

# Remotely controlled mandibular positioning

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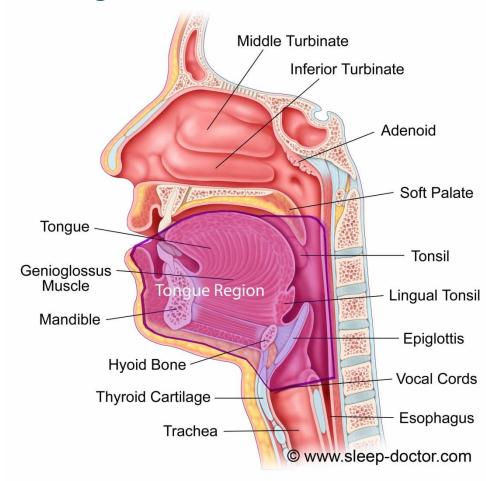
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## Obstructive sleep apnea (OSA) - upper airway

Collapsible segment







#### **Anatomical OSA traits**

- Small, collapsible upper airway
- Site of upper airway collapse
  - Diagnostic evaluation of anatomy:
    - Drug-induced sleep endoscopy (DISE)







#### **OSA** treatment

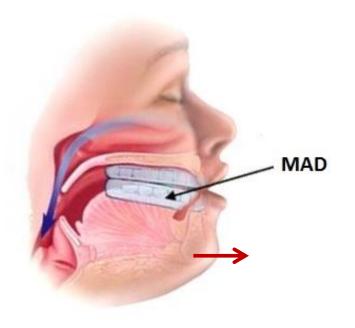
- General measures/ lifestyle changes
  - Weight reduction
  - Avoidance of alcohol consumption
  - No sedatives
  - Smoking cessation
- Non-surgical
  - Continous positive airway pressure (CPAP)
  - Mandibular advancement device (MAD)
  - Positional therapy
- Surgical
  - ENT surgery
  - Oral & Maxillofacial surgery

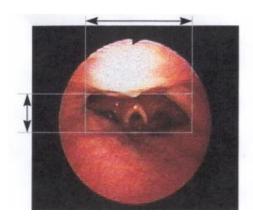




#### MAD

- Mandibular advancement devices (MAD) are the most common type of oral appliances
  - Advance the mandible during the night
    - Increase the upper airway volume



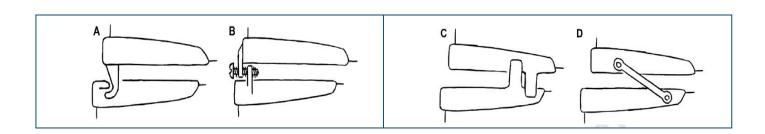






## Titratable MAD – Target protrusion

- Custom-made, titratable oral appliances
  - Gradual mandibular advancement until optimal mandibular protrusion
    - Tolerability
    - Positive effects on sleep-disordered breathing
- Target protrusion position needs to be determined individually
- Effect varies largely between patients







## Titratable MAD – Target protrusion

- No consensus on titration protocol = trial and error
- Different titration procedures
  - Subjective titration = 'conventional titration'
  - Subjective titration with objective feedback
  - Objective titration
    - With awakening of the patient
    - Without awakening of the patient
      - = 'remotely controlled mandibular positioning' (RCMP)



#### Historical prototypes:





Hydraulic

Motorized

#### Commercially available:



- Remotely controlled
- Feedback controlled





- Remotely Controlled Mandibular Positioner (RCMP)
  - Allows for progressive mandibular repositioning
  - Remotely controlled 

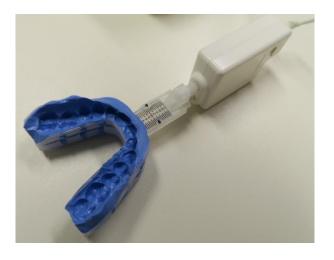
     without awakening the patient







- Aims of RCMP
  - To prospectively identify good candidates for MAD therapy
  - To determine an effective target protrusive position (ETPP)
     during titration polysomnography (PSG)
     ~ CPAP titration PSG







- Simulate mechanical action of a MAD by
  - Progressively protruding the mandible during sleep
  - Examining the effects on respiratory events
    - If respiratory events are eliminated

MAD can be an effective therapy

Minimum effective protrusion = ETPP for the final MAD appliance





Authors, year of publication	Positive Predictive Value
Pételle et al., 2002	100%
<b>Tsai</b> et al., 2004	90%
<b>Dort</b> et al., 2006	80%
Remmers et al., 2013	94%
Remmers et al., 2015 [abstract]	90%





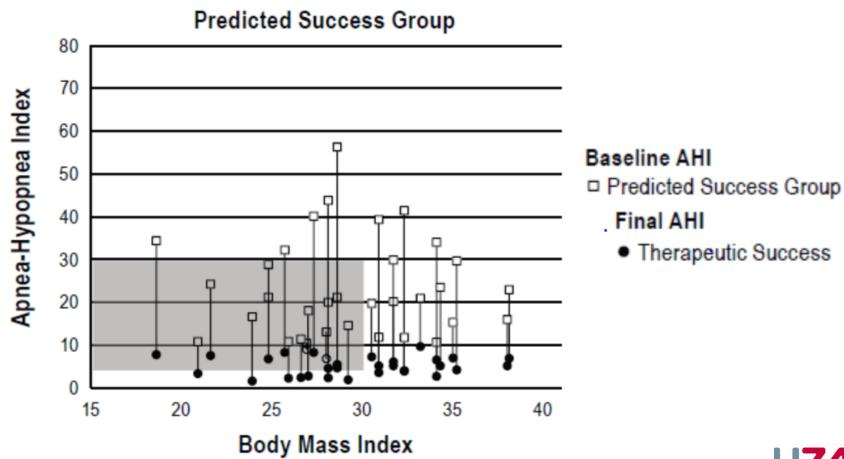
Degree of mandibular protrusion determination of titration	Type of MAD	ΔAHI (range)
Fixed	non-custom, non- titratable	6.3/h (3.0-10.0)
Conventional titration	custom ,titratable	13.8/h (3.5 - 44.8)
	custom, non-titratable	12.5/h (3.0 - 24.2)
RCMP titration	custom, titratable	17.8/h (5.1 - 47.3)

- Overall greatest decrease in AHI when using a custom titratable MAD after RCMP titration
- Upfront selection of patients for MAD



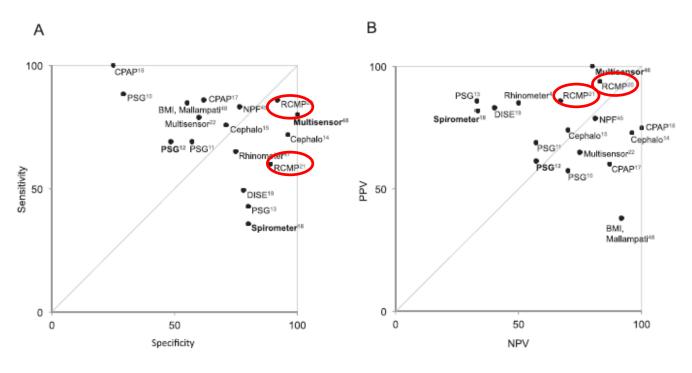


Introduction MAD / RCMP DISE Conclusions









- RCMP high accuracy but risk of bias.
- Validity of predictive index test useful
- Clinical practice: greater disease management





## RCMP – clinical validation

- Commerically available RCMP
- Titration during PSG, well tolerated
- Validation of RCMP method for MAD treatment outcome
- •n=33, AHI >10 events/h
- Prediction in a clinical sleep laboratory setting
  - Success: AHI < 10 events/h with 50% reduction</li>
- RCMP test:
  - Prediction:
    - Success n=10
    - Failure n=15
    - Inconclusive n=8

n = 25 commenced MAD:treatment outcome prediction





### RCMP – clinical validation

- RCMP results (n=25 commenced MAD):
- n = 3 misclassified
- sensitivity 81.8%
- specificity 92.9%
- positive predictive value 90%
- negative predictive value 86.7%

#### **But:**

- High rate of inconclusive RCMP tests: 24% (n=8/33)
- PSG: time consuming and labor intensive

alternative (direct, dynamic evaluation)?

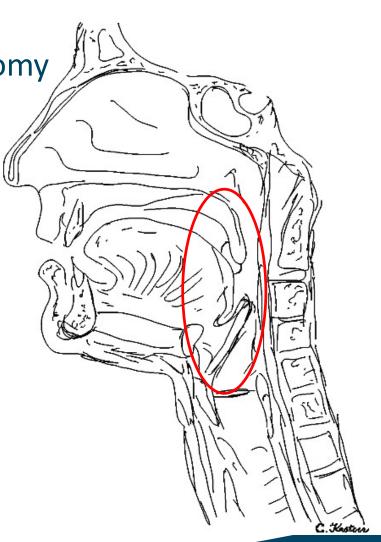




Evaluation of upper airway anatomy

- Dynamic
- Real-time
- Collapsible segment
- Site of obstruction and snoring











































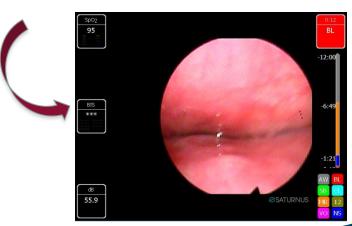




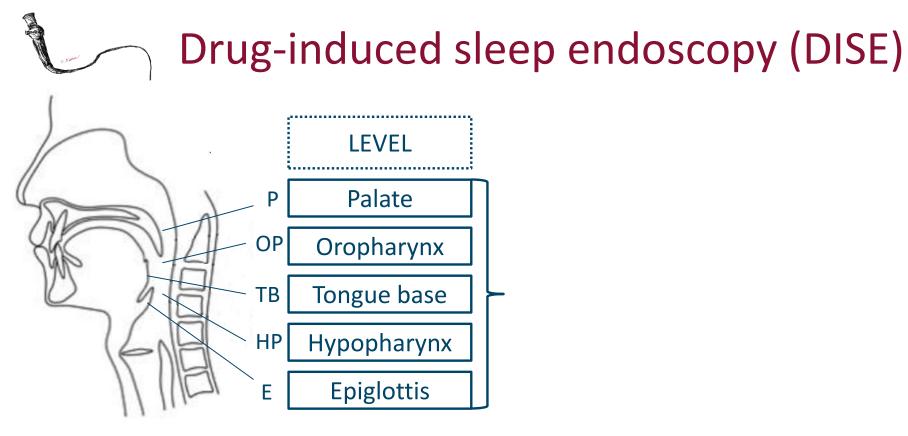


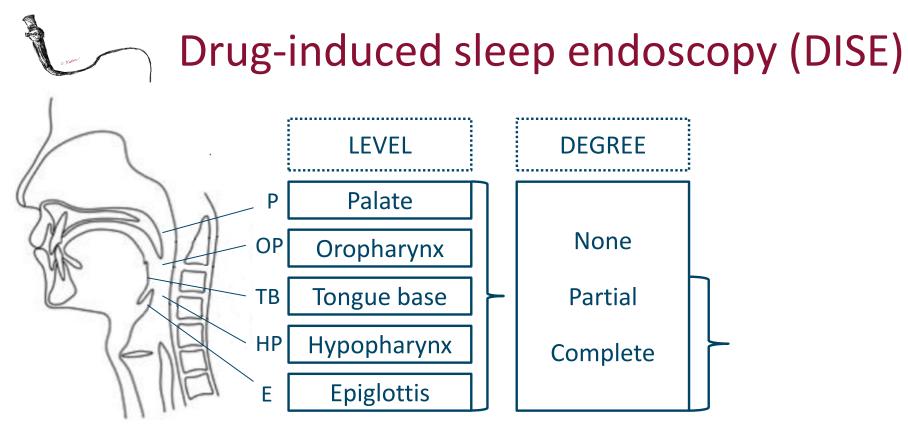


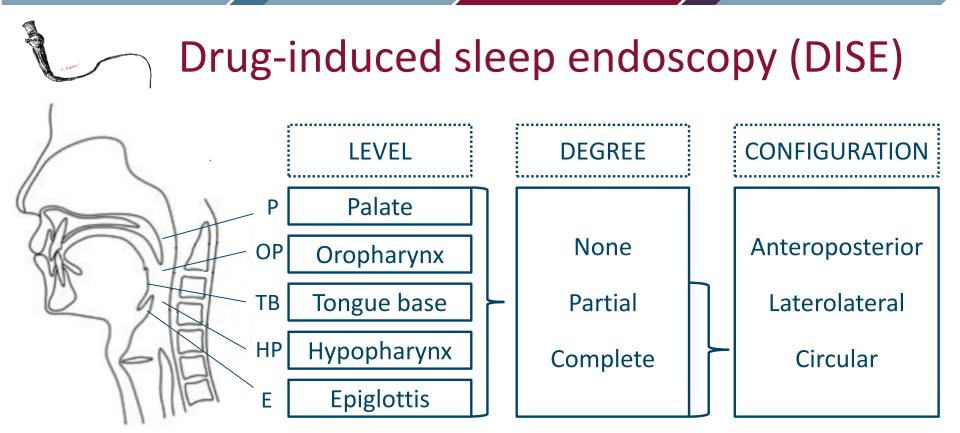


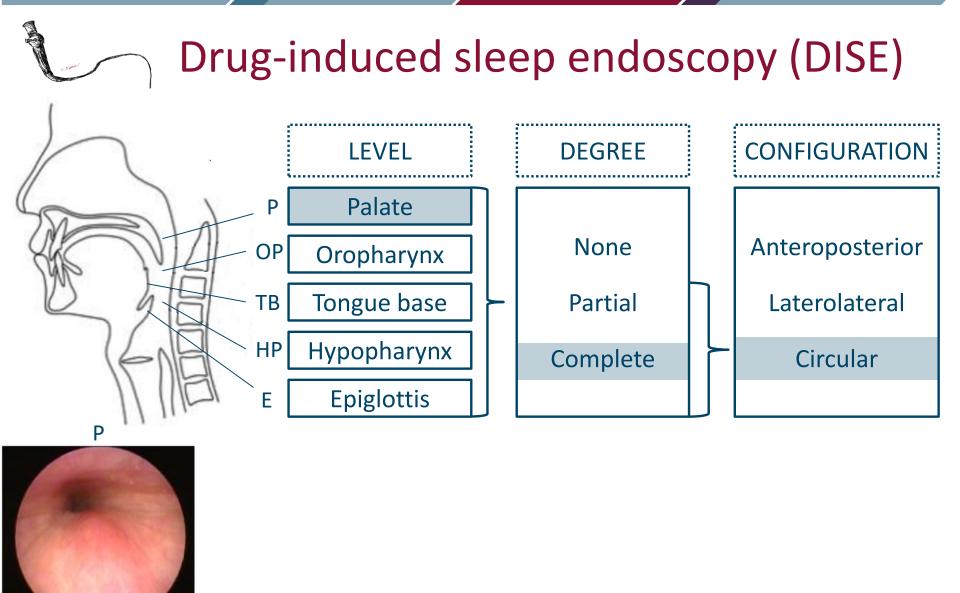


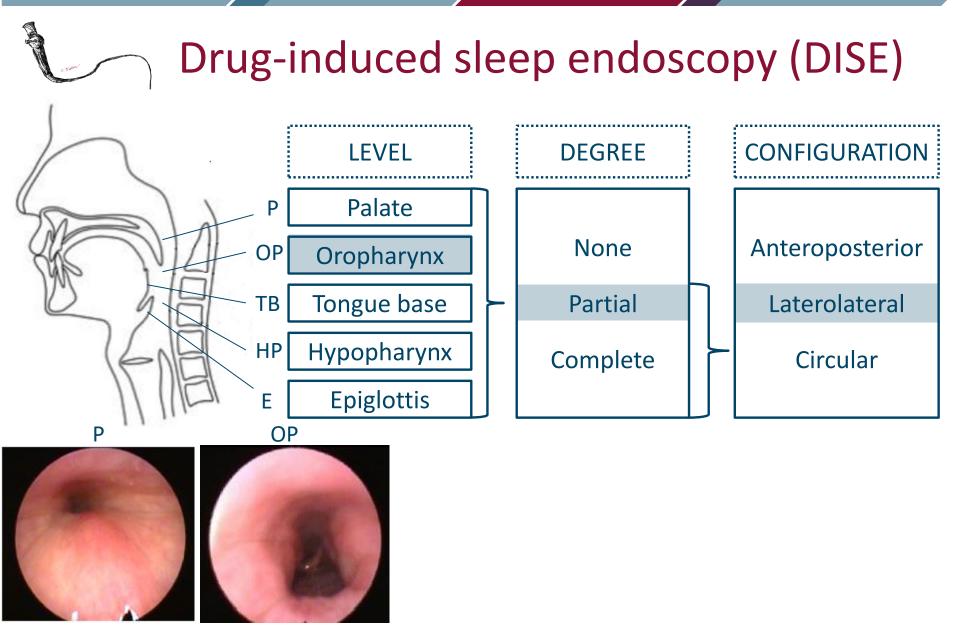


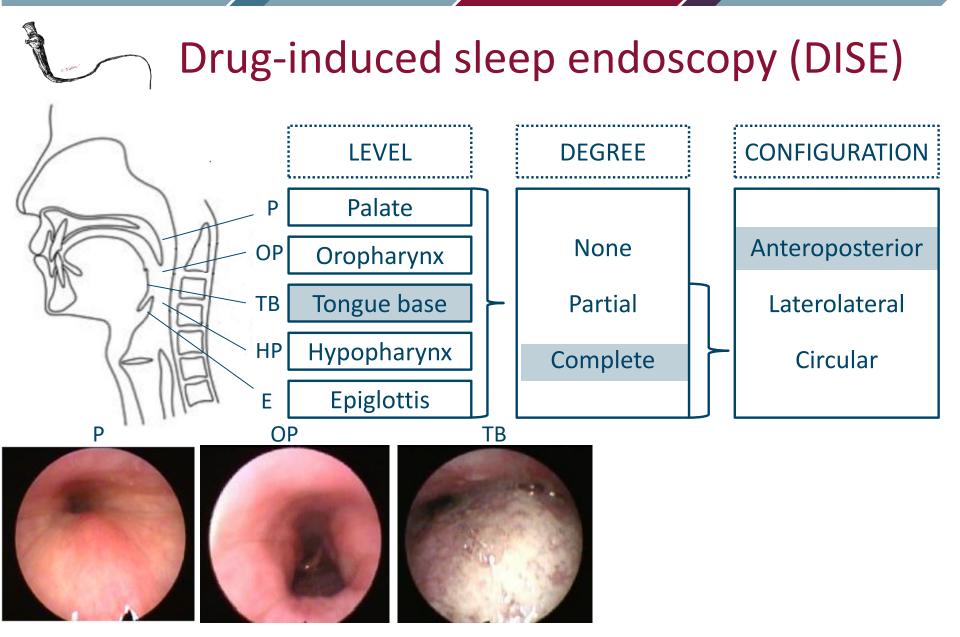


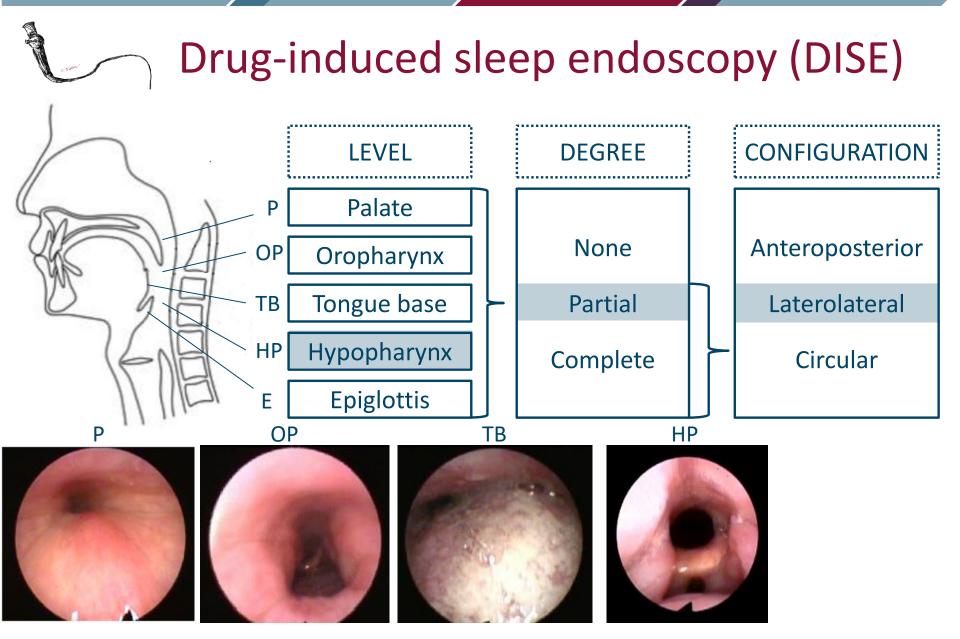


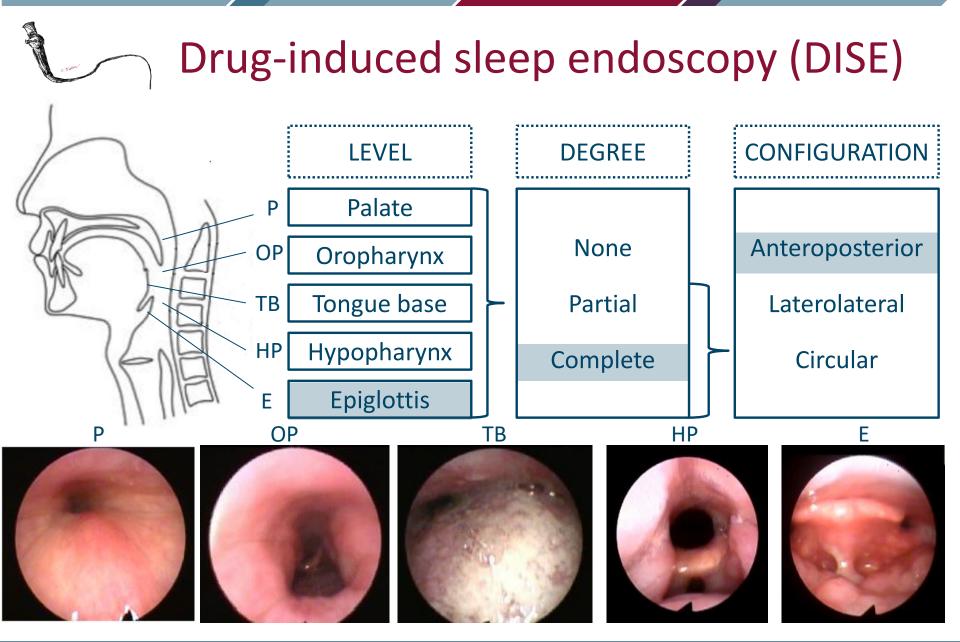






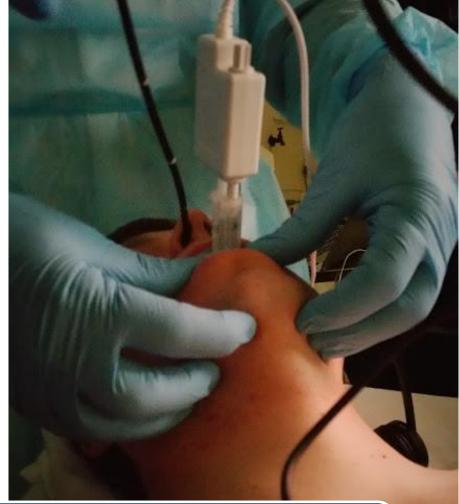








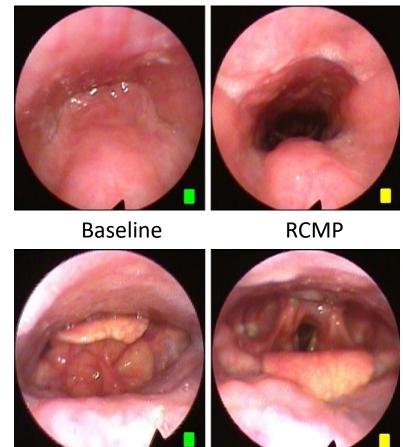




# DISE-assisted RCMP titration

#### **DISE-assisted RCMP**

- Feasibility assessment
- Elimination of
  - Upper airway collapse
  - Snoring
  - Oxygen desaturation
- ETPP determination
  - BaselineRCMP







#### **DISE-assisted RCMP**

- n = 10
  - n = 8, ETPP determination
  - n =1, RCMP removed due to clenching
  - n = 1, beyond max.
    protrusion

- Dose-dependent effect of protrusion and retrusion
- Large ETPP range, to be determined individually

RCMP-id	Retrusion to ETPP	ROM	Retrusion to ETPP %of ROM
RCMP-1	6.5	7.5	87
RCMP-2	9.0	13.5	67
RCMP-3	†	8.0	†
RCMP-4	10.8	13.0	83
RCMP-5	10.1	14.0	72
RCMP-6	\$	3.5	\$
RCMP-7	7.3	8.3	88
RCMP-8	6.2	12.2	51
RCMP-9	4.0	11.0	37
RCMP-10	4.3	8.2	52
RCMP-Mean	7.3 ± 2.5	$9.9 \pm 3.4$	67 ± 18.9





#### **DISE-assisted RCMP**

It is feasible to perform RCMP during DISE and to determine the ETPP.

The predictive value of the ETPP, as determined during DISE, has to be evaluated (in comparison with RCMP PSG titration and/ or conventional titration).





### **Conclusions**

- Remotely controlled mandibular positioner (RCMP)
  - RCMP = promising tool
  - Allows to determine the effective target protrusive position (ETPP)
  - Predicted therapeutic outcome with mandibular advancement device (MAD) with significant accuracy during PSG
  - Greater treatment success than conventional titration
  - Prior to MAD fitting
  - Feasible to perform titration during DISE
    - Direct, quick, dynamic assessment



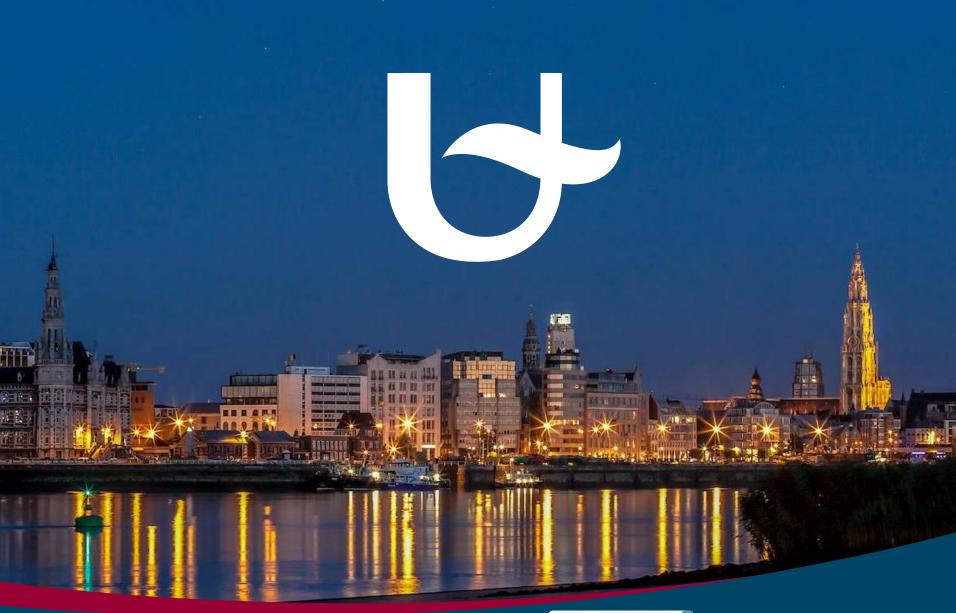


#### Conclusions

- Remotely controlled mandibular positioner (RCMP)
  - Titration tool
  - Patient selection tool







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