UNICARE HEALTH

PATIENT GUIDE

CPAP & BiPAP Therapy

A Practical Guide for Patients

Positive airway pressure (PAP) therapy is a treatment for sleep apnea and certain chronic breathing problems. PAP therapy sends pressurized air into the airway while you sleep, helping you breathe steadily through the night.

The below guide explains how CPAP and BiPAP work, how they differ, and what those differences may mean for daily treatment.

Sleep, Breathing, and PAP Therapy

When you fall asleep, the muscles that help keep the upper airway open relax. In obstructive sleep apnea, that relaxed tissue can narrow or block the airway, leading to repeated pauses in breathing and sudden gasps or brief awakenings.

These breathing interruptions can lower oxygen levels, strain the heart and lungs, cause daytime fatigue and morning headaches, and contribute to long-term cardiovascular effects if left untreated.

PAP therapy, including CPAP and BiPAP, delivers a gentle stream of pressurized air through a mask to help keep the airway open and breathing more stable throughout the night. When used consistently, it can improve sleep quality, daytime alertness, and overall health.

How PAP Machines Work

Both CPAP and BiPAP machines use the same basic setup: a small unit pulls in air, pressurizes it, and sends it through tubing to a nasal or full-face mask. The airflow helps keep the airway from collapsing during sleep.

Pressure is typically described as cm H_2O. That is the standard unit used in sleep medicine. Your prescribed pressure is based on your sleep study and clinical evaluation, and it should not be changed without guidance from your clinician.

CPAP Therapy

Continuous Positive Airway Pressure, or CPAP, is the most common first-line treatment for obstructive sleep apnea. A CPAP machine delivers a constant flow of air at one set pressure when you breathe in and breathe out.

Many CPAP devices include a pressure-relief feature that lowers the pressure slightly during exhalation, which can make it easier and more comfortable to breathe out against the airflow.

CPAP machines often include a ramp setting that starts at a lower pressure and gradually increases to the prescribed level as you fall asleep. Common accessories include integrated or attachable humidifiers, heated tubing, and different mask styles to improve comfort.

One common mistake is giving up after a few difficult nights instead of asking for help. Small changes in mask fit, humidity, or comfort settings often make treatment much easier to tolerate.

BiPAP Therapy

Bilevel Positive Airway Pressure, or BiPAP, delivers two pressure levels: a higher pressure when you inhale and a lower pressure when you exhale.

This two-level system can be useful when a patient needs higher pressures than standard CPAP settings or has certain neuromuscular or more complex breathing disorders.

BiPAP uses an inhalation positive airway pressure, called IPAP, and an exhalation positive airway pressure, called EPAP. Because EPAP is lower, exhalation often feels easier and more natural.

BiPAP devices can change between IPAP and EPAP in several modes. In spontaneous mode, the machine senses your own breaths and switches pressures in sync with your breathing pattern. In timed mode, the machine switches between IPAP and EPAP at set intervals so you take a minimum number of breaths per minute, functioning more like a ventilatory support device in that respect. In spontaneous/timed mode, it works spontaneously but adds timed breaths if your breathing slows below a preset rate.

BiPAP machines use similar masks, tubing, and humidifier options as CPAP. They are generally designed as home units, and true travel-size BIPAP options are more limited than travel CPAP devices.

When BiPAP May Be Considered

BiPAP may be prescribed for obstructive sleep apnea when CPAP is not tolerated at the pressures a patient needs. It may also be used for central or complex sleep apnea, where the brain's control of breathing is affected.

Some patients with other respiratory conditions, such as chronic obstructive pulmonary disease or neuromuscular disease, may also be candidates for BiPAP because it can help reduce the work of breathing and provide added ventilatory support.

For many patients who struggle with CPAP, BiPAP feels closer to a natural breathing pattern and is easier to continue using every night.

Getting Started

Your clinician will usually diagnose sleep apnea or another breathing disorder with a sleep study or a home sleep test. If PAP therapy is prescribed, the order will specify the device type, pressure settings, and initial mask style.

Follow-up matters. Your care team may review your device data, symptoms, comfort concerns, and any side effects after treatment begins.

Do not change your pressure settings on your own. Pressure adjustments should be made by your prescriber or sleep specialist based on clinical information and device data.

Daily Use and Cleaning

Starting PAP therapy can feel like a major change, but a steady routine usually helps.

Nightly Setup

- Put the machine on a stable surface close to the bed.
- Attach the tubing securely to both the device and the mask.
- Fill the humidifier chamber with distilled water if you use heated humidification, following the device instructions.
- Check the mask cushion and headgear for twists, tears, or buildup, and replace parts as directed by your provider or insurer schedule.
- Put the mask on while sitting up, tighten the straps gently, then lie down and turn on the machine so you can check for leaks in your usual sleep position.

Cleaning Basics

- Wash the mask cushion and tubing with mild soap and warm water on a routine schedule, then let them air-dry completely before use.
- Empty and rinse the humidifier chamber daily if you use one, then refill it with fresh distilled water.
- Do not use harsh cleaners, bleach, or alcohol on the mask or tubing because they can damage the materials and irritate the skin or airways.

If cleaning feels hard to remember, tying it to another routine can help. Morning coffee or evening teeth-brushing are common anchors.

Mask Leaks or Discomfort

If the mask leaves deep marks, hurts your nose or cheeks, or leaks into your eyes, the fit or style may not be right. Try not to overtighten the straps to chase leaks because that can make the leak worse. Ask about a different mask size or style instead.

Trouble Exhaling

Some patients feel like they are fighting the machine when breathing out at higher pressures. Pressure-relief features on CPAP or a switch to BiPAP may help.

If that feeling continues, contact your clinician rather than simply stopping treatment.

Dry Mouth or Nasal Symptoms

Heated humidification and, in some cases, heated tubing can help reduce dryness and congestion. Air escaping through the mouth may respond to a different mask type or a chinstrap if your clinician recommends one.

Support Through Unicare Health Services

Unicare Health Services can help coordinate PAP equipment, explain basic use, and assist with common practical issues such as mask comfort, cleaning routines, and troubleshooting.

If treatment feels difficult, bring that up early. Most PAP problems have a solution, and early support usually works better than trying to push through discomfort alone.

Questions? We're here to help.

Contact your Unicare Health team or call **800.400.6333** for support, supply orders, or guidance on PAP therapy.