



Titrated mandibular advancement versus positive airway pressure for sleep apnoea

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Mots-clés	Continuous Positive Airway Pressure [9], mandibular advancement [10], obstructive sleep apnoea [11], titration [12], treatment [13]
Résumé en anglais	<p>The aim of this study was to compare mandibular advancement device (MAd) therapy and continuous positive airway pressure (CPAP) for obstructive sleep apnoea/hypopnoea syndrome (OSAHS) after one-night polysomnographic (PSG) titration of both treatments.</p> <p>59 OSAHS patients (apnoea/hypopnoea index (AHI): 34 ± 13 events·h⁻¹; Epworth scale: 10.6 ± 4.5) were included in a crossover trial of 8 weeks of MAd and 8 weeks of CPAP after effective titration. Outcome measurements included home sleep study, sleepiness, health-related quality of life (HRQoL), cognitive tests, side-effects, compliance and preference.</p> <p>The median (interquartile range) AHI was 2 (1-8) events·h⁻¹ with CPAP and 6 (3-14) events·h⁻¹ with MAd ($p < 0.001$). Positive and negative predictive values of MAd titration PSG for treatment success were 85% and 45%, respectively. Both treatments significantly improved subjective and objective sleepiness, cognitive tests and HRQoL. The reported compliance was higher for MAd ($p < 0.001$) with >70% of patients preferring this treatment.</p> <p>These results support titrated MAd as an effective therapy in moderately sleepy and overweight OSAHS patients. Although less effective than CPAP, successfully titrated MAd was very effective at reducing the AHI and was associated with a higher reported compliance. Both treatments improved functional outcomes to a similar degree. One-night titration of MAd had a low negative predictive value for treatment success.</p>

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