

## **Efficacy of an Adjustable Oral Appliance and Comparison to Continuous Positive Airway Pressure For the Treatment of Obstructive Sleep Apnea Syndrome**

A study just released in CHEST on line looks at the efficacy of a patient adjustable oral appliance (Thornton Adjustable Positioner *or* TAP®) when compared to CPAP for treatment of OSA in 497 patients at the Walter Reed Army Medical Center (WRAMC) Sleep Disorders Center.

Researchers sought to look at the largest patient population to date with minimal selection bias. At WRAMC patients who are set to deploy receive a TAP® whether or not they have a CPAP. Patients who had a CPAP titration were titrated with the aOA (TAP®) within 232+365 days of their CPAP titration.

Since CPAP titration is deemed successful by some when the AHI is reduced to <5 the same criteria was used for the aOA, however according to AASM guidelines a reduction of AHI to <10 is deemed successful. Although CPAP was superior for patients with severe OSA, the difference in AHI reduction between the aOA and CPAP was not significant for patients with mild and moderate disease. When using the AASM guidelines for success (AHI <10), 73.6% of patients (mild, moderate and severe) were sufficiently treated with the aOA (TAP®).

Researchers credit patient adjustability at home, advancement to and beyond maximum protrusion and ease of titration in the sleep lab as success initiators with the aOA device. Researchers suggest that a broader use of aOAs would be appropriate for treatment of the OSA population.

The study is currently available at: <http://www.chestjournal.chestpubs.org>

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