## **European Respiratory Society Annual Congress 2013**

**Abstract Number: 384** 

**Publication Number: P3584** 

Abstract Group: 4.2. Sleep and Control of Breathing

Keyword 1: Sleep disorders Keyword 2: E-health Keyword 3: Monitoring

**Title:** Performance assessment of a novel medical device for home monitoring of CPAP treatment in patients with obstructive sleep apnoea syndrome

Dr. Joelle 3662 Texereau joelle.texereau@airliquide.com MD ¹, Mr. Maxime 3663 Elbaz maxime.elbaz@htd.aphp.fr ², Ms. Amelie 3664 Carron amelie.carron@airliquide.com ³, Mr. Benoit 3665 Piednoir benoit.piednoir@airliquide.com ¹, Mr. Henry 3666 Taupin henry.taupin@airliquide.com ¹, Mr. Claude 3667 Weber claude.weber@airliquide.com ³ and Prof. Damien 3668 Leger damien.leger@htd.aphp.fr ². ¹ Medical Gases R&D Group, Air Liquide Healthcare, Les Loges en Josas, France ; ² Centre Du Sommeil Et De La Vigilance De L'Hôtel Dieu De Paris, Université Paris Descartes, PRES Paris Cité Sorbonne, APHP, Paris, France and ³ Applied Mathematics R&D Group, Air Liquide, Les Loges en Josas, France .

**Body:** Background: Home monitoring of Continuous Positive Airway Pressure (CPAP) is key to ensure on the long term patient compliance and normalisation of the apnoea-hypopnoea index (AHI). Those parameters are currently collected from CPAP devices but measured parameters differ and their algorithms may score differently respiratory events. The novel AL539 device allows remote control of treatment duration and of residual AHI in patients with obstructive sleep apnoea syndrome (OSAS), whatever the CPAP used. Objectives: To assess AL539 performance by comparing with respiratory polygraphy (Embletta GOLD®). Methods: OSAS patients requiring an in-lab control respiratory polygraphy with their usual CPAP and interface were included (82% males, mean age 61 yrs, BMI ranging 23-41 Kg/m<sup>2</sup>). Descriptive analyses on 14 patients are presented. Results: Recordings were performed with 6 different CPAPs and nasal mask, face mask or nasal pillow. Minimum duration of the recordings was 6.75 hours. Overnight difference in CPAP treatment duration was of 2.4 minutes (95% confidence interval -0.2 to 5.1) between AL539 and the polygraph. Polygraphic AHI was 6.4±3.4/hr and mean difference with AHI estimated by AL539 was 2.5/hr (95% confidence interval 1.4 to 3.6). Conclusions: AL539 allows a precise measurement of CPAP treatment duration. As expected by the difference in the methods used to score respiratory events, AHI estimated by AL539 slightly differs from medical interpretation of polygraphic data. Interest of AL539 is homogeneity of the data collected and its compatibility with most of the currently available CPAPs, including those without internal monitoring systems.