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Letter to the Editor

Letter to the editor of "Sleep Medicine" regarding the publication entitled "Acoustic stimulation time-locked to the beginning of sleep apnea events reduces oxygen desaturations: a pilot-study", by Waeber et al



Dear editors, we read with a great interest the Brief Communication entitled "Acoustic stimulation time-locked to the beginning of sleep apnea events reduces oxygen desaturations: a pilot-study", by Waeber et al.

We thank the authors for citing our work [1] and would like to provide "Sleep Medicine" readers with additional information regarding design and technical aspects of our original kinesthetic stimulation technique.

Our end-to-end solution is a closed-loop, real-time device that performs personalized, adaptive kinesthetic stimulation for the treatment of sleep apnea. The kinesthetic stimulation is performed on the mastoid region, using a stimulation signal that has been optimized (within the audible frequency band) in order to evoke a response, both from the activation of mechanoreceptors on the skin and through bone-conducted acoustic stimulation. A first description of our system and our preliminary results showing reduction in apneas duration and desaturations were described in Ref. [2]. In Ref. [1], we studied 24 patients from 5 centers, compared to 8 patients in a single center in the work by Waeber et al. Our results in a larger population extended the knowledge by demonstrating that responses to stimulation therapy are clearly patient-specific, requiring to adapt stimulation intensity over time.

Further development of our solution was based on the optimal, patient-specific and adaptive mechanical stimulation. A coupled Proportional, Integral. Derivative (PID) closed-loop method was published in Ref. [3]. 6 patent families have been filed with different criteria for therapy adaptation (see for example [4,5]).

We do agree with the authors that real-time, adaptive mechanical stimulation, including kinesthetic and/or acoustic stimulation, may be an interesting alternative or adjunctive therapy for sleep apnea syndromes. Further collaborative clinical research is warranted in this field.

Conflict of interest

The ICMJE Uniform Disclosure Forms for Potential Conflicts of Interest associated with this article can be viewed by clicking on the following link: https://doi.org/10.1016/j.sleep.2021.10.036.

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29 October 2021 Available online 7 November 2021