Management of the obstructive sleep apneahypopnea syndrome: oral appliance versus continuous positive airway pressure therapy

Submission date	Recruitment status No longer recruiting	Prospectively registered		
12/09/2005		☐ Protocol		
Registration date	Overall study status	Statistical analysis plan		
12/09/2005	Completed	[X] Results		
Last Edited	Condition category	Individual participant data		
03/09/2013	Nervous System Diseases			

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Contact details

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

N/A

Study information

Scientific Title

Study objectives

Primary aim of the randomised trial is to elucidate the efficacy of, respectively, Oral Appliance (OA) and Continuous Positive Airway Pressure (CPAP) therapy in the management of the Obstructive Sleep Apnea-Hypopnea Syndrome (OSAHS). It is hypothesised that OA and CPAP therapy are equivalent with respect to the successful management of OSAHS.

Secondary aims of the randomised trial are to elucidate:

- 1. Prognostic variables of the therapeutic efficacy of OA and CPAP therapy, respectively.
- 2. Co-morbidity of OA therapy.
- 3. The therapeutic effect of OA and CPAP therapy, respectively, on OSAHS related co-morbidity (neurobehavioral dysfunction, deviant driving performance, cardiovascular disease, sexual dysfunction).

Further information in: http://www.ncbi.nlm.nih.gov/pubmed/15187032

Ethics approval required

Old ethics approval format

Ethics approval(s)

Ethics approval received from the local medical ethics committee

Study design

Randomised controlled trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Not specified

Study type(s)

Treatment

Participant information sheet

Health condition(s) or problem(s) studied

Obstructive Sleep Apnea-Hypopnea Syndrome (OSAHS)

Interventions

- 1. Oral Appliance (OA) therapy
- 2. Continuous Positive Airway Pressure (CPAP) therapy

Intervention Type

Other

Phase

Not Specified

Primary outcome measure

Number of OSAHS patients successfully treated as a result of OA or CPAP therapy.

Secondary outcome measures

Improvements in:

- 1. Polysomnographic indices
- 2. Neurobehavioral outcomes (e.g. Short Form health survey [SF-36], Functional Outcomes of Sleep Questionnaire [FOSQ], Epworth Sleepiness Scale [ESS], Hospital Anxiety and Depression Scale [HADS])
- 3. Simulated driving performance
- 4. Cardiovascular outcomes (e.g. B-type Natriuretic Peptide [BNP])
- 5. Sexual dysfunction (e.g. Golombok-Rust Inventory of Sexual Satisfaction [GRISS])

Overall study start date

01/09/2002

Completion date

28/04/2005

Eligibility

Key inclusion criteria

Newly diagnosed OSAHS patients (over 20 years old) (i.e. criterion 1 and/or 2, plus criterion 3):

- 1. Excessive daytime sleepiness that is not better explained by other factors (Epworth Sleepiness Scale more than or equal to ten)
- 2. Two or more of the following symptoms that are not better explained by other factors:
- a. choking or gasping during sleep
- b. recurrent awakenings from sleep
- c. unrefreshing sleep
- d. daytime fatigue
- e. impaired concentration
- 3. Overnight monitoring demonstrating an Apnea-Hypopnea Index (AHI) more than five

Participant type(s)

Patient

Age group

Adult

Sex

Not Specified

Target number of participants

102

Key exclusion criteria

- I. Exclusion criteria:
- 1. Patients previously treated by:
- a. CPAP
- b. OA
- c. uvulopalatopharyngoplasty
- 2. Morphological upper airway abnormalities requiring treatment:
- a. compromised nasal passage
- b. enlarged tonsils/ adenoids
- c. soft tissue- or craniofacial abnormalities in upper airway
- d. upper airway neoplasm
- 3. Endocrine dysfunction:
- a. acromegaly
- b. hypothyrodism
- 4. Co-morbidity:
- a. daytime respiratory insufficiency
- b. severe Chronic Obstructive Pulmonary Disease (COPD) (Forced Expriatory Volume in one second (FEV1)/Vital Capacity (VC) less than 40%)
- c. left ventricular failure
- d. severe daytime cardiac arrhythmias
- 5. Psychological condition precluding informed consent:
- a. psychiatric diseases (eg depression, schizofrenia)
- b. mental retardation
- II. Dental exclusion criteria:
- 1. Severe periodontal disease or dental decay
- 2. 'Active' temporomandibular joint disease (including severe bruxism)
- 3. Restrictions in mandibular opening or protrusion capacity:
- a. mouth opening less than 25 mm
- b. maximal protrusion mandible less than 5 mm
- 4. Partial or complete edentulism:
- a. Less than eight teeth in upper or lower jaw
- III. Patients declining written informed consent

Date of first enrolment

01/09/2002

Date of final enrolment

28/04/2005

Locations

Countries of recruitment

Netherlands

Study participating centre Department of Oral and Maxillofacial Surgery Groningen Netherlands 9700 RB

Sponsor information

Organisation

University Medical Center Groningen (The Netherlands)

Sponsor details

University of Groningen Department of Oral and Maxillofacial Surgery Hanzeplein 1 Groningen Netherlands 9713 GZ

Sponsor type

Hospital/treatment centre

Website

http://www.umcg.nl/azg/nl/english/azg/

ROR

https://ror.org/03cv38k47

Funder(s)

Funder type

Research organisation

Funder Name

Netherlands Organisation for Health Research and Development (ZonMw) (The Netherlands)

Alternative Name(s)

Netherlands Organisation for Health Research and Development

Funding Body Type

Private sector organisation

Funding Body Subtype

Other non-profit organizations

Location

Netherlands

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/09/2013		Yes	No