

Advances in Treating Sleep Apnea

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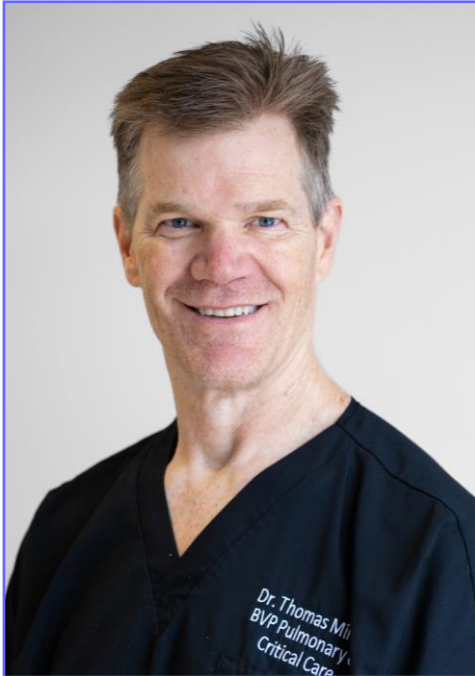
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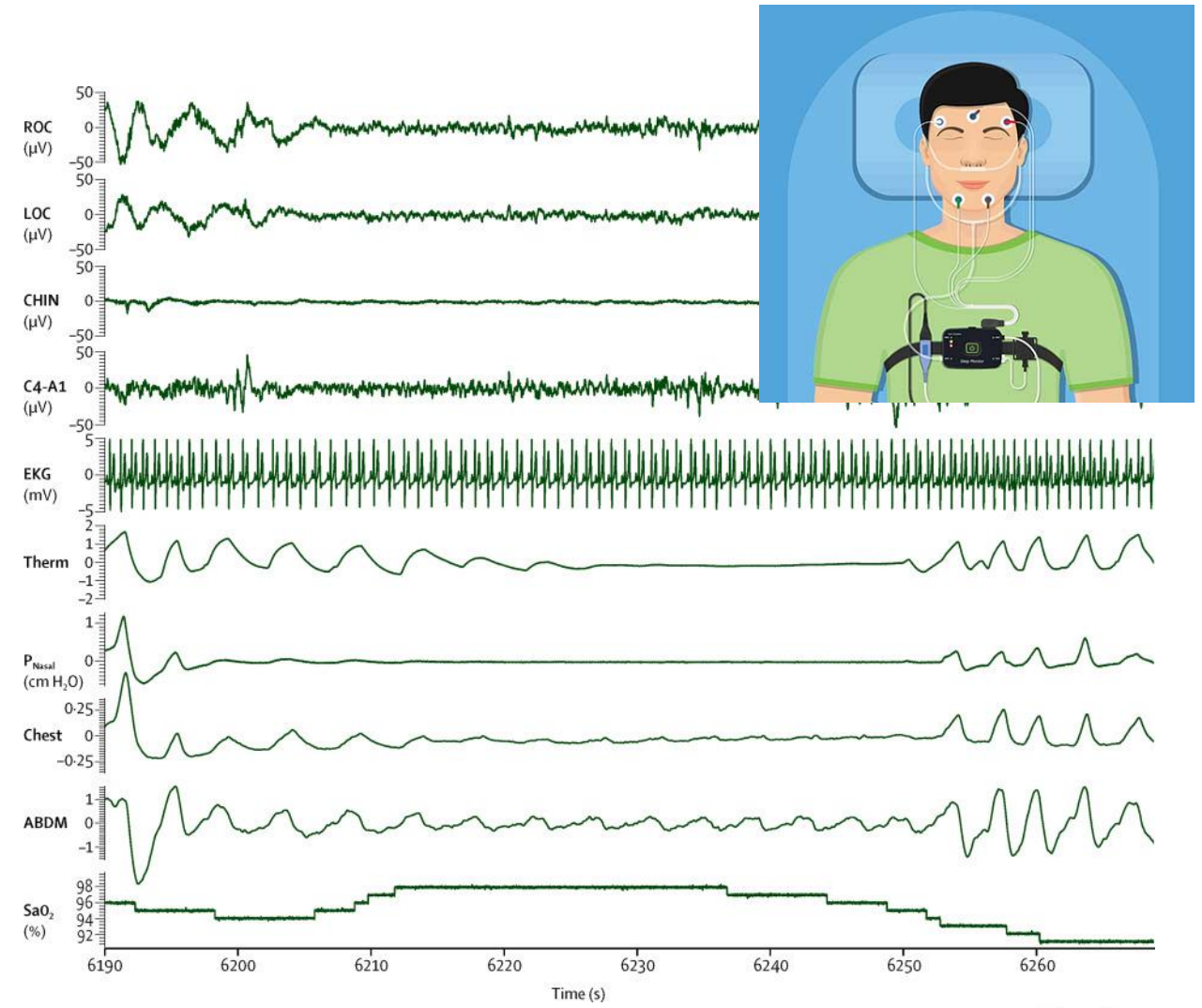
Tonight's Agenda

- Diagnosis of Sleep Apnea
- Types of Sleep Apnea
- Typical Treatments
- Beyond the Typical -
Hypoglossal Nerve Stimulation

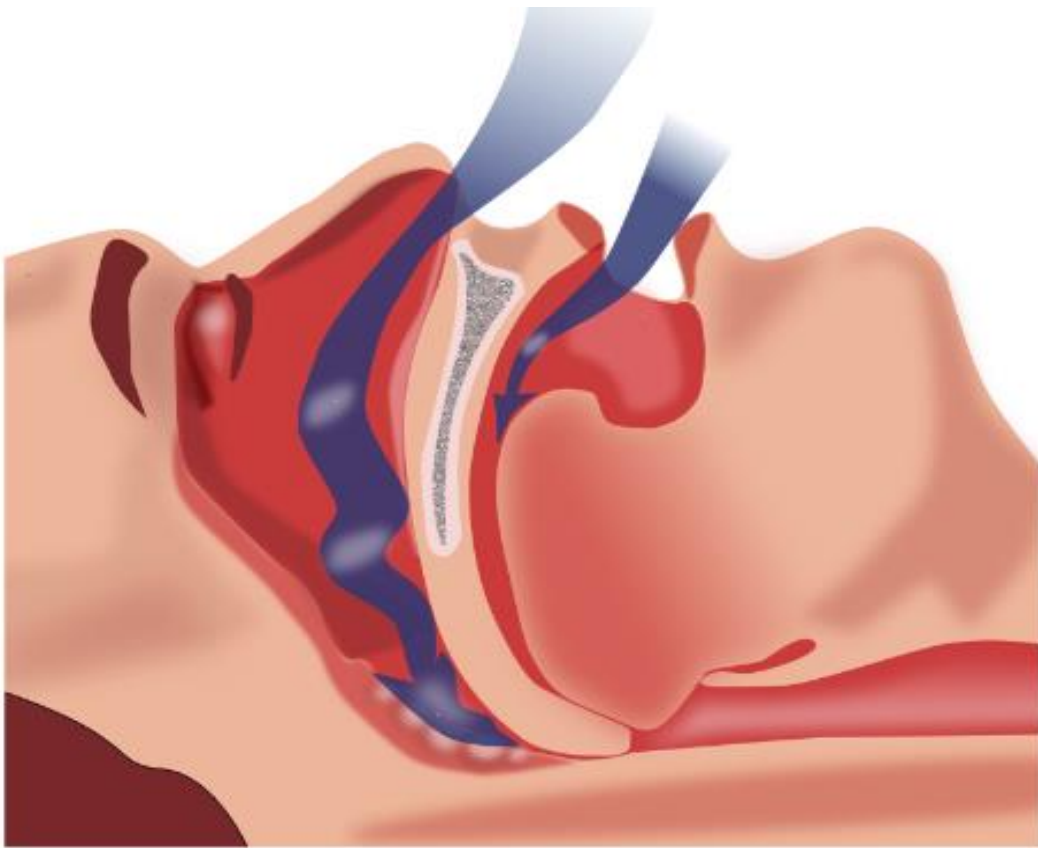


Diagnosis of Sleep Apnea

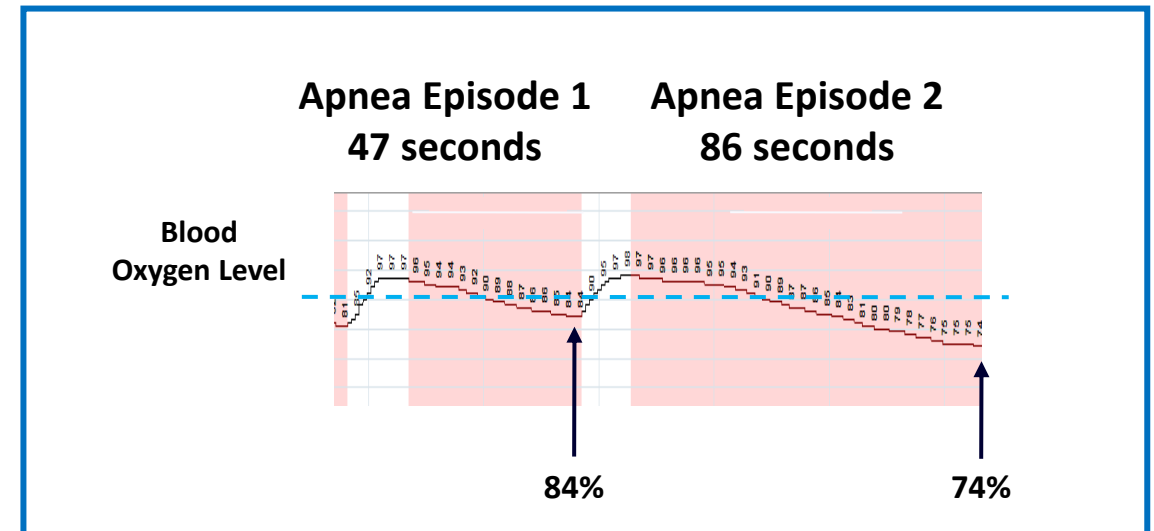
- Signs and Symptoms
- Sleep History
- Home Sleep Test
- Nocturnal Polysomnography



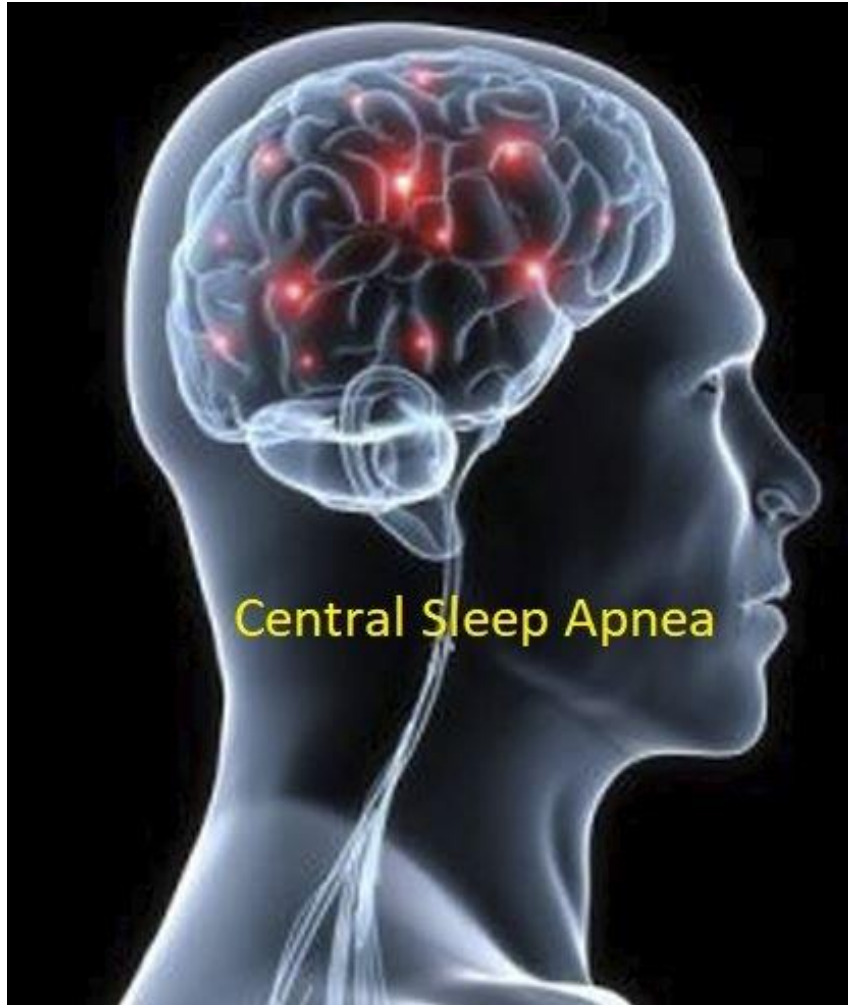
Obstructive Sleep Apnea (OSA)



- Tongue and soft palate relax during sleep and block airflow
- Over 20 million Americans have moderate to severe (OSA)



Central Sleep Apnea (CSA)



- Brain fails to send signal to muscles to breathe
- ~1% of adults over 40
- More common with high altitude

Consequences Untreated Sleep Apnea

Fatigue, Diminished Productivity



Snoring – Bed Partner



Heart and Brain Health



Accident Risk – Community Safety



Great results when used regularly



Intolerance a significant problem



- Oral Appliances are custom mouthpieces intended to pull the jaw forward during sleep.
- Indications
- Limitations



- Positional Therapy is designed to keep the sleeper in a position that minimizes their obstruction.
- Indications
- Limitations



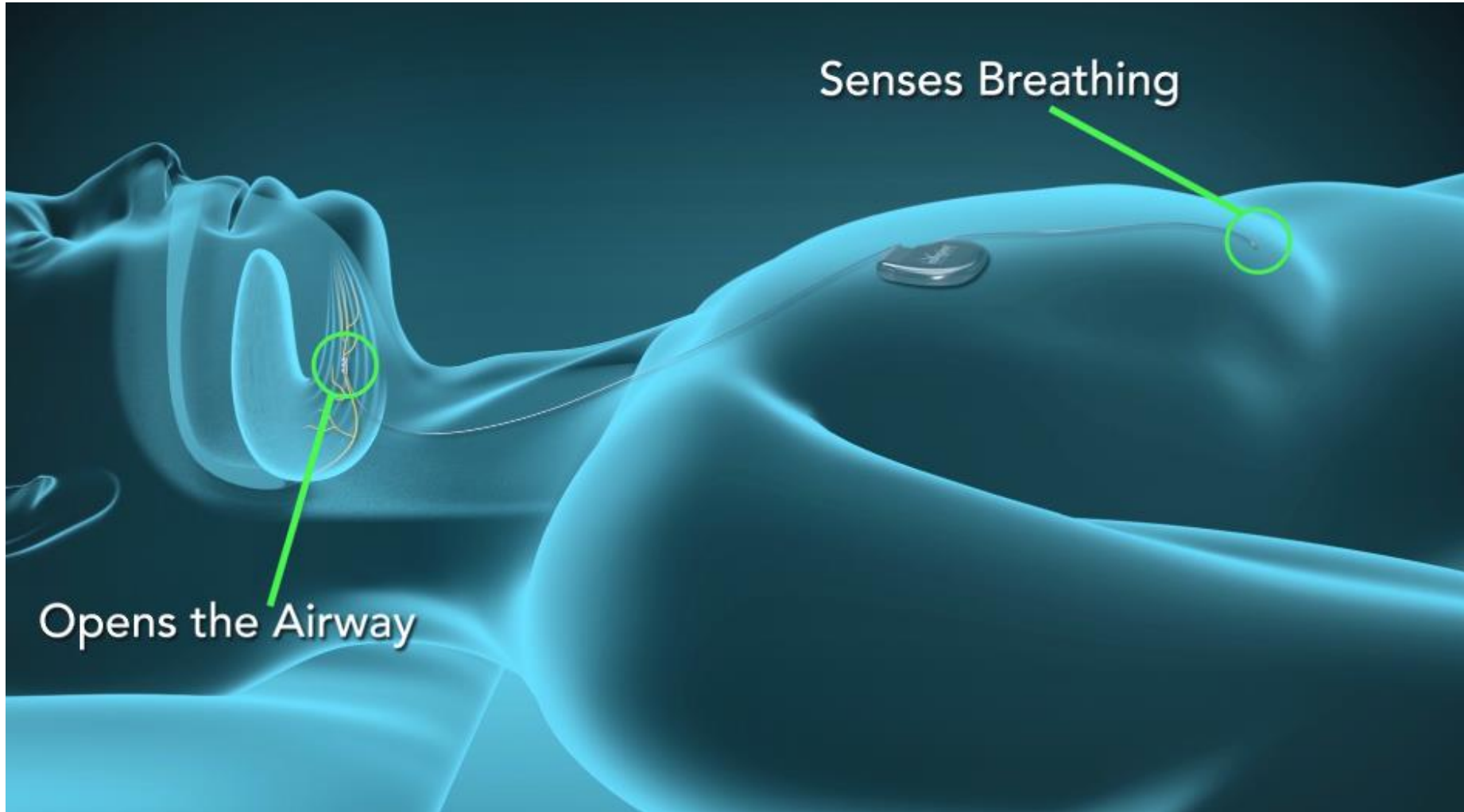
- Historically had been challenging to get significant sustained weight loss
- Tirzepatide (Mounjaro, Zepbound) for OSA. NEJM 2024
 - Moderate-Severe Obstructive Sleep Apnea
 - Average AHI 50 events/hour, BMI 39 kg/m², weight 250#
 - At 1 year:
 - 17% reduction in weight
 - Reduction in AHI of 58%
 - 50% of patients reduced to normal or mildly elevated AHI
 - Blood pressure, inflammatory markers, symptoms all improved
 - Possible FDA approval late 2024/early 2025

Surgical Treatment Options

- **Anatomy Altering Surgery** is surgery to change or remove parts of the nose, jaw, tongue, or throat to improve the airway.
- Types
- Indications
- Limitations



Hypoglossal Nerve Stimulation - Inspire



- Moderate to severe obstructive sleep apnea
 - $AHI < 100$
- Unable to get consistent benefit from CPAP
- Not significantly overweight
 - $BMI < 40$
- Pass an airway anatomy exam
- Drug Induced Sleep Endoscopy (DISE)
- Age 18+



If you have not had a recent sleep study, you may need a new one.

Outpatient procedure



Press a button – Go to sleep





- Inserted through 2 incisions
- Fast recovery
 - Typically, OTC meds for post-op pain
 - Return to non-strenuous activities within a few days
- ~11 year battery
- NEW: Inspire now approved for full-body MRI

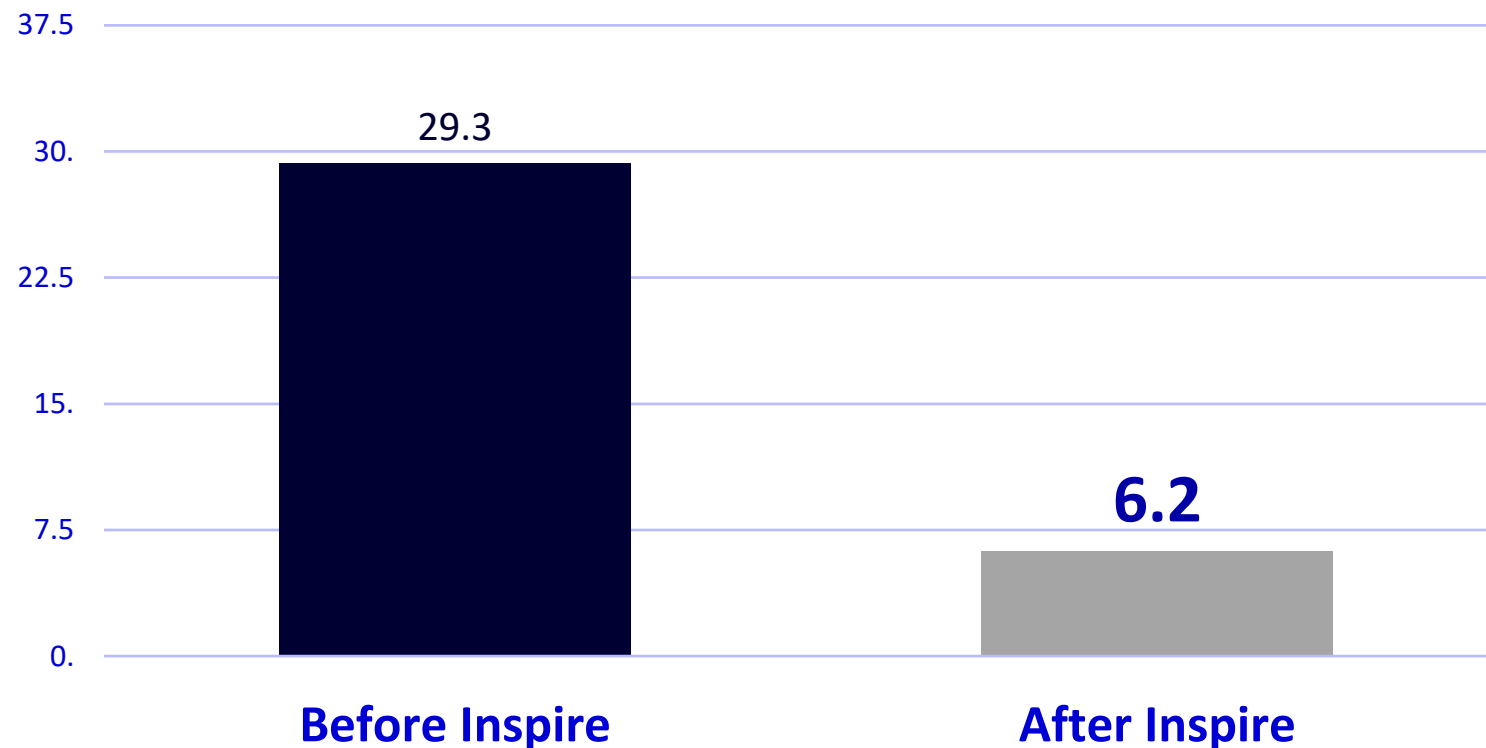
Office Visit After the Procedure



- Turn on Inspire therapy for the first time
- Establish initial settings
 - Comfortable
 - Effective
- Learn how to use the Inspire sleep remote

- Significant and sustained reduction in sleep apnea events

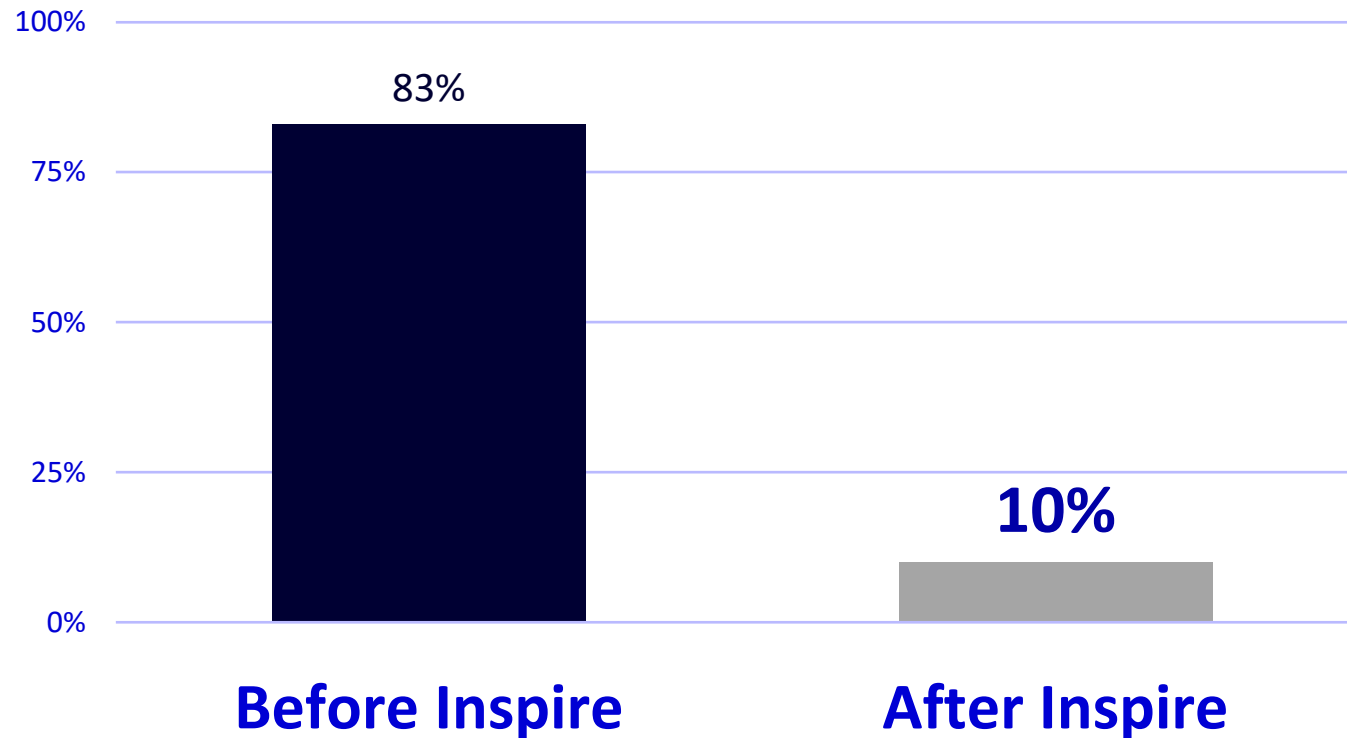
Average Sleep Apnea Events per Hour (Apnea-Hypopnea Index)



79%
Reduction

- Significantly decreased bed-partner reported snoring

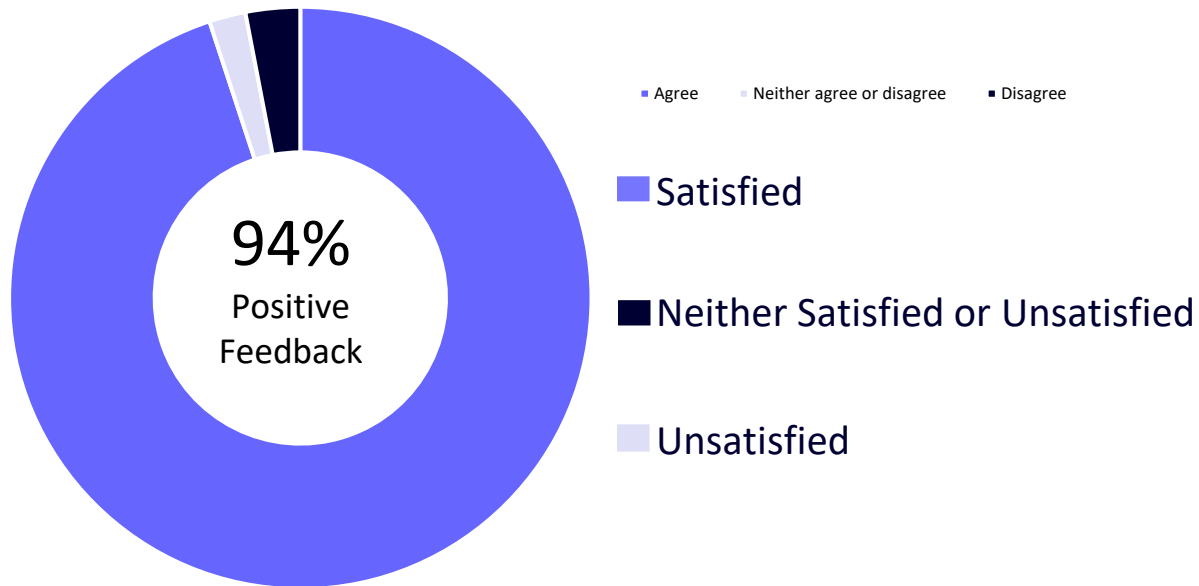
Bed Partner Reported Snoring



88%
Reduction

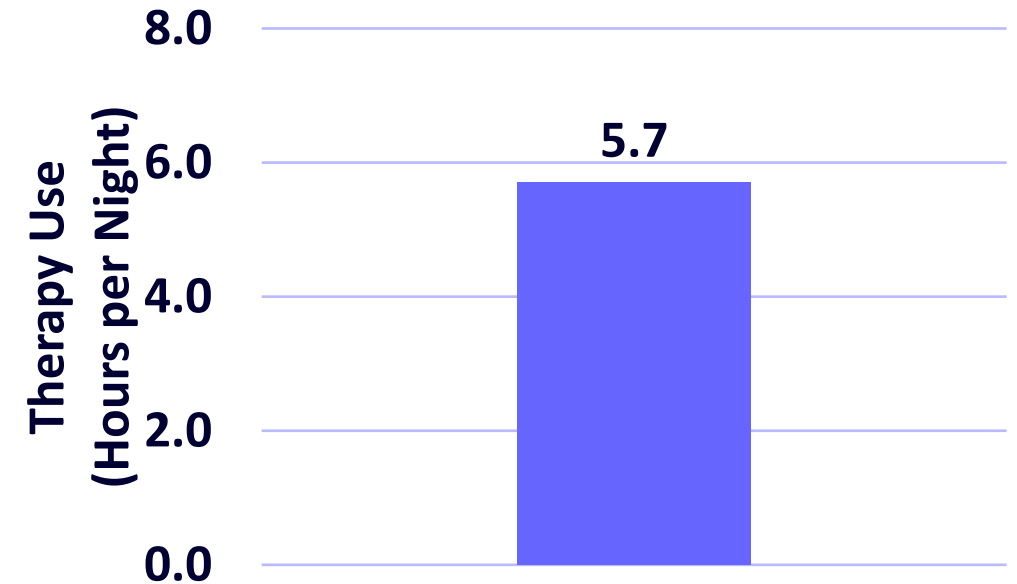
Patients Like It

Patient Satisfaction At Final Visit

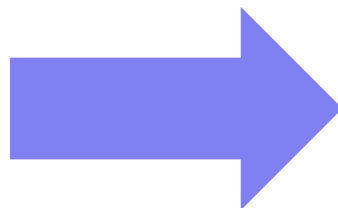
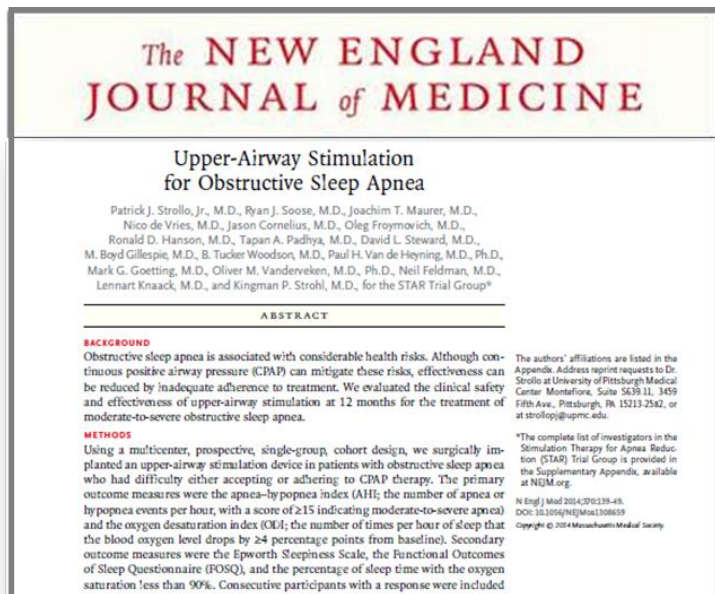


Patients Use It

Patient Adherence At Final Visit



Sustained Clinical Results



Most US Insurance Covers Inspire



- Over 100 Peer-Reviewed Publications
- 5-Year Follow-Up Data; STAR Trial
- Enrollment goal of 5,000 pts in ADHERE Registry

- Broad private insurance coverage
- Medicare coverage across the US
- Many VA and military hospitals

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- **For detailed insurance questions, call 844-515-6182.**
- **For VA questions, call 1-800-739-6805.**



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