

European Respiratory Society Annual Congress 2012

Abstract Number: 3571

Publication Number: 4313

Abstract Group: 4.2. Sleep and Control of Breathing

Keyword 1: Apnoea / Hypopnea **Keyword 2:** Sleep disorders **Keyword 3:** Treatments

Title: Long-term response of upper airway stimulation in obstructive sleep apnea

Prof. Wilfried 20093 De Backer wilfried.de.backer@uza.be MD ¹, Prof. Johan 20094 Verbraecken johan.verbraecken@uza.be MD ¹, Dr. Lennart 20095 Knaack knaack@intersom.de MD ², Prof. Arie 20096 Oliven oliven@tx.technion.ac.il MD ³, Dr. Winfried 20097 Hohenhorst mail@hohenhorst.com MD ⁴, Dr. Olivier 20098 Vanderveken olivier.vanderveken@uza.be MD ⁵ and Prof. Paul 20103 Van de Heyning paul.van.de.heyning@uza.be MD ⁵. ¹ Dept of Pulmonary Medicine, Antwerp University Hospital, Antwerp, Belgium, B-2650 ; ² Zentrum für Schlafmedizin & Schlafforschung, Intersom, Köln, Germany, D-50670 ; ³ Dept of Internal Medicine, Bnai Zion Medical Center, Technion, Israel ; ⁴ Klinik für Hals-, Nasen- und Ohrenheilkunde, St. Anna-Klinik Wuppertal, Wuppertal, Germany, D-42109 and ⁵ Dept of ENT, Antwerp University Hospital, Antwerp, Germany, B-2650 .

Body: Background: Previous studies identified patient selection criteria for therapy success in Upper Airway Stimulation (Inspire Medical Systems, USA) for treatment of moderate-to-severe OSA in patients intolerant to continuous positive airway pressure. The current study reported therapy response at 12-months post-implant in subjects who met selection criteria. Methods: Among 34 implanted subjects, 18 met criteria for responder and 16 did not. AHI (Level 1 monitoring) were measured at 12 months. All patients were monitored for device-related adverse events and patients met selection criteria were examined for therapy response during over-night PSG. Results: There were no device malfunctions or un-anticipated device-related adverse events from 6-12 months. Among patients who met selection criteria and for which data are available, the AHI reduction was maintained at 12-month. Improvement for ESS and FOSQ were also observed in these subjects from baseline to 6-month, 10.7 ± 5.4 to 7.5 ± 4.1 ($p=0.03$), and 88.8 ± 22.1 to 104.6 ± 13.7 ($p=0.01$) for ESS and FOSQ, respectively. AHI remained unchanged at 12-month for patients that did not meet selection criteria.

AHI	Baseline	6-Mon	12-Mon
Responders (N=18)	33.9±6.2	17.0±18.5*	11.0±10.8*
Non-responders (N=16)	50.4±17.4	51.3±27.6	46.2±25.6

* indicated significant changes from baseline ($p<0.01$)

Conclusion: The current study has demonstrated that Upper Airway Stimulation to treat OSA has a sustained therapy efficacy at 12-month post-implant in a selected group of moderate-to-severe OSA

subjects.