

Table 2: Main co-morbidity diagnosis associated with need for CPAP treatment.

Co-morbidity	Number (%)
Obesity	21 (29%)
Down syndrome	10 (14%)
Craniofacial abnormality (includes micrognathia)	8 (11%)
Severe cerebral palsy	4 (6%)
Chromosomal abnormality	4 (6%)
Nasal obstruction	4 (6%)
Muscular dystrophy	4 (6%)
Prader-Willi syndrome	4 (6%)
CNS lesion	3 (4%)
Respiratory—asthma, recurrent infection, chronic lung disease	3 (4%)
Airway—subglottic stenosis, tracheomalacia etc	3 (4%)
Other	6 (8%)

Table 3: Patient compliance compared between two time periods 2005–2014 and 2015–2020 and by ethnicity and age.

Time period	2005–2014	2015–2020	Total
<i>Offered CPAP</i>	<i>n=25</i>	<i>n=49</i>	<i>n=74</i>
Treatment >1 month	24	41	65
Failed trial	1	7	8
Declined CPAP		1	1
<i>Compliance >1 month</i>	<i>n=24</i>	<i>n=41</i>	<i>n=65</i>
Good/usually good	6 (25%)	19 (46%)	25 (34%)
Variable	8 (33%)	11 (27%)	19 (26%)
Poor	1 (42%)	11 (27%)	21 (28%)
Compliance >1 month	Good/usually good	Variable	Poor
Ethnicity			
NZ European (n=25)	11 (44%)	6 (24%)	8 (32%)
Māori (n=16)	4 (25%)	7 (44%)	5 (31%)
Pacific (n=19)	6 (47%)	5 (26%)	8 (42%)
Age			
0–4 years (n=14)	7 (50%)	4 (29%)	3 (21%)
5–9 years (n=18)	7 (39%)	6 (33%)	5 (28%)
≥10 years (n=33)	11 (33%)	9 (27%)	13 (39%)

Table 4: Reasons for stopping CPAP and/or discharge from the paediatric sleep service for patients offered or commenced on CPAP.

Reason for discharge	Number of cases n=74
Current patient	20
Discharged poor tolerance or compliance	13
Transferred to adult services	12
Improved after ENT surgery	9
Improved/not required	6
Discharged failed trial	5
Moved out of 3DHB area	4
Offered and declined	1
Improved after ENT and plastic surgery	1
Discharged—improved after weight loss	1
Moved to bilevel ventilation	1
Improved due to medical treatment of immune deficiency	1