

Online Table S6.2: Weaning from CPAP or NIV: optimal timing and requirements for a weaning trial and follow up ?

Author, year	Country	Journal	Type of study	Number of patients	Ages	Timing	Requirements	Follow up after weaning
Mastouri et al. [1]	France	Pediatric Pulmonology	Retrospective	58/213 (27%) children on long term CPAP or NIV	0-16.2 yrs	0.1 - 7.8 m after CPAP or NIV withdrawal	<p>Requirement of all 4 major and at least 2 minor criteria</p> <p>Major criteria</p> <ol style="list-style-type: none"> 1) disappearance of nocturnal and daytime symptoms of sleep-disordered breathing after several nights sleeping without CPAP/NIV, such as snoring, sweating, arousals, laboured breathing, change in behaviour or attention, 2) percentage of recording time spent with a $SpO_2 \leq 90\% < 2\%$, 3) percentage of recording time spent with a $PtcCO_2 \geq 50$ mmHg $< 2\%$, 4) obstructive apnea-hypopnea index < 10 events/h on a poly(somno)graphy <p>Minor criteria</p> <ol style="list-style-type: none"> 1) minimal $SpO_2 > 90\%$ 2) maximal $PtcCO_2 < 50$ mmHg 3) oxygen desaturation index ≤ 1.4 events/h. 	7/35 patients with a follow up P(S)G had a relapse of OSA after 1 - 3 yrs 6/7 had CPAP resumption and 1/7 neurosurgery

Abbreviations: m: month, yrs: years, CPAP: continuous positive airway pressure, BPAP: bilevel positive airway pressure, NIV: noninvasive ventilation, SpO_2 : pulse oximetry, $PtcCO_2$: transcutaneous carbon dioxide pressure, P(S)G: poly(somno)graphy, OSA: obstructive sleep apnea.

Reference

1. Mastouri M, Amaddeo A, Griffon L, *et al.* Weaning from long term continuous positive airway pressure or noninvasive ventilation in children. *Pediatr Pulmonol* 2017; 52: 1349-1354.