

What are the treatment options?

Based on the nature of the obstruction and the severity of your pathology, **your practitioner can recommend several options**, including:

- > Mandibular Repositioning Device (MRD)
- > Continuous Positive Airway Pressure machine (CPAP)
- > Surgical procedure

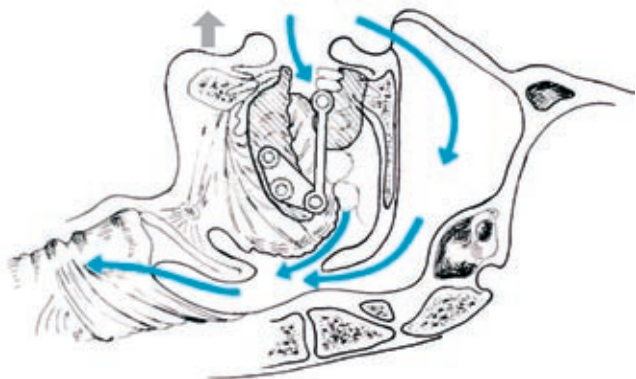
Numerous clinical studies proved the efficacy of custom-made MRDs in the treatment of snoring as well as mild to moderate obstructive sleep apnoea. Significant improvement has also been shown on associated symptoms such as daytime sleepiness and fatigue.⁽⁶⁾

(6) Cistulli et coll. Sleep Medicine Review 2004 8, 443-457.

Medical consensus⁽⁷⁾ also recognises MRDs as a second line treatment for severe OSA for patients who are non-compliant to CPAP.

(7) Schmidt-Nowara et coll. Sleep. 1995 Jul;18(6):501-10.

A **MRD is an oral appliance** that maintains the lower jaw in forward position during your sleep. This mechanical protrusion **widens the pharyngeal area** and **reduces the obstruction phenomenon**.



With MRD :
No obstruction

Designed for Comfort and Efficacy

The **O.R.M. type Device®** is a new generation custom-made MRD with a patented physiological articulation and unique comfortable splints to optimise patient acceptance and treatment efficacy. It is recognised by many specialists as the most **discrete and comfortable** MRD available.

The O.R.M. type Device® was developed by a multi-disciplinary team to meet an exhaustive list of design and feature requirements:

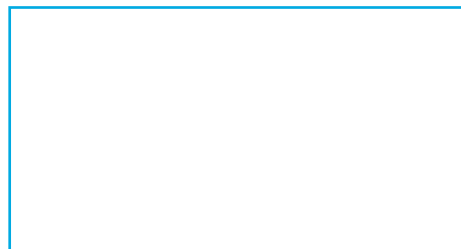
Adjustable protrusion	→	Optimal efficacy
Minimal bulk in the mouth	→	No hyper salivation
Full lip seal	→	No dryness in the mouth
Vertical and lateral movement	→	Ability to speak and drink
Non-rigid splints	→	Comfort and safety
No pressure on incisors	→	Avoid tooth pain

Clinical efficacy and excellent compliance were shown in a cohort study on 108 patients⁽⁸⁾:

- > **↓60 %** of average Apnoea Hypopnoea Index
- > **83%** efficacy on snoring
- > **94%** of patients still under treatment after average period of 15 months
- > **66%** of patients wear the O.R.M. type Device® all night long 7 days / week



(8) Dr Navailles IFOS Rome 2005



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HOW DEEP DO YOU DIVE DURING YOUR SLEEP?

Snoring



Beware of the risks:

- Daytime sleepiness
- Depression
- Hypertension
- Stroke

Sleep
Apnoea

Snoring and Obstructive Sleep Apnoea (OSA) are **common respiratory sleep disorders**

> **1 adult out of 4** snores regularly
 > **2% to 4% of the adult** population suffers from OSA⁽¹⁾

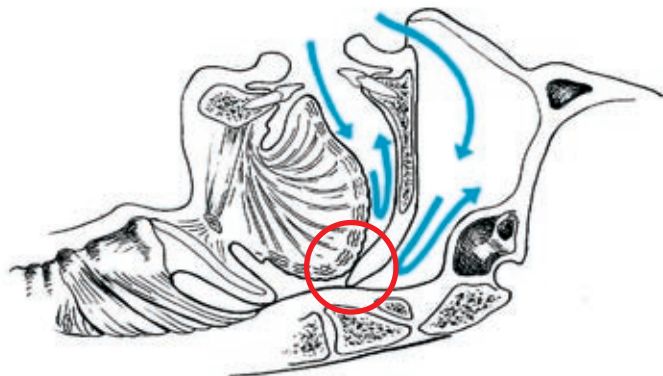
(1) Young, Peppard et coll. Epidemiology of Sleep Apnea American Journal of Respiratory and Critical Care 2002

These two disorders have the same origin: partial or complete obstruction of the upper airway in the region of the pharynx.

Snoring noise comes from **vibration of soft tissues** due to an acceleration of the airflow. This acceleration happens during partial obstruction or after a full **obstruction of the upper airways**.

Obstructive sleep apnoea is characterised by **frequent respiratory obstructive events** whether complete (apnoea) or partial (hypopnoea). OSA can be thought of as a severe form of snoring that may worsen with ageing and weight gain.

Several morphological characteristics can represent a risk factor for these obstructions; including a thick soft palate, a large tongue, and a set back lower jaw.



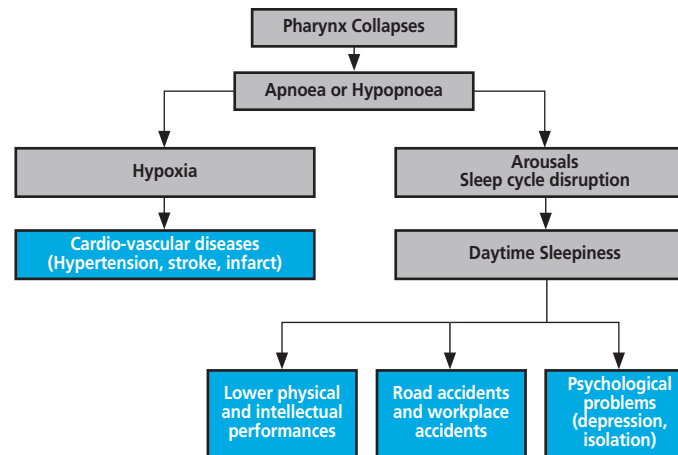
Full obstruction of the pharynx (apnoea)

Too often, **snoring problems** are taken lightly while they **should alert** the patient and bedpartner to **potential sleep apnoea syndrome**.

Untreated sleep apnoea can lead to **important short term consequences** – daytime sleepiness that can lead to accidents on the roads or at work, depression and isolation – as well as longer term – increased risk for hypertension and cardio-vascular pathologies.

Unfortunately, many people are unaware of their sleep apnoea problem and they try to cure the consequences (somnolence, depression) rather than the pathology itself.

Consequences of Obstructive Sleep Apnoea (OSA)⁽²⁾



(2) Adapted from W. Karrer et coll. Forum Med Suisse Fév 2003

Did you know?

Scientific studies on severe sleep apnoea patients showed the following increased cardio-vascular risks:

- > **3,3 times more** likely to have sudden death or a stroke⁽³⁾
- > **2,9 times more** likely to develop arterial hypertension⁽⁴⁾

With regard to road safety, a study⁽⁵⁾ showed that an untreated apnoeic was **up to 15 times more** likely to have a traffic accident!

(3) Yaggi H. New England J of Medicine 2005 353:19. (4) Peppard PE New England J of Medicine 2000 342:19 (5) Horstman S Sleep 2000 1;23(3):383-9

If you **snore loudly on a regular basis**, it is recommended that you consult a specialist in the field in order to better **assess the cause and extent of your snoring problem**.

If sleep apnoea is suspected, a **sleep recording exam** will be performed to **understand the severity** of the pathology and **associated risks**

In order to engage in a productive discussion with your practitioner, we invite you to fill in the following questionnaire.

- > Do you snore every night?..... Y N ?
- > Is the snoring bothering your family circle?..... Y N ?
- > Do you stop breathing a few seconds during the night?..... Y N ?
- > Do you have headaches in the morning?..... Y N ?
- > Do you wake up tired even after a full night sleep?..... Y N ?
- > Do you feel sleepy during the day?..... Y N ?
- > Do you easily fall asleep at the movies or in front of the TV?..... Y N ?
- > Do you fall asleep in cars or on public transport?..... Y N ?
- > Do you suffer from hypertension?..... Y N ?