Revista Ibero-Americana de Humanidades, Ciências e Educação — REASE

doi.org/10.51891/rease.v11i10.21730

ACCESS TO CPAP BY SUS: STATE STANDARDS FOR PATIENTS WITH OSA

ACESSO AO CPAP PELO SUS: NORMAS ESTADUAIS PARA PACIENTES COM AOS

ACCESO A CPAP POR EL SUS: NORMAS ESTATALES PARA PACIENTES CON AOS

Sara Priscilia dos Reis Alves[1]
Manoela de Moura Gervazoni[2]
Carolina Ferraz de Paula Soares[3]

ABSTRACT: Obstructive Sleep Apnea has a high prevalence in the Brazilian population and is strongly associated with cardiovascular and metabolic comorbidities. The main treatment for this disease is Continuous Positive Airway Pressure therapy. The aim of this research is to determine the requirements established by each State Health Department in Brazil for the supply of this device to users equipment to patients using the Sistema Único de Saúde. The data was collected by contacting Health Departments via electronic communication systems and telephone calls during the year 2024. The results showed that among the Brazilian states and the Federal District, 48% have a program to supply the equipment. Regarding the required criteria, there are several barriers to meeting them, such as the difficulty of access to polysomnography, the difficulty of meeting all the requirements of the Health Departments and the availability of specialist professionals accepted in the state programs. The conclusion is that it is necessary to implement effective programs to provide this device, in order to facilitate patient access to treatment.

Keywords: Obstructive Sleep Apnea. Continuous Positive Airway Pressure. Sistema Único de Saúde.

RESUMO: A Apneia Obstrutiva do Sono possui alta prevalência na população brasileira e está associada a comorbidades cardiovasculares e metabólicas. O principal tratamento desta doença é a terapia de Pressão Contínua Positiva nas Vias Aéreas. O objetivo desta pesquisa consiste na apuração das exigências das Secretarias Estaduais de Saúde para liberação do fornecimento desse aparelho as para os usuários do Sistema Único de Saúde. A coleta de dados foi realizada por meio do contato com as Secretarias por sistemas eletrônicos de comunicação e por ligações telefônicas durante o ano de 2024. Os resultados obtidos demonstraram que entre os estados brasileiros e o Distrito Federal, 48% possuem programa de fornecimento do equipamento. Quanto aos requisitos, há várias barreiras para cumpri-los, como a dificuldade de acesso ao exame de polissonografia, a dificuldade de atender a todas as exigências e a disponibilidade de profissionais especialistas aceitos nos programas estaduais. Conclui-se que é necessário a implantação de programas efetivos de fornecimento desse aparelho, a fim de facilitar o acesso do usuário ao tratamento.

Palavras-chave: Apneia Obstrutiva do Sono. Pressão Positiva Contínua das Vias Aéreas. Sistema Único de Saúde.

[1]Medical Student at the Centro Universitário Fundação Assis Gurgacz. Centro Universitário Fundação Assis Gurgacz.
[2]Medical Student at the Centro Universitário Fundação Assis Gurgacz. Centro Universitário Fundação Assis Gurgacz.
[3]Supervising Professor – Graduated in Medicine from the Univerdade Estadual do Oeste do Paraná (2006), specialist in Otorhinolaryngology from HSPE-SP, Sleep Physician certified by the Associação Médica Brasileira and the Associação Brasileira de Medicina do Sono. Master's degree in Health Sciences from HSPE-SP/IAMSPE. PhD in Otorhinolaryngology from HC-USP. Professor at the Centro Universitário Fundação Assis Gurgacz. Centro Universitário Fundação Assis Gurgacz.

RESUMEN: La Apnea Obstructiva del Sueño presenta una alta prevalencia en la población brasileña y está asociada a comorbilidades cardiovasculares y metabólicas. El tratamiento principal de esta enfermedad es la terapia de Presión Positiva Continua en las Vías Séreas. El objetivo de esta investigación consiste en averiguar las exigencias de las Secretarías Estatales de Salud para autorizar el suministro de este dispositivo a los usuarios del Sistema Único de Salud. La recolección de datos se llevó a cabo mediante contacto con las Secretarías por sistemas electrónicos de comunicación y llamadas telefónicas durante el año 2024. Los resultados obtenidos demostraron que, entre los estados brasileños y el Distrito Federal, el 48% cuenta con programas de provisión del equipo. En cuanto a los requisitos, se identifican diversas barreras para su cumplimiento, como la dificultad de acceso al examen de polisomnografía, la complejidad de cumplir con todas las exigencias y la disponibilidad limitada de profesionales especialistas aceptados en los programas estatales. Se concluye que es necesaria la implementación de programas efectivos para el suministro de este dispositivo, con el fin de facilitar el acceso del usuario al tratamiento.

Palabras clave: Apnea Obstructiva del Sueño. Presión Positiva Continua en las Vías Respiratórias. Sistema Único de Saúde.

INTRODUCTION

Obstructive Sleep Apnea (OSA) is the most prevalent sleep disorder with growth presumably correlated with population aging, the obesity epidemic and increased sensitivity of diagnoses (DUARTE et al., 2022; WANG, et al., 2022). Estimates suggest that nearly one billion individuals aged 30 to 69 worldwide have OSA, approximately 425 million of whom have moderate to severe OSA, which is generally recommended for treatment (BENJAFIELD et al., 2019). However, the true prevalence remains unknown due to underdiagnosis (BENJAFIELD et al., 2019; FELICIANO, 2017). Brazil ranks as the third country with the highest number of individuals with OSA, following China and the United States, and is succeeded by India (BENJAFIELD et al., 2019).

OSA is defined as transient, complete or partial obstruction of the upper airways (UA), which causes intermittent hypoxia and altered sleep architecture (WANG, et al., 2022). Of a chronic nature, OSA has moderate to severe clinical outcomes as it contributes to the manifestation of diseases such as: systemic arterial hypertension, stroke, metabolic syndrome and neurocognitive decline (DUARTE et al., 2022). It is associated with mood disorders, reduced performance at work, increased risk of car accidents and reduced quality of life (DUARTE et al., 2022; SILVA et al., 2023). OSA and the repercussions generated by this disease are public health concern (WANG, et al., 2022).

The clinical suspicion of OSA is guided by the individual's anamnesis and physical examination, and the diagnosis is made through an objective sleep study, with type 1 polysomnography (PSG) being considered the test of choice (DUARTE et al., 2022; SILVA et al., 2023). However, one of the main barriers to diagnosing OSA is access to PSG, a time-

consuming and resource-intensive test (FELICIANO, 2017; SILVA et al., 2023). In Brazil, through the Sistema Único de Saúde (SUS), there is a scarce number of specialized institutions that offer PSG, which is insufficient to meet the population's need and demand for this procedure, which also contributes to the underdiagnosis of the disease (SILVA et al., 2023).

Among the treatment options are changes in habits (avoiding the use of alcohol and sedative substances at night), weight reduction, surgery to correct anatomical aspects, mandibular advancement devices and the Continuous Positive Airway Pressure (CPAP) device (ZANCANELLA et al., 2014). CPAP equipment is considered the gold standard treatment, as it is responsible for producing a continuous flow of positive pressure directed into the airways by means of a mask, so that the device acts as a pneumatic "cushion" preventing the vibration of tissues that causes snoring, and opening the pharynx laterally (ZANCANELLA, et al., 2021; SCHWAB et al., 1996).

The use of CPAP has significant favorable effects, including an increase in cognitive function, vitality and quality of life, better blood pressure control, a reduction in excessive daytime sleepiness (EDS) and fatigue, and a reduction in the risk of acute myocardial infarction and stroke (DUARTE et al., 2022). Also, considering that cardiovascular diseases are the leading cause of death in Brazil, the high prevalence of OSA and that it is associated with increased cardiovascular morbidity and mortality, scientific studies have shown that nocturnal treatment with CPAP reduces cardiovascular risk, especially heart failure related to OSA, which attests to the importance of offering CPAP to patients (OLIVEIRA et al., 2024).

It is possible to obtain the supply of CPAP for home treatment through the SUS, a premise supported by Ordinance nº 963, of May 27, 2013, which established this therapeutic modality as a "technological incorporation of a substitutive or complementary nature to low and medium complexity hospital intervention, to care initiated in Urgent and Emergency Care Services" (BRASIL, 2013, p. 1), in addition to being an addition to the service provided by Primary Care[10,11] (BRASIL, 2013; BRASIL, 1988). One way of assessing access to CPAP by the SUS is to analyze the requirements stipulated for the supply of this device, and the actual distribution of this device to patients by the State Health Department. However, national data related to such research is scarce.

The aim of this research is to determine the requirements established by each State Health Department in Brazil to release the supply of a CPAP machine for patients with OSA

and, secondly, to quantify access to PSG as well as the number of CPAP machines supplied by each state during the year 2023.

MATERIAL AND METHOD

A survey was conducted on the state regulations of each State Health Department in Brazil for the provision of CPAP for SUS users diagnosed with OSA. Data collection was carried out through contact with the State Health Departments using two methods: electronic communication systems and telephone calls. In relation to the electronic means, contact was made by making statements on the respective websites of the ombudsman offices of the Brazilian states and the Federal District to obtain the information relevant to the research (protocol data shown in Appendix A). Regarding telephone calls, contact was made via the telephone number of the Ombudsman's Office of each State Health Department, with the modality of requesting information.

During the first contact with the Health Secretariats, the researcher responsible for the collection requested the following data:

1. Does the state, through the regional health departments, have a program to offer CPAP for the treatment of OSA?

2. What are the minimum requirements for CPAP equipment to be made available by SUS to patients with Obstructive Sleep Apnea?

3. How many polysomnography beds are available on the SUS?

4. How many CPAP machines were made available to patients in 2023?

Contacts ranged from one to five times until a response was obtained.

The study included all the data on the conditions listed by the State Health Departments relevant to the provision of CPAP by the SUS.

As this is a study that will use data freely disclosed by the Health Departments of each Brazilian state, there are no risks involved or need for approval by the Comitê de Ética em Pesquisa (CEP).

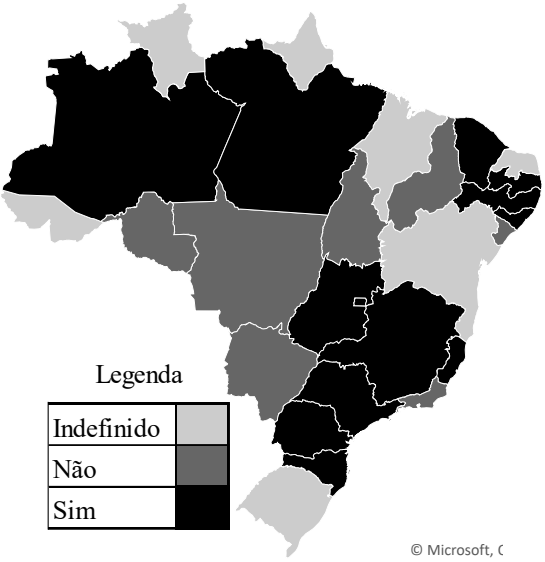
RESULT

Manifestations were made on the respective websites of the ombudsmen of the twenty-six Brazilian states and the Federal District, with success in nineteen interactions, considering the complete and partial responses obtained. The remaining eight states did not provide a relevant response or did not issue an opinion, despite the recurrence of the request, including

by requesting information on the official websites of each secretariat, sending an e-mail to the ombudsman's office or making a telephone call with at least two attempts during the period, respecting the response deadline stipulated by law.

Among the twenty-six Brazilian states and the Federal District, thirteen federative units and the Federal District (48%) have a public program related to Home Oxygen Therapy or Home Hospitalization that contains legal support for the provision of CPAP for SUS users diagnosed with OSA: Alagoas, Amazonas, Ceará, Distrito Federal, Espírito Santo, Goiás, Minas Gerais, Pará, Paraíba, Paraná, Pernambuco, Santa Catarina and São Paulo. The following seven states (26%), Mato Grosso, Mato Grosso do Sul, Piauí, Rio de Janeiro, Rondônia, Sergipe, and Tocantins, do not have any public programs related to the provision of CPAP, as described in Figure 1. And due to the lack of a clear answer or omission regarding communication, it was not possible to define this issue for the other states (26%).

Figure 1 – Program to supply CPAP by the SUS in Brazil



Source: ALVES, et al., 2025.

As for the requirements, the answers ranged from a detailed list of what is needed to be granted the equipment to generic texts with partial answers. In Alagoas, the patient must meet the requirements of the Home Care program[4]. In Amazonas, the request must be made in person at the Social Services Office with a detailed medical report, a request for material, the

[4]The term that expresses home health care, ensuring that the patient receives treatment at home with all the necessary equipment.

Registro Geral (RG), the Cadastro de Pessoa Física (CPF), the SUS card and proof of residence in hand.

In Ceará, the CPAP must be requested from the State Health Department with the following documents: RG, CPF, Cartão Nacional de Saúde (CNS), proof of address, two telephone contacts, polysomnography exam, medical report with diagnosis and description of the type of CPAP. In Espírito Santo, the medical report is sent to the Regional Specialty Center/CPAP Program, containing the main diagnosis according to International Classification of Diseases (ICD-10), along with a copy of the following tests: full-night diagnostic polysomnography, containing in the report: IAH index >30 ev/h and hypoxemia data (values and time with desaturation ≤ 88%); titration polysomnography adding the suggested CPAP pressure to correct the events; in addition, these tests need to have been carried out no more than twenty-four months before the assessment; and a copy of proof of residence in the patient's name, RG, CPF of the patient and guardian and SUS card.

In Pará, the availability of the equipment is guided by the premises of the National Comissão Nacional de Incorporação de Tecnologias into the SUS (CONITEC), and it is up to the requesting entity to allocate and maintain the equipment for patients who need this therapy.

In Paraíba, it is essential to meet the requirements of the Home Care program to acquire the CPAP. In Paraná, the documents requested are: an official request from the Secretaria Municipal de Saúde (SMS) in the patient's municipality of residence, with information on which multidisciplinary team will be responsible for monitoring the clinical condition of the patient using the CPAP, identifying the team's name, council number, telephone number and contact e-mail address; an initial form filled in legibly in all its items, with the signature and stamp of the doctor requesting the use of the CPAP and who will be monitoring the patient; medical prescription stating pressure of use, route of administration, period and hours of daily use; copy of thyroid function tests (T_3, T_4, TSH); copy of polysomnography report carried out without CPAP (recent three months); copy of the polysomnography report carried out with the CPAP (recent three months); copy of the patient's documentation (RG, CPF, SUS/CNS), for minors attach a copy of the mother's/guardian's RG, copy of up-to-date proof of residence (two months); Home Visit report.

And in Pernambuco, a consultation with a pulmonologist from the Home Oxygen Therapy Program, available at the Otávio de Freitas Hospital in Recife, is essential to confirm the diagnosis and request the CPAP machine; and the consultation is initially regulated by the

Sistema de Regulação de Consultas e Exames do Espirito Santo (CMCE). In Santa Catarina, the supply is only for patients with severe apnea and requires the following documents: a medical request form for home ventilation, baseline polysomnography tests and tests with CPAP pressure titration, a copy of the patient's RG, CPF and CNS, a copy of proof of residence, a patient registration form, a term of responsibility and a letter from the Secretaria Municipal de Saúde.

Finally, in the Federal District, the supply is mediated by the Núcleo de Atendimento Ambulatorial de Órteses, Próteses e Materiais Especiais (NAOPME) of Secretaria de Saúde do Distrito Federal (SES), which requires the following documents: identity document with photo or birth certificate; CPF; SUS CNS and SES number; proof of residence; medical report or order from the public health network proving the need to use the device to be provided to the patient; registration in the program and the assessment scheduled at NAOPME; in addition, to have the medical report it is essential to refer the patient for assessment with a sleep specialist at the Asa Norte Regional Hospital. Finally, in Goiás, Minas Gerais and São Paulo, the SUS regulatory flow must be followed to receive Prolonged/Non-Invasive Home Oxygen Therapy, with the Unidade Básica de Saúde (UBS) being the gateway for patients with this demand. Acre, Amapá, Bahia, Maranhão, Rio Grande do Norte, Rio Grande do Sul, and Roraima did not respond to the survey regarding this question. This data is described in Chart 1.

Chart 1 – Requirements for supplying CPAP by the SUS in Brazil

Federatives Units	Personal Documents	PSG diagnostic	PSG title	Medical Request	Others
Acre	-	-	-	-	-
Alagoas	-	-	-	-	-
Amapá	-	-	-	-	-
Amazonas	RG, CPF, SUS card, proof of residence	-	-	Detailed medical report	-
Bahia	-	-	-	-	-
Ceará	RG, CPF, CNS, proof of residence, two telephone contacts	Yes	-	Medical report with diagnosis and description of CPAP type	-
Distrito Federal	RG with photo or Birth Certificate, CPF, CNS do SUS and SES number, proof of residence	-	-	Medical report or request from the public health system	Registration in the program and scheduled evaluation at NAOPME

Espírito Santo	Proof of residence in the patient´s name, RG, CPF of patient and guardian and SUS card	Yes, up to 24 four months before the evaluation	Yes, up to 24 months before the evaluation	ICD-10 principal diagnosis	-
Goiás	-	-	-	-	-
Maranhão	-	-	-	-	-
Mato Grosso	-	-	-	-	-
Mato Grosso do Sul	-	-	-	-	-
Minas Gerais	-	-	-	-	-
Pará	-	-	-	-	-
Paraíba	-	-	-	-	-
Paraná	RG, CPF, SUS card/CNS), up-to-date proof of residence (two months)	Yes, up to 3 months before the assessment	Yes, up to 3 months before the assessment	Medical prescription stating the pressure of use, route of administration, period, and hours of daily use	Thyroid function tests; official request from the Secretaria Municipal de Saúde of the patient's municipality of residence, initial form filled in legibly in all its items; Home Visit report
Pernambuco	-	Yes	-	Performed by the pulmonologist of the Home Oxygen Therapy Program	-
Piauí	-	-	-	-	-
Rio de Janeiro	-	-	-	-	-
Rio Grande do Norte	-	-	-	-	-
Rio Grande do Sul	-	-	-	-	-
Rondônia	-	-	-	-	-
Roraima	-	-	-	-	-
Santa Catarina	RG, CPF and patient CNS, proof of residence	Yes	Yes	Medical request form for home ventilation	Patient registration form, term of responsibility and letter from the Secretaria Municipal de Saúde
São Paulo	-	-	-	-	-
Sergipe	-	-	-	-	-
Tocantins	-	-	-	-	-

Source: ALVES, et al., 2025.
Notes: PSG - polysomnography
RG - Registro Geral
CPF - Cadastro de Pessoa Física
CNS - Cartão Nacional de Saúde
SES - Secretaria de Saúde do Distrito Federal
NAOMPE - Núcleo de Atendimento Ambulatorial de Órteses, Próteses e Materiais Especiais SES/DF
ICD-10 - International Classification of Diseases

As for the availability of PSG: Ceará has four beds; Goiás offers fifty-two procedures/month; Paraná offers thirty procedures/month; Pernambuco has four beds; Santa Catarina offers sixty procedures/month; Rio de Janeira offers fourteen procedures/month; Mato Grosso, Pará, Piauí and Tocantins do not have polysomnography beds. Pará offers polysomnography in two health units, the Policlínica Especializada Unidade Marco (outpatient) and the Hospital Universitário Bettina Ferro de Souza (inpatient), although it has no specific beds for this test. Paraná also does not have an exclusive SUS bed, but polysomnography can be conducted in hospital and/or outpatient institutions that offer this service in the state. Rio de Janeiro has the Hospital Universitário Pedro Ernesto (HUPE) and the Policlínica Piquet Carneiro (PCPC) as units that offer polysomnography to the State Regulatory Complex. And due to the lack of a clear answer or omission regarding communication, it was not possible to define this issue in relation to the other federal units.

As for the number of pieces of equipment supplied by the Secretaria de Saúde in 2023, the data described in this survey is based on the answers obtained, and there may be distribution via the municipality, among other programs not directly administered by the Secretarias Estaduais de Saúde. Thus, in 2023: Alagoas, Distrito Federal, Mato Grosso, Mato Grosso do Sul, Pará, Sergipe and Tocantins did not distribute any units. Rondônia supplied 2 CPAP machines to SUS users who requested them through a lawsuit. Paraná supplied 750 CPAP machines to users living in the state's municipalities. Santa Catarina supplied 1877 CPAP machines, as stated by the Rehabilitation Center/Oxygen Therapy and Home Ventilation Service, as shown in Table 1. Due to the lack of a clear answer or omission regarding communication, it was not possible to define this issue in relation to the other federal units.

Table 1 – List of PSG and CPAP in Brazil

Federatives Units	Availability of PSG	CPAP number in 2023
Acre	-	-
Alagoas	-	0
Amapá	-	-
Amazonas	-	-
Bahia	-	-
Ceará	4 beds	-
Distrito Federal	-	0
Espírito Santo	-	-
Goiás	52 procedures/month	-
Maranhão	-	-
Mato Grosso	0	0

Mato Grosso do Sul	-	0
Minas Gerais	-	-
Pará	0	-
Paraíba	-	-
Paraná	30 procedures/month	750
Pernambuco	four beds	-
Piauí	0	0
Rio de Janeiro	14 procedures/month	0
Rio Grande do Norte	-	-
Rio Grande do Sul	-	-
Rondônia	-	2
Roraima	-	-
Santa Catarina	60 procedures/month	1877
São Paulo	-	-
Sergipe	-	0
Tocantins	-	0

Source: ALVES, et al., 2025.

DISCUSSION

This study evaluated the CPAP Supply Program for Home Treatment of SUS users, a premise supported by Ordinance nº 963 of May 27, 2013, which regulates access to home-use equipment such as CPAP (BRASIL, 2013). The research showed that the provision of CPAP follows a flow in the SUS, with the initial step being the link with the Unidade Básica de Saúde or Unidade de Saúde da Família in the territory, which are responsible for the continuous and comprehensive care of the patient. There is also the need for a referral to a specialist doctor (the pulmonologist being the most described), who is responsible for requesting diagnostic polysomnography and the report attesting to the need to use CPAP. In this respect, it is worth analyzing the length of time that a SUS user, in several different states, waits to see a specialist, the availability of access to PSG and the maintenance and follow-up of CPAP use.

Among the 26 Brazilian states and the Federal District, only 48% have some kind of program related to the provision of CPAP to patients, either through a state project or through state government programs, such as Home Care and Serviço de Atendimento Domiciliar (SAD). In addition, 26% of the units have no program to provide this equipment to SUS users. In comparison with other countries, we can mention: in the United States, Medicare has contracts that cover the supply of CPAP for individuals with OSA, provided that i) the doctor and supplier are also linked to Medicare; ii) the diagnosis of OSA is made by means of a

qualified sleep assessment test, either laboratory or home-based; iii) the patient has an AHI ≥ 15 events/h or an AHI of 5-14 events/h plus documented clinical symptoms (PINTO, et al., 2020; MEDICARE; 2024). In the United Kingdom, this access is managed by the public system known as the National Health System (NHS), which has mixed funding, i.e. the state and the population, through taxes and contributions, guarantee the viability of this organization (GARCIA e GONÇALVES, 2020). And in France, the Assurance Maladie (AM), a public health system, "partially or totally covers the costs of a wide range of health services" (CORDILHA e LAVINAS, 2018, p. 2149). In the latter country, the provision of CPAP is part of the reimbursable products and/or services and is covered by health insurance provided that i) the patient makes a prior agreement; ii) is diagnosed with OSA with a relevant examination; iii) meets the following requirements: has an AHI ≥ 30 events/h or an AHI of 15-30 events/h plus "severe daytime sleepiness, risk of accident or cardiovascular disease or severe respiratory comorbidity" (MANDEREAU-BRUNO, et al., 2021, p. 2).

The inclusion of the provision of CPAP within Home Care programs seem to disregard the difference between the diagnosis of OSA and patients with respiratory insufficiency, since in addition to PSG, arterial blood gas and respiratory function tests are required, which increases costs with unnecessary procedures and hinders access to CPAP. In addition, there is often a requirement for a specialist in pulmonology - to the exclusion of a specialist in sleep medicine or other specialties - which, if included within the rules, could increase access to diagnosis and treatment of OSA. A study carried out in São Paulo evaluated the performance of the SUS in the state using a number of parameters, including the proportion of medium-complexity outpatient procedures - which includes consultations with specialists - and obtained an average of 2.6 procedures per 100 inhabitants per year, which does not meet the real demand of the population and the restriction of the list of specialists authorized to diagnose OSA and indicate CPAP further aggravates this scenario (AIRES e SALGADO, 2022).

A retrospective observational study conducted at a hospital run by the Botucatu Medical School calculated the average time interval between referral for diagnostic PSG and it being conducted and obtained a result of 6.5 months (SILVA et al., 2023). As shown in our study, this average time is non-compliant depending on the rules stipulated by the patient's local authority and, consequently, makes it impossible to provide the device and start treatment. The same scenario has occurred in other countries, such as Canada and the United Kingdom, both of which also have public health systems, which had 10 and 24 months respectively as the average

values for diagnostic PSG from referral (SILVA et al., 2023). Furthermore, it is well known that the supply of PSG in Brazil is not sufficient to meet the population's demand, according to data examined in the SUS Outpatient Information System, which showed that only 12.071 PSGs were conducted throughout the country in 2023 (BRASIL, 2025). Inaccessibility is even greater in states where programs to provide CPAP require a second polysomnography with CPAP titration. There are also caveats considering the results of this study: certain states do not offer polysomnography available, such as Mato Grosso, Pará, Piauí and Tocantins. And the second caveat is the inaccuracy of the data provided by the secretariats of certain states, which claim that PSG is available. This data is not in line with reality, because there are no sleep laboratories in operation in institutions, such as university hospitals.

Regarding the effectiveness of government and state programs to provide CPAP to SUS users diagnosed with OSA, despite the limitations of this study due to the limited number of responses obtained, it was observed that among twenty-six Brazilian states and the Federal District, patients were distributed in 2023: 2 CPAP in Rondônia, 750 CPAP in Paraná and 1877 CPAP in Santa Catarina; and, in contrast, Alagoas, Distrito Federal, Mato Grosso, Mato Grosso do Sul, Pará, Piauí, Sergipe and Tocantins did not provide any units of such a device to patients diagnosed with OSA. Furthermore, the only study found with data on the supply of CPAP in Brazil showed that the average time between diagnosis and prescription of CPAP for patients with PSG varied between 14.5 months and 21 months (BENJAFIELD et al., 2019). Against this backdrop, there is an unquestionable need to revise the standards to facilitate the user's flow to the CPAP, because with the current results it is obvious that the programs are not meeting the population's needs in terms of CPAP therapy.

Thus, although CPAP is the gold standard therapy and SUS users are legally entitled to receive this device, it is clear that there are numerous barriers related to patient access to CPAP, such as the difficulty in performing a diagnostic PSG, the difficulty in accessing the supply, whether due to recent exam requirements, the inclusion of apneic patients in programs that treat respiratory insufficiencies (Home Care), or even the requirement for a second PSG exam for titration. According to the data, there was little availability of CPAP, and the need for maintenance and follow-up of CPAP still must be considered, data that was not covered in our research.

CONCLUSION

This study has shown how difficult it is to supply CPAP to SUS users. Among other problems, there is underdiagnosis, due to the difficulty in accessing the polysomnography test; the difficulty in meeting all the requirements of the Health Departments, such as meeting the deadline for the polysomnography test; the availability of specialist professionals accepted in the state programs for the indication of CPAP. These results should stimulate new strategies, standardization, and requirements for the provision of CPAP within the SUS.

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