

# The Five Most Innovative Functions of the new Philips Respironics Sleep Therapy System

The five most innovative functions of the new Philips Respironics Sleep Therapy System single-handedly address two of the most pressing industry needs: increased patient comfort and seamless patient management. This intelligent, new system thinks for itself, so a patient's entire care team can focus on better patient care and better business.



## System One Humidity Control

With advanced sensing technology that monitors room temperature and room humidity, the device will deliver target humidity output as set by the patient while also dramatically reducing rainout.

**Benefit:** Studies have proven that heated humidification greatly helps patient comfort. However, it can also lead to rainout. The Sleep Therapy System provides the humidification *and* eliminates rainout in the tube; a combination that is not found in any other device on the market.

## System One Resistance Control

System One Resistance Control achieves complete system comfort by enabling the device and mask to work optimally together. Through simple settings, the technology instructs the device to compensate for variable resistance characteristics related to different Philips Respironics masks.

**Benefit:** With enhanced pressure delivery for every mask, patients can enjoy the full benefits of clinically-proven Flex comfort technologies which may lead to increased compliance.

## Advanced event detection

The new sleep system addresses advanced sleep assessment parameters, including AHI, leak, flow limitation and RERAs to provide optimum therapy for obstructive sleep apnea (OSA). With the new system, events can now be verified by looking at detailed patient flow waveform data captured by the device. But the real advancement is its ability to point out when the patient is experiencing symptoms beyond classic OSA and may require more advanced sleep therapy.

**Benefit:** Our new sleep therapy system monitors every breath and can recognize and report when a patient may be experiencing more complex respiratory conditions during sleep. These conditions are commonly associated with other comorbidities such as heart disease which may be treated with a different type of sleep therapy.

### Flex Family technologies

The clinically-proven Flex technologies are an excellent way to establish improved patient comfort and increased compliance. Thanks to an advanced Digital Auto-Trak algorithm that detects the onset of inspiration and exhalation, Flex technologies deliver just the right pressure relief for every breath, making it easier for patients to adapt to therapy. The newest enhancement, C-Flex+ is designed for advanced units when in fixed CPAP mode. It provides relief at the beginning of exhalation and softens the pressure transition from inhalation to exhalation.

**Benefit:** Flex pressure-relief technology makes sleep therapy more comfortable by reducing pressure at the beginning of exhalation when patients need it most. During the first 90 days of therapy, patients using CPAP with C-Flex achieved an average of 4.8 hours of nightly use compared to 3.1 hours of nightly use by patients on conventional CPAP.\*

### Encore data management and reporting

Encore patient management provides timely, secure access to comprehensive patient therapy data. Through a simplified intuitive interface and enhanced security, notifications, reminders, contact records, patient data and reports are even easier to access. The new devices now include on-board data memory. And information is readily available through multiple options of data transfer and reporting, including memory cards and modems.

**Benefit:** Putting patient intelligence in the hands of caregivers is a key component of effective patient therapy and compliance management. Philips Respironics web-based system makes it quick, simple and cost-effective to obtain vital patient information.

\* Source, Aloia, M.S., et al. "Treatment Adherence and Outcomes in Flexible versus Standard Continuous Positive Airway Pressure Therapy." Chest 2005; 127: 2085-2093