationship between continuous positive airway pressure therapy usage and all-cause mortality and major adverse cardiovascular events in obstructive sleep apnoea: a French national database analysis. 2026 European Respiratory Society Congress. Late-Breaking Abstract. Oral Communication.
Retrospective analysis of 31,764 adults with OSA who initiated CPAP therapy between January 2018 and December 2020, with follow-up until the end of 2020.