

ResMed Highlights its Picks for Top Sleep Apnea Research of 2016

In recognition of World Sleep Day, ResMed, a global leader in sleep disorder diagnosis and treatment, has picked its top five sleep apnea research findings of 2016.

The research we've highlighted today shows that we're moving in the right direction.

Chosen from more than 3,000 studies published last year, these five findings all significantly expanded what we know about sleep apnea: its links to other potentially fatal conditions, how early detection and treatment can help keep those conditions in check, or which digital patient monitoring tools can improve patient outcomes and efficiencies for the providers who care for them.

Sleep apnea causes people to stop breathing during sleep, triggering the brain to wake the body as many as 120 times per hour in order to breathe again. The World Health Organization estimates that more than 100 million people worldwide have sleep apnea, but up to 85 percent of cases are still undiagnosed.

“Unnecessary hospital readmissions and inefficient practices are huge drivers of today’s exorbitant healthcare costs,” said Adam Benjafield, ResMed Vice President of Medical Affairs. “Recognizing sleep apnea is associated with many other life-threatening conditions and knowing early detection makes a world of difference, treatment efficacy and efficiency have become even more paramount. The research we’ve highlighted today shows that we’re moving in the right direction.”

Summaries of each research finding are below:

There is a high prevalence of sleep-disordered breathing among of stable chronic heart failure patients ([Arzt M et al. JACC Heart Fail 2016](#)).

Of 6,876 stable chronic heart failure (CHF) patients across 138 German centers, the prevalence of moderate-to-severe sleep-disordered breathing (SDB) was 46 percent, with a significant difference seen between the sexes (36 percent in women vs. 49 percent in men). Risk factors included body mass index, left ventricular dysfunction, age, atrial fibrillation and male sex.

Early recognition of obstructive sleep apnea in patients hospitalized with COPD exacerbation is associated with reduced readmission rates ([Konikkara J et al. Hosp Pract 2016](#)).

Patients consulted for COPD exacerbation underwent a sleep test upon discharge and received positive airway pressure (PAP) therapy as appropriate. The mean change in the number of clinical events six months prior to intervention compared to six months following intervention favored the group who used their PAP therapy, demonstrating early recognition and treatment of obstructive sleep apnea (OSA) in patients admitted with COPD exacerbation may be associated with reduced hospital admission rates and emergency room visits.

CPAP significantly improves quality of life, sleepiness and cerebrovascular measures in patients with obstructive sleep apnea ([McEvoy RD et al. N Engl J Med 2016](#)).

While results in the landmark SAVE trial were neutral on the primary endpoint of whether CPAP can reduce major cardiovascular events in those with OSA and heart disease, the 2,700-patient study did show that CPAP can significantly improve the quality of life for people with OSA, and – when used more than four hours per night – may also lower the risk of stroke and other cerebral events.*

Access to digital engagement tools improves patient compliance on CPAP therapy ([Crocker M et al. CHEST \(Suppl\) 2016](#)).

A study of 128,000 sleep apnea patients found patients with access to digital engagement tools demonstrated improved adherence to CPAP therapy over a three-month period. Nearly 90 percent of patients using a patient engagement tool in the study reached this important healthcare standard – 24 percent relative increase over patients who were only managed remotely by a provider.

A telehealth program for CPAP adherence reduces labor and yields similar adherence and efficacy when compared to standard care ([Munafò D et al. Sleep Breath 2016](#)).

A study evaluating the effectiveness and coaching labor requirements of a web-based automated telehealth messaging program compared to standard care in newly diagnosed OSA patients found a significant reduction

in the number of minutes coaching required per patient in the telehealth vs. standard of care group (23.9 vs. 58.3). The majority of patients in this group stated the new approach met or exceeded their expectations.

For more on sleep apnea's prevalence, links to other diseases and how remote patient monitoring aids treatment, see the infographics on ResMed's new [Online Newsroom](#).

* CPAP devices are typically indicated for the treatment of patients with obstructive sleep apnea (OSA). Please reference the appropriate indications for use or intended use statement outlined in the product labeling prior to use.

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