

WatchPAT[®]

Home Sleep Testing Made Simple

 Obstructive Sleep Apnea is a Common Comorbidity of AFib

Understanding Obstructive Sleep Apnea (OSA)

OSA occurs when the muscles in the back of the throat fail to keep the airway open, resulting in brief and repeated breathing interruption during sleep.

OSA Can Impact Ablation Outcome

Almost half of all AF patients have OSA. Clinical data has shown that risk of Atrial Fibrilation (AF) recurrence after ablation can increase by 57% when OSA patients do not undergo therapy. Management of AF patients with OSA can improve outcomes and patient care^{5,9}.

WatchPAT™

WatchPAT is an FDA-cleared portable sleep diagnostic system to diagnose sleep related breathing disorders. It is a small wrist-mounted device which allows testing to be done in the comfort of the patient's own home. PAT® (Peripheral Arterial Tone) measures the arterialvolume changes in the fingertip, and reflects sympathetic nervous system activation. WatchPAT consistently demonstrates a high degree of correlation as compared with laboratory polysomnography (PSG)⁶⁻⁸.

Simple	 WatchPAT is the easiest to use Home Sleep Test on the market Requires minimal time and clinical resources to train patients and upload data 	
Accurate	 WatchPAT is clinically validated against gold standard lab polysomnography⁶⁻⁸ True sleep time can decrease the risk of misdiagnosis in 20% of patients¹⁰ 	
Fast	• A comprehensive clinical report is generated within seconds	
Reliable	 WatchPAT has been used by over 1 Million patients⁶⁻⁸ WatchPAT has a low failure rate for self-administered home testing⁷ 	



Expand your service portfolio to include the identification & management of OSA

49% OSA prevalence in AF patients¹

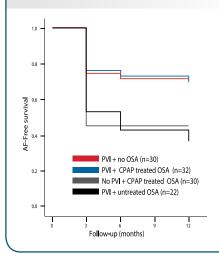
24% OSA prevalence in the general population²⁻⁴

WatchPAT

Managing Sleep Apnea to Improve AFib Care **Clinical Evidence**

Treatment of Obstructive Sleep Apnea Reduces the Risk of Atrial Fibrillation Recurrence After Catheter Ablation¹¹

Fein, Anter, Josephson et al. JACC July 2013



Method:

During a follow-up period of 12 months after PVI, CPAP therapy resulted in higher AF-free survival rate (71.9% vs. 36.7%; p = 0.01).

Conclusion:

The authors concluded that "CPAP is an important therapy in OSA patients undergoing PVI that improves arrhythmia free survival. PVI offers limited value to OSA patients not treated with CPAP."

Effect of Obstructive Sleep Apnea Treatment on Atrial Fibrillation Recurrence¹²

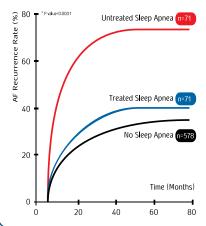
Shukla A, Chinitz et al. Meta-analysis: JACC. Clinical Electrophysiology. 2015

Conclusion:

- The use of CPAP is associated with a 42% relative risk reduction in AF recurrence in patients with OSA.
- This reduction of AF recurrence appears to be independent of medical or catheter ablation therapy and is consistent across patient groups with OSA.
- These results advocate for active screening for undiagnosed OSA in patients with AF when OSA is clinically suspected.

Probability of AF Recurrence According to SA Treatment⁹

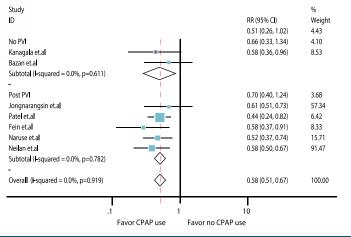
Neilan et al, Effect of Sleep Apnea and Continuous Positive Airway Pressure on Cardiac Structure and Recurrence of Atrial Fibrillation, J Am Heart Assoc. 2013



Conclusion:

The AF recurrence rate is almost double for those who were untreated for OSA. AF recurrence was similar for ablation patients treated for OSA as it was for those ablation patients without OSA.

AF Recurrences in Users Versus Nonusers of CPAP in 2 Groups of Patients with OSA: PVI and Non-PVI Groups



^{1.} Gami AS, et al. Association of atrial fibrillation and obstructive sleep apnea. Circulation. July 27, 2004; 110(4):364-367

+

www.itamar-medical.com

infousa@itamar-medical.com 💠 1-888-7 ITAMAR





REF MM2198690 Edition

^{2.} Young T, et al. The occurrence of sleep-disordered breathing among middle-aged adults. N Engl J Med April 29, 1993; 328(17):1230-1235

^{3.} Young T, et al. Epidemiology of obstructive sleep apnea: a population health perspective. Am J Respir Crit Care Med. May 1, 2002; 165(9):1217-1239

^{4.} Davies RJ, et al. The epidemiology of sleep apnea. Thorax. August 1996; 51 Suppl 2:S65-70

^{5.} Li L, et al. Efficacy of catheter ablation of atrial fibrillation in patients with obstructive sleep apnoea with and without continuous positive airway pressure treatment: a meta-analysis of observational studies. Europace. Published online April 2, 2014

^{6.} Yalamanchali S, et al. Meta-analysis: Diagnosis of obstructive sleep apnea by peripheral arterial tonometry. JAMA Otolaryngol Head Neck Surg. December 2013;139[12]:1343-1350

^{7.} Pittman SD, et al. Using a wrist-worn device based on peripheral arterial tonometry to diagnose obstructive sleep apnea: in-laboratory and ambulatory validation. Sleep. August 1, 2004; 27(5):923-933

^{8.} Safadi, et al. The effect of the transition to home monitoring for the diagnosis of OSAS on test availability, waiting time, patients' satisfaction, and outcome in a large health provider system. J Sleep Disorders Published 24 April 2014

^{9.} Neilan, et al. Effect of sleep apnea and continuous positive airway pressure on cardiac structure and recurrence of atrial fibrillation. J Am Heart Assoc. 2013;2:e000421

^{10.} Schutte - Rodin, et al. Comparison of AHI using recording time versus sleep time. J Sleep Abs supl 2014

^{11.} Fein A, et al. Treatment of obstructive sleep apnea reduces the risk of atrial fibrillation recurrence after catheter ablation. JACC. Volume 62, Issue 4, July 2013: 300-305

^{12.} Shukla A, et al. Meta-analysis: Effect of obstructive sleep apnea treatment on atrial fibrillation recurrence. JACC. Clinical Electrophysiology. VDL-1, NO. 1-2, 2015:41-51