

WHAT IS **SLEEP APNEA?**



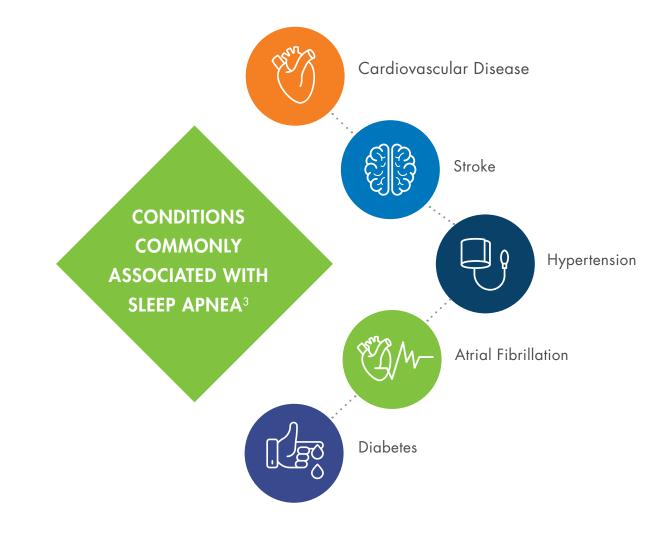


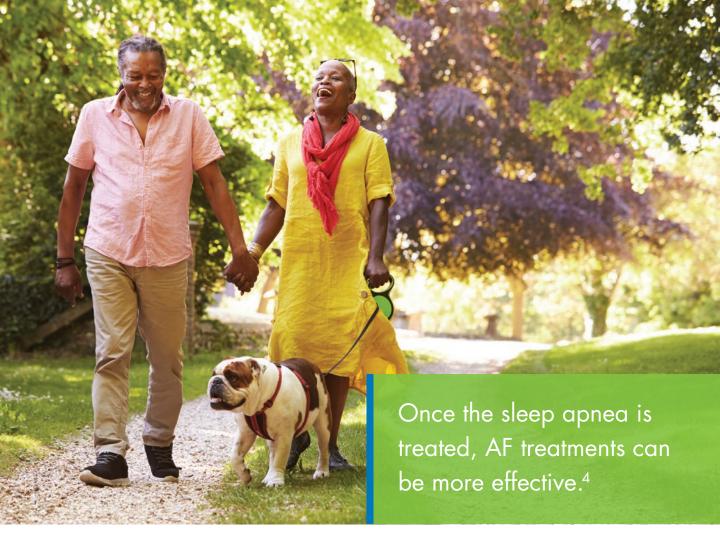
WHAT IS SLEEP APNEA?

Sleep apnea is a common disorder in which a patient has either pauses or shallow breathing while they sleep. There are two main types – Obstructive Sleep Apnea (OSA) and Central Sleep Apnea (CSA), although a patient can have both. OSA is caused by a collapse of the upper airway that occurs during sleep. CSA occurs when the brain does not send a signal to the body to take a breath. Breathing pauses can occur 30 times or more per hour. These repeated pauses prevent the patient from reaching deeper sleep stages, causing poor quality of sleep and stress on the body.

WHAT ARE SOME RISKS ASSOCIATED WITH SLEEP APNEA?

Untreated sleep apnea may increase the risk of high blood pressure, heart attack, stroke, obesity, diabetes, and other medical conditions.¹ It may also increase the risk of or worsen heart failure and increase the likelihood of arrhythmias, or irregular heartbeats, including atrial fibrillation (AF). Patients with sleep apnea have four times the risk of developing AF.²





WHAT ARE THE HEALTH RISKS OF NOT TREATING HEART PATIENTS WHO SUFFER FROM SLEEP APNEA?

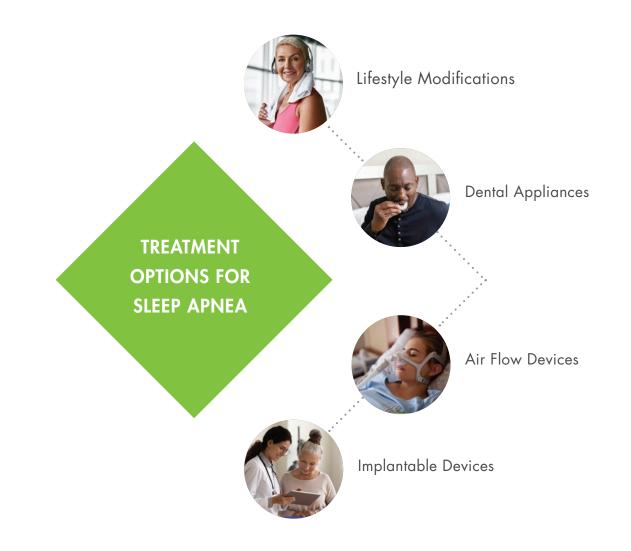
Untreated sleep apnea can increase the risk of developing various heart conditions and impact the success of treatment.

For example, patients having both atrial fibrillation and sleep apnea may not respond as well to medication which controls the heart rate.⁴ Also, patients who have a surgical procedure called an "ablation" to treat atrial fibrillation are more likely to have AF recurrences afterwards. Once the sleep apnea is treated, AF treatments can be more effective.

Research has also shown that heart failure patients with sleep apnea are likely to experience a more rapid progression of their heart disease than those who do not have sleep apnea.⁵

WHAT ARE THE TREATMENT OPTIONS FOR SLEEP APNEA?

Sleep apnea can be successfully treated. Lifestyle changes, dental appliances, surgery, implantable devices, and airflow devices can successfully treat sleep apnea. Your doctor will consider your personal health factors and your sleep apnea test results to help you identify the right treatment for you. Treatment can help restore normal breathing during sleep, reducing stress on your heart, relieving symptoms and improving your quality of life.





HOW IS SLEEP APNEA DIAGNOSED?

In the past, sleep labs were the only option available to test for sleep apnea, requiring an overnight stay at a hospital or clinic. Sleep apnea can now be quickly and accurately diagnosed using the WatchPAT ONE, a home sleep test performed in the comfort of your own bedroom. The test is conducted over one night and a detailed report is provided to your doctor.

WHAT IS WatchPAT® ONE?

WatchPAT ONE is an innovative home sleep test that uses a watch-like device, a finger probe, and a chest sensor. The device generates a detailed sleep report for your doctor. WatchPAT ONE is simple to operate, with fast and accurate results, and has been proven to deliver similar results to in-lab testing.⁶

WHAT HAPPENS NEXT?

Your physician or a sleep medicine provider will talk with you about your sleep apnea test results as well as any recommended follow-up treatment plans.

itan

WatchPAT Simple. Accurate. Reliable.^{6,7,8,9,10}

WatchPAT

For **WatchPAT ONE** patient support, please call **833-597-2066**, 24 hours a day, 7 days a week.

References:

- 1 Yeghiazarians Y, Jneid H, Tietjens JR, et al; on behalf of the American Heart Association Council on Clinical Cardiology; Council on Peripheral Vascular Disease; Council on Arteriosclerosis, Thrombosis and Vascular Biology; Council on Cardiopulmonary, Critical Care, Perioperative and Resuscitation; Stroke Council; and Council on Cardiovascular Surgery and Anesthesia. Obstructive sleep apnea and cardiovascular disease: A scientific statement from the American Heart Association. Circulation;2021;144(3):e56-e67. doi:10.1161/CIR.000000000000988.
- 2 Mehra R, Benjamin EJ, Shahar E, Gottlieb DJ, Nawabit R, Kirchner HL, Sahadevan J, Redline S, & Sleep Heart Health Study (2006). Association of nocturnal arrhythmias with sleep-disordered breathing: The Sleep Heart Health Study. *American journal of respiratory and critical care medicine*, 173(8),910–916. Fein AS, Shvilkin A, Shah D, et al. Treatment of obstructive sleep apnea reduces the risk of atrial fibrillation recurrence after catheter ablation. JACC. 2013;62(4):300–305. doi:10.1016/j.jacc.2013.03.052.
- 3 Seet E, Chung F. Obstructive sleep apnea: Preoperative assessment. Anesthesiology Clin. 2010 Jun;28(2):199-215.
- 4 Goyal SK, Sharma A. Atrial fibrillation in obstructive sleep apnea. World J Cardiol 2013;5(6):157-163. doi:10.4330/wjc.v5.i6.157.
- 5 Jilek C, Krenn M, Sebah D, et al. Prognostic impact of sleep disordered breathing and its treatment in heart failure: An observational study. Eur J Heart Fail. 2011;13:68–75. doi:10.1093/eurjhf/hfq183.
- 6 Yalamanchali S, Farajian V, Hamilton C, Pott TR, Samuelson CG, Friedman M. Diagnosis of obstructive sleep apnea by peripheral arterial tonometry: Meta-analysis. JAMA Otolaryngol Head Neck Surg. 2013;139(12):1343–1350. doi:10.1001/jamaoto.2013.5338.
- 7 Safadi A, Etzioni T, Fliss D, Pillar G, Shapira C. 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. Sleep Disord. 2014;2014:418246. doi:10.1155/2014/418246.
- 8 Schutte-Rodin et al. Comparison of AHI using recording time versus sleep time. J Sleep Abs supl 2014.
- 9 Tanaka N et al. Home sleep apnea test to screen patients with atrial fibrillation for sleep apnea prior to catheter ablation. Circ J 2021;85:252–260.
- 10 O'Brien et al. Validation of Watch-PAT-200 against polysomnography during pregnancy. Journal of Clinical Sleep Medicine, Vol. 8, No. 3, 2012.

