



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.

49% | OSA prevalence in AF patients¹



OSA Can Impact Ablation Outcome

Almost half of all AF patients have OSA. Clinical data has shown that risk of Atrial Fibrillation (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}.

24% | OSA prevalence in the general population²⁻⁴



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 arterial-volume 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

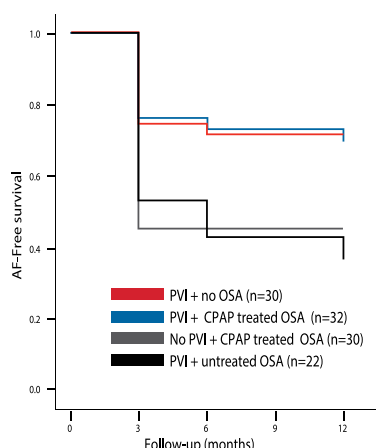
- WatchPAT has been used by over 1 Million patients⁶⁻⁸
- WatchPAT has a low failure rate for self-administered home testing⁷

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

+ 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:

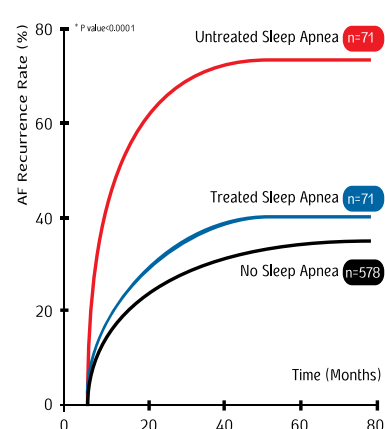
During a follow-up period of 12 months after PVI, CPAP therapy resulted in higher AF-free survival rate [71.9% vs. 36.7%; $p = 0.01$].

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."

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.

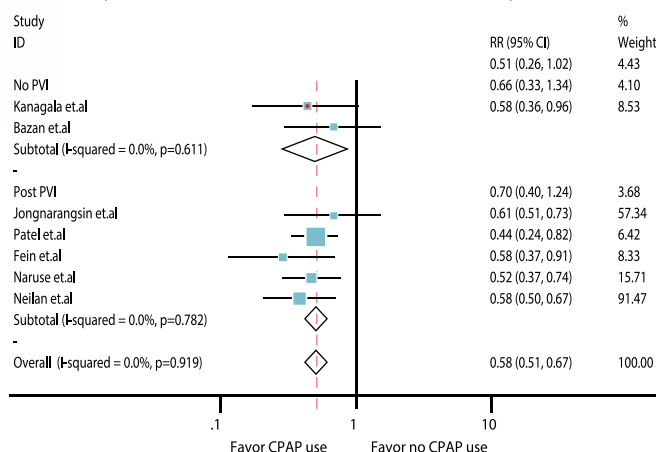
Effect of Obstructive Sleep Apnea Treatment on Atrial Fibrillation Recurrence¹²

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.

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



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