



Long-term outcome of noninvasive positive pressure ventilation for obesity hypoventilation syndrome

Submitted by Emmanuel Lemoine on Wed, 12/11/2013 - 17:08

Titre	Long-term outcome of noninvasive positive pressure ventilation for obesity hypoventilation syndrome
Type de publication	Article de revue
Auteur	Priou, Pascaline [1], Hamel, Jean-François [2], Person, Christine [3], Meslier, Nicole [4], Racineux, Jean-Louis [5], Urban, Thierry [6], Gagnadoux, Frédéric [7]
Editeur	American College of Chest Physicians
Type	Article scientifique dans une revue à comité de lecture
Année	2010
Langue	Anglais
Date	2010/07
Numéro	1
Pagination	84 - 90
Volume	138
Titre de la revue	Chest
ISSN	1931-3543
Mots-clés	Body Mass Index [8], Female [9], Follow-Up Studies [10], Humans [11], Male [12], Middle Aged [13], Obesity Hypoventilation Syndrome [14], Oximetry [15], Oxygen Consumption [16], Positive-Pressure Respiration [17], Retrospective Studies [18], Time Factors [19], Treatment Outcome [20]
Résumé en anglais	<p>BACKGROUND: Few data are available on the long-term outcome of noninvasive positive pressure ventilation (NPPV) for obesity hypoventilation syndrome (OHS). This study was designed to determine long-term survival, treatment adherence, and prognostic factors in patients with OHS in whom NPPV was initiated in an acute setting vs under stable clinical conditions. METHODS: One hundred thirty consecutive patients with OHS (56 women) who started NPPV between January 1995 and December 2006 either under stable conditions (stable group, n = 92) or during ICU management of acute hypercapnic exacerbation (acute group, n = 38) were retrospectively analyzed. RESULTS: Arterial blood gases and the Epworth sleepiness scale were both significantly improved after 6 months of NPPV. With a mean follow-up of 4.1 +/- 2.9 years, 24 (18.5%) patients died and 24 (18.5%) discontinued NPPV. On Kaplan-Meier analysis, 1-, 2-, 3-, and 5-year survival probabilities were 97.5%, 93%, 88.3%, and 77.3%, respectively. Mortality was lower than that described in a previous series of patients with untreated OHS. Supplemental oxygen therapy was the only independent predictor of mortality. The probability of continuing NPPV was 80% at 3 years with a high rate of daily use (> 7 h). Female sex was predictive of lower long-term adherence to NPPV. The acute and stable groups did not differ in terms of arterial blood gases and Epworth sleepiness scale at 6 months, long-term survival, and treatment adherence. CONCLUSIONS: The results of this study support long-term NPPV as an effective and well-tolerated treatment of OHS whether initiated in the acute or chronic setting.</p>

URL de la notice	http://okina.univ-angers.fr/publications/ua341 [21]
DOI	10.1378/chest.09-2472 [22]
Lien vers le document	http://dx.doi.org/10.1378/chest.09-2472 [22]

Liens

- [1] <http://okina.univ-angers.fr/ppriou/publications>
- [2] [http://okina.univ-angers.fr/publications?f\[author\]=1372](http://okina.univ-angers.fr/publications?f[author]=1372)
- [3] [http://okina.univ-angers.fr/publications?f\[author\]=792](http://okina.univ-angers.fr/publications?f[author]=792)
- [4] <http://okina.univ-angers.fr/n.meslier/publications>
- [5] [http://okina.univ-angers.fr/publications?f\[author\]=553](http://okina.univ-angers.fr/publications?f[author]=553)
- [6] <http://okina.univ-angers.fr/th.urban/publications>
- [7] <http://okina.univ-angers.fr/frederic.gagnadoux/publications>
- [8] [http://okina.univ-angers.fr/publications?f\[keyword\]=6088](http://okina.univ-angers.fr/publications?f[keyword]=6088)
- [9] [http://okina.univ-angers.fr/publications?f\[keyword\]=1075](http://okina.univ-angers.fr/publications?f[keyword]=1075)
- [10] [http://okina.univ-angers.fr/publications?f\[keyword\]=6055](http://okina.univ-angers.fr/publications?f[keyword]=6055)
- [11] [http://okina.univ-angers.fr/publications?f\[keyword\]=991](http://okina.univ-angers.fr/publications?f[keyword]=991)
- [12] [http://okina.univ-angers.fr/publications?f\[keyword\]=968](http://okina.univ-angers.fr/publications?f[keyword]=968)
- [13] [http://okina.univ-angers.fr/publications?f\[keyword\]=5941](http://okina.univ-angers.fr/publications?f[keyword]=5941)
- [14] [http://okina.univ-angers.fr/publications?f\[keyword\]=6197](http://okina.univ-angers.fr/publications?f[keyword]=6197)
- [15] [http://okina.univ-angers.fr/publications?f\[keyword\]=1572](http://okina.univ-angers.fr/publications?f[keyword]=1572)
- [16] [http://okina.univ-angers.fr/publications?f\[keyword\]=6196](http://okina.univ-angers.fr/publications?f[keyword]=6196)
- [17] [http://okina.univ-angers.fr/publications?f\[keyword\]=6198](http://okina.univ-angers.fr/publications?f[keyword]=6198)
- [18] [http://okina.univ-angers.fr/publications?f\[keyword\]=6125](http://okina.univ-angers.fr/publications?f[keyword]=6125)
- [19] [http://okina.univ-angers.fr/publications?f\[keyword\]=6070](http://okina.univ-angers.fr/publications?f[keyword]=6070)
- [20] [http://okina.univ-angers.fr/publications?f\[keyword\]=6062](http://okina.univ-angers.fr/publications?f[keyword]=6062)
- [21] <http://okina.univ-angers.fr/publications/ua341>
- [22] <http://dx.doi.org/10.1378/chest.09-2472>

Publié sur *Okina* (<http://okina.univ-angers.fr>)