Аппараты ИВЛ V60, Respironics
Технические характеристики

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Specifications

*The V60 Plus and software version 3.00 or greater is a modification to the existing FDA-cleared V60 ventilator and is therefore provided for use in accordance with FDA's guidance, "Enforcement Policy for Ventilators and Accessories and Other Respiratory Devices During the Coronavirus Disease 2019 (COVID-19) Public Health Emergency," Section IV Policy for Modifications to FDA-Cleared Devices, issued March 2020. The V60 Plus ventilator is not FDA cleared or approved.

1. Patient Population

The Respironics V60/V60 Plus ventilator is intended to support pediatric patients (children and adolescents, weighing 20 kg [44 lb.] or greater), and adult patients. The V60 Plus ventilator is also intended for intubated patients meeting the same selection criteria as the noninvasive applications.

2. Modes/therapy

Standard

HFT (high flow therapy), standard in V60 Plus* and optional V60 Plus activation key for V60*

CPAP (continuous positive airway pressure)

S/T (spontaneous with timed backup)

PCV (pressure control ventilation)

AVAPS (average volume assured pressure support)

Optional

PPV (proportional pressure ventilation)**
Auto-Trak+**

Note: Humidifier and humidifier accessories must be ordered separately

3. Settings

Settings	Range
Flow (for V60 Plus HFT Option)	10 – 80 l/min†
C-Flex	OFF, 1 – 3
CPAP	4 – 25 cmH_2O
EPAP	4 – 25 cmH_2O
IPAP	4 – 40 cmH_2O
I-time (inspiratory time)	0.30 – 3.00 sec
Max P (AVAPS maximum IPAP)	6 – 40 cmH_2O
Min P (AVAPS minimum IPAP)	5 – 30 cmH_2O
O_2 (oxygen percent)	21 – 100%
Ramp time	OFF, 5 – 45 min
Rate (respiratory rate)	4 – 60 bpm
Rise (rise time)	1 – 5
Triggering and cycling	Auto-adaptive (Auto-Trak)
AVAPS target tidal volume	200 – 2,000 ml btps
Max E (PPV maximum elastance)	0 – 100 cmH_2O/l
Max R (PPV maximum resistance)	0 – 50 $cmH_2O/l/s$
PPV % assist	0 – 100%
Max P (maximum PPV pressure limit)	5 – 40 cmH_2O
Max V (maximum PPV volume limit)	200 – 3,500 ml

4. Modes/therapy with settings

	CPAP	S/T	PCV	AVAPS	PPV**	HFT
Rate		•	•	•	•	
I-time		•	•	•	•	
CPAP	•					
EPAP		•	•	•	•	
IPAP		•	•		•	
Rise		•	•	•	•	
Min P				•		
Max P				•	•	
Max V					•	
Max E					•	
Max R					•	
PPV%					•	
O_2	•	•	•	•	•	•
V_T (tidal volume)				•		
C-Flex	•					
Ramp time	•	•	•			
Flow						•

5. Monitored parameters ‡

Patient data window	
Breath phase/trigger indicator	Spont, timed, exhale
PIP	0 – 50 cmH_2O
Patient/total leak	0 – 200 l/min btps
Patient trigger	0 – 100%
Respiratory rate	0 – 90 bpm
Ti/Ttot	0 – 91%
Minute volume	0 – 99.0 l/min btps
Estimated exhaled tidal volume	0 – 3,500 ml btps

‡ Note: There are no monitored parameters available in HFT

Waveform window ‡	
Pressure waveform	0 – 50 cmH_2O
Flow waveform	-240 – 240 l/min btps
Volume waveform	0 – 3,500 ml btps

‡ Note: Only a flow waveform is available in HFT

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**May not be available in all markets.

†The maximum deliverable flow rate varies based on nasal cannula orifice size and on patient nasal passage resistance.

6. Alarm settings ‡

Alarm	Adjustable range
Hi Rate (high respiratory rate alarm)	5 – 90 bpm
Lo Rate (low respiratory rate alarm)	1 – 89 bpm
Hi V_T (high tidal volume alarm)	200 – 3,500 ml
Lo V_T (low tidal volume alarm)	Off, 5 – 1,500 ml
HIP (high inspiratory pressure alarm)	5 – 50 cmH_2O
LIP (low inspiratory pressure alarm)	OFF, 1 – 40 cmH_2O
Lo V_E (low minute ventilation alarm)	OFF, 0.1 – 99 l/min
LIP T (low inspiratory pressure delay time)	5 – 60 sec

‡ Note: There are no patient parameter alarms available in HFT

7. Other settings

Alarm volume	1 – 10 (relative scale)
Brightness	1 – 5 (relative scale)
Exhalation port selection	• FEP (filterable exhalation port) • DEP (disposable exhalation port) • Whisper Swivel • Other • None (no circuit exhalation port)
Interface selection	ET/Trach, 1, 2, 3, Other
Screen lock	Off, On
Auto-Trak Plus**	Optional
Trigger**	Normal, 1 – 7
E-cycle**	-2, -1, Normal, 1 – 6

8. Environmental

Temperature	
Operating conditions	+5 – +40ºC
Storage conditions	-20 – +50ºC
Relative humidity	
Operating conditions	15 – 95% (noncondensing)
Storage conditions	10 – 95% (noncondensing)
Barometric pressure	
Operating conditions	79.9 – 101.1 kPa (600 – 765 mmHg)
Storage/transport	450 - 765 mmHG (approximately -200 - 14,000 feet relative to sea level)

9. Communication

Philips IntelliBridge EC10
Philips IntelliBridge EC40/80
Philips VueLink Open Interface
Other monitoring and patient information systems*

10. Electrical

External	
AC voltage	100 – 240 VAC
AC frequency	50/60 Hz
AC power	300 VA
Battery	
Nominal voltage	14.4 V
Capacity	11.0 Ah
Battery chemistry	Lithium-ion
Operating time	6 hours in normal conditions

11. Physical

Weight	12 kg (26 lb) with battery
Dimensions	33.7 cm (13.3 in) height 39.4 cm (15.5 in) width 42.9 cm (16.5 in) depth

*The V60/V60 Plus ventilator can communicate with some non-Philips patient monitors and other devices through the serial port. For information about compatible devices, contact your Philips representative.

12. Regulatory compliance

3rd edition standards	
IEC 60601-1; 2012, Ed. 3.1	Medical electrical equipment – Part 1: General requirements for basic safety and essential performance
IEC 60601-1-2; 2014, Ed 4.0	Medical electrical equipment - Part 1-2: General requirements for basic safety and essential performance - collateral standard: Electromagnetic disturbances - requirements and tests
AIM 7351731 Rev 2.00 2017	Medical Electrical Equipment & System Electromagnetic Immunity Test for RFID Readers
CSA C22.2 No. 60601-1; 2014	Medical electrical equipment – Part 1: General requirements for safety
IEC 60601-1-6; 2013, Ed. 3.1	Medical electrical equipment – Part 1-6: General requirements for basic safety and essential performance; collateral standard: usability
IEC 60601-1-8; 2012, Ed. 2.1	Medical electrical equipment – Part 1-8: General requirements for basic safety and essential requirements; collateral standard: alarm systems
IEC 62366-1; 2015, Ed. 1.0	Medical devices – Application of usability engineering to medical devices
ISO 14971; 2007	Medical devices – Application of risk management to medical devices
ISO 80601-2-12; 2011, Ed. 1.0	Medical electrical equipment – Particular requirements for basic safety and essential performance of critical care ventilators
IEC 60529; 2013, Ed. 2.2	Degrees of protection provided by enclosures (IPX1@zero degrees tilt)
ANSI/AAMI/IEC 62304: 2006 & A1:2016	Medical device software – Software life cycle processes
WEEE recycling directive	Compliant with the WEEE recycling directive

Simplicity and versatility

Philips Respironics Trilogy 202 portable ventilator specifications

The Trilogy 202 is both a volume-control and pressure-control ventilator for invasive and noninvasive ventilation. The versatile breath delivery and setup options free you from burdensome equipment exchanges, providing greater continuity of care for your patients. Because the Trilogy 202 has the unique ability to compensate for leaks in both pressure and volume control modes, using simpler passive circuits may support significant time and cost savings. With one simple setting change, the Trilogy 202 supports either active or passive exhalation breathing circuits to accommodate changes in circuit preference.

Key advantages

- Compact design with long-life internal battery for intra-hospital transport.
- Supports active and passive circuits for invasive and noninvasive ventilation.
- Innovative leak compensated volume control ventilation.

1 Patient types

Pediatric (≥5 kg)
Adult

2 Modes

Volume
Assist control (AC)
Synchronized intermittent mandatory ventilation (SIMV)
SIMV with pressure support (SIMV w/PS)
Control ventilation (CV)
Pressure
Pressure control (PC)
Pressure control-SIMV (PC-SIMV)
Spontaneous ventilation (S)
Spontaneous ventilation with timed back-up (S/T)
Timed ventilation (T)
Continuous positive airway pressure (CPAP)
Average volume assured pressure support (AVAPS) with passive circuit type, S, S/T, PC, and T modes only

3 Synchrony features

Auto-Trak sensitivity
Auto-adaptive triggering, cycling, and leak compensation (available in all modes, passive circuit only)
Adjustable flow triggering
1 – 9 l/min (available in all modes and circuit types)

4 Circuit types

Active exhalation valve with proximal airway pressure (PAP)
Active exhalation valve with flow sensor
Passive exhalation port

5 Controls

IPAP	4 – 50 cmH_2O
EPAP/PEEP	0 – 25 cmH_2O (active valve circuits) 4 – 25 cmH_2O (passive leak port circuits)
CPAP	4 – 20 cmH_2O (passive leak port circuits)
Pressure support	0 – 30 cmH_2O
Tidal volume	50 – 2000 ml
Breath rate	0 – 60 BPM (AC mode) 1 – 60 BPM (all other modes)
Inspiratory time	0.3 – 5.0 s
Rise time	1 – 6 (relative scale)
Ramp start pressure	0 – 25 cmH_2O (active circuits) 4 – 25 cmH_2O (passive circuits) 4 – 19 cmH_2O (CPAP mode)
Ramp time	Off, 5 – 45 min
C-Flex	Off, 1 – 3 (relative scale)
Flow trigger sensitivity	1 – 9 l/min
Flow cycle sensitivity	10 – 90%

6 Monitored parameters

Tidal volume	0 – 2000 ml
Minute ventilation	0 – 99 l/min
Estimated leak rate	0 – 200 l/min
Respiratory rate	0 – 80 BPM
Peak inspiratory flow	0 – 200 l/min
Peak inspiratory pressure	0 – 99 cmH_2O
Mean airway pressure	0 – 99 cmH_2O
% patient triggered breaths	0 – 100%
I:E ratio	9.9:1 – 1:9.9

7 Alarms

Circuit disconnect	Off, 10 – 60 s
Apnea	Off, 10 – 60 s and 4 – 60 BPM
High tidal volume	Off, 50 – 2000 ml
Low tidal volume	Off, 50 – 2000 ml
High minute ventilation	Off, 1 – 99 l/min
Low minute ventilation	Off, 1 – 99 l/min
High respiratory rate	Off, 4 – 80 BPM
Low respiratory rate	Off, 4 – 80 BPM

8 Oxygen

FiO_2	21 – 100%
O_2 flush	2 min at 100%
O_2 input pressure range	276 – 600 kPa (40 – 87 psi)

9 Environmental

Operating temperature	5 – 40°C
Storage temperature	-20 – 60°C
Relative humidity	15 – 95%
Atmospheric pressure	60 – 110 kPa (450 – 825 mmHg)

10 Electrical

Input voltage	100 – 240 VAC, 50/60 Hz, 2.1 A
Detachable battery voltage	14.4 VDC
Internal battery life	3 h under normal conditions
Detachable battery life	3 h under normal conditions
External battery connection	12 VDC

11 Physical

Size (L x W x H)	21.13 x 28.45 x 23.52 cm
Weight (with internal battery)	5.6 kg (12.4 lb)

12 Compliance

IEC 60601-1	Medical electrical equipment Part 1: General requirements for safety
IEC 60601-1-2	General requirements for safety – collateral standard Electromagnetic compatibility – requirements and tests
IEC 60601-2-12	Medical electrical equipment Part 2-12: Particular requirements for the safety of lung ventilators – Critical Care ventilators

Options

1.1 Detachable backup battery

Offering up to 3 hours additional operating time.

1.2 Hospital roll stand

Provides convenient accessory basket and humidifier mount.

1.3 DirectView

1 GB SD card data storage integrated into the ventilator software.

Specifications

The Philips Respironics V60 ventilator combines Respironics' ventilation expertise with Philips focus on simplifying advanced health care. The result is exceptional noninvasive ventilation with an invasive ventilation fallback and an interactive display that helps simplify patient management.

1. Patient types
Adult
Pediatric (≥20kg)

2. Modes
Standard
CPAP (continuous positive airway pressure)
S/T (spontaneous with timed backup)
PCV (pressure control ventilation)
AVAPS (average volume assured pressure support)
Optional
PPV (proportional pressure ventilation)*

3. Settings	
Settings	Range
C-Flex	OFF, 1 – 3
CPAP	4 – 25cmH_2O
EPAP	4 – 25cmH_2O
IPAP	4 – 40cmH_2O
I-time (inspiratory time)	0.30 – 3.00sec
Max P (AVAPS maximum IPAP)	6 – 40cmH_2O
Min P (AVAPS minimum IPAP)	5 – 30cmH_2O
O_2 (oxygen percent)	21 – 100%
Ramp time	OFF, 5 – 45min
Rate (respiratory rate)	4 – 60bpm
Rise (rise time)	1 – 5
Triggering and cycling	Auto-adaptive (Auto-Trak)
AVAPS target tidal volume	200 – 2,000ml btps
Max E	0 – 100cmH_2O/l
Max R	0 – 50cmH_2O/l/s
PPV%	0 – 100%
Max P (PPV maximum pressure limit)	5 – 40cmH_2O
Max V (PPV maximum volume limit)	200 – 3,500ml

4. Modes with settings

	CPAP	S/T	PCV	AVAPS	PPV
Rate		•	•	•	•
I-time		•	•	•	•
CPAP	•				
EPAP		•	•	•	•
IPAP		•	•		•
Rise		•	•	•	•
Min P				•	
Max P				•	•
Max V					•
Max E					•
Max R					•
PPV%					•
O_2	•	•	•	•	•
V_T (tidal volume)				•	
C-Flex	•				
Ramp time	•	•	•		

5. Monitored parameters

Patient data window	
Breath phase/trigger indicator	Spont, timed, exhale
PIP	0 – 50cmH_2O
Patient/total leak	0 – 200l/min btps
Patient trigger	0 – 100%
Respiratory rate	0 – 90bpm
Ti/Ttot	0 – 91%
Minute volume	0 – 99.0l/min btps
Tidal volume	0 – 3,500ml btps
Waveform window	
Pressure waveform	0 – 50cmH_2O
Flow waveform	-240 – 240l/min btps
Volume waveform	0 – 3,500ml btps

6. Alarms

Alarm	Adjustable range
Hi Rate (high respiratory rate alarm)	5 – 90bpm
Lo Rate (low respiratory rate alarm)	1 – 89bpm
Hi V_T (high tidal volume alarm)	200 – 3,500ml
Lo V_T (low tidal volume alarm)	Off, 5 – 1,500ml
HIP (high inspiratory pressure alarm)	5 – 50cmH_2O
LIP (low inspiratory pressure alarm)	OFF, 1 – 40cmH_2O
Lo V_E (low minute ventilation alarm)	OFF, 0.1 – 99l/min
LIP T (low inspiratory pressure delay time)	5 – 60sec

7. Other settings

Alarm volume	1 – 10 (relative scale)
Brightness	1 – 5 (relative scale)
Exhalation port selection	• DEP (disposable exhalation port) • Whisper Swivel • PEV (plateau exhalation valve) • Other • None (no inline circuit exhalation port)
Interface selection	ET/Trach, 1, 2, 3, Other
Screen lock	Off, On
Auto-Trak Plus	Optional*
Trigger*	Normal, 1 – 7
E-cycle*	-2, -1, Normal, 1 – 6

8. Environmental

Temperature	
Operating conditions	+5 – +40ºC
Storage conditions	-20 – +50ºC
Relative humidity	
Operating conditions	15 – 95% (non-condensing)
Storage conditions	10 – 95% (non-condensing)
Barometric pressure	
Operation and storage	79.9 – 101.1kPa (600 – 765mmHg)
Altitude	
Operation and storage	600 to 765 mmHg (approximately -61 to 1951m (-200 to 6400 ft) relative to sea level)

9. Communication

Philips IntelliBridge EC10
Philips IntelliBridge EC40/80
Philips VueLink Open Interface
Respi-Link remote diagnostic system
Bernoulli® management system
Capsule DataCaptor™ device interface driver
GE Healthcare (Centricty Critical Care)
Cerner CareAware® iBus™
Other monitoring and patient information systems
RS232 digital and analog

10. Electrical

External	
AC voltage	100 – 240 VAC
AC frequency	50/60Hz
AC power	300 VA
Battery (optional)	
Nominal voltage	14.4V
Capacity	11.0Ah
Battery chemistry	Lithium-ion
Operating time	6 hours in normal conditions

11. Physical

Weight	11.7kg (25.7lb) with optional battery 10.6kg (23.3lb) without optional battery
Dimensions	33.7cm (13.3in) height 39.4cm (15.5in) width 42.9cm (16.5in) depth

12. Regulatory compliance

2nd edition standards	
EN 60601-1-2	Electromagnetic Compatibility Requirements and Tests
EN 55011	Radiated and Conducted RF Disturbance Characteristics--Limits and Methods of Measurement (Level A)
EN 55014-1	Electromagnetic Compatibility Requirements. Part 1: Emissions
EN 61000-3-2	Limits for Harmonic Current Emissions
EN 61000-3-3	Limitation of Voltage Changes, Fluctuations, and Flicker Emissions
EN 61000-4-2	Electrostatic Discharge Immunity Test (8/15KV)
EN 61000-4-3	Radiated Electromagnetic Field Immunity Test (10V/M)
EN 61000-4-4	Electrical Fast Transient/Burst Immunity Test
EN 61000-4-5	Surge Immunity Test
EN 61000-4-6	Immunity to Conducted RF Disturbances (10V)
EN 61000-4-8	Power Frequency Magnetic Field Immunity Test
EN 61000-4-11	Voltage Dips, Short Interruptions, and Voltage Variations Immunity Tests
MIL-STD 461E RE101	Electromagnetic Field Generation (Army Level)
ANSI/AAMI ES 60601-1	Medical electrical equipment - Part 1: General requirements for basic safety and essential performance
WEEE recycling directive	Compliant with the WEEE recycling directive
3rd edition standards	
IEC 60601-1; Ed. 3.1	Medical electrical equipment – Part 1: General requirements form basic safety and essential performance
IEC 60601-1-2; Ed. 3.0	Medical electrical equipment - Part 1-2: General requirements for basic safety and essential performance - Collateral Standard: Electromagnetic disturbances
IEC 60601-1-6; 2013	Medical electrical equipment – Part 1-6: General requirements for safety
IEC 60601-1-8; Ed. 2.1	Medical electrical equipment – Part 1-8: General requirements for safety
IEC 62366; 2007 + A1: 2004	Medical devices - Application of usability engineering to medical devices
ISO 14971; 2007	Medical devices – Application of risk management to medical devices
EN ISO 14971; 2012	Medical devices – Application of risk management to medical devices
ISO 80601-2-12; 2011	Medical electrical equipment – Particular requirements for basic safety and essential performance of critical care ventilators
ISO 60529; Ed. 2.1	Degrees of protection provided by enclosures (IPX1 @ 0° tilt)
IEC 62304; Ed. 1.0	Medical device software - Software life cycle processes
ANSI/AAMI ES 60601-1	Medical electrical equipment - Part 1: General requirements for basic safety and essential performance
WEEE recycling directive	Compliant with the WEEE recycling directive

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Noninvasive airway management for **low-acuity patients**

22% of adults presenting for inpatient surgery screened as high risk for obstructive sleep apnea (OSA).[1] Patients with OSA present workflow and clinical challenges on low-acuity wards, which may lack a frequent respiratory therapist presence, and where caregivers may be unfamiliar with respiratory devices.

The Philips Respironics BiPAP V30 Auto airway management system was designed specifically for these situations. A noninvasive (NIV) system that provides auto-titrating CPAP and BiPAP, autoSV, and AVAPS AE modes, the V30 Auto allows cost-effective treatment of OSA patients hospitalized on low-acuity wards. It also effectively serves OSA patients in interventional suites or PACU and respiratory-insufficiency patients.

Auto-titration limits guesswork

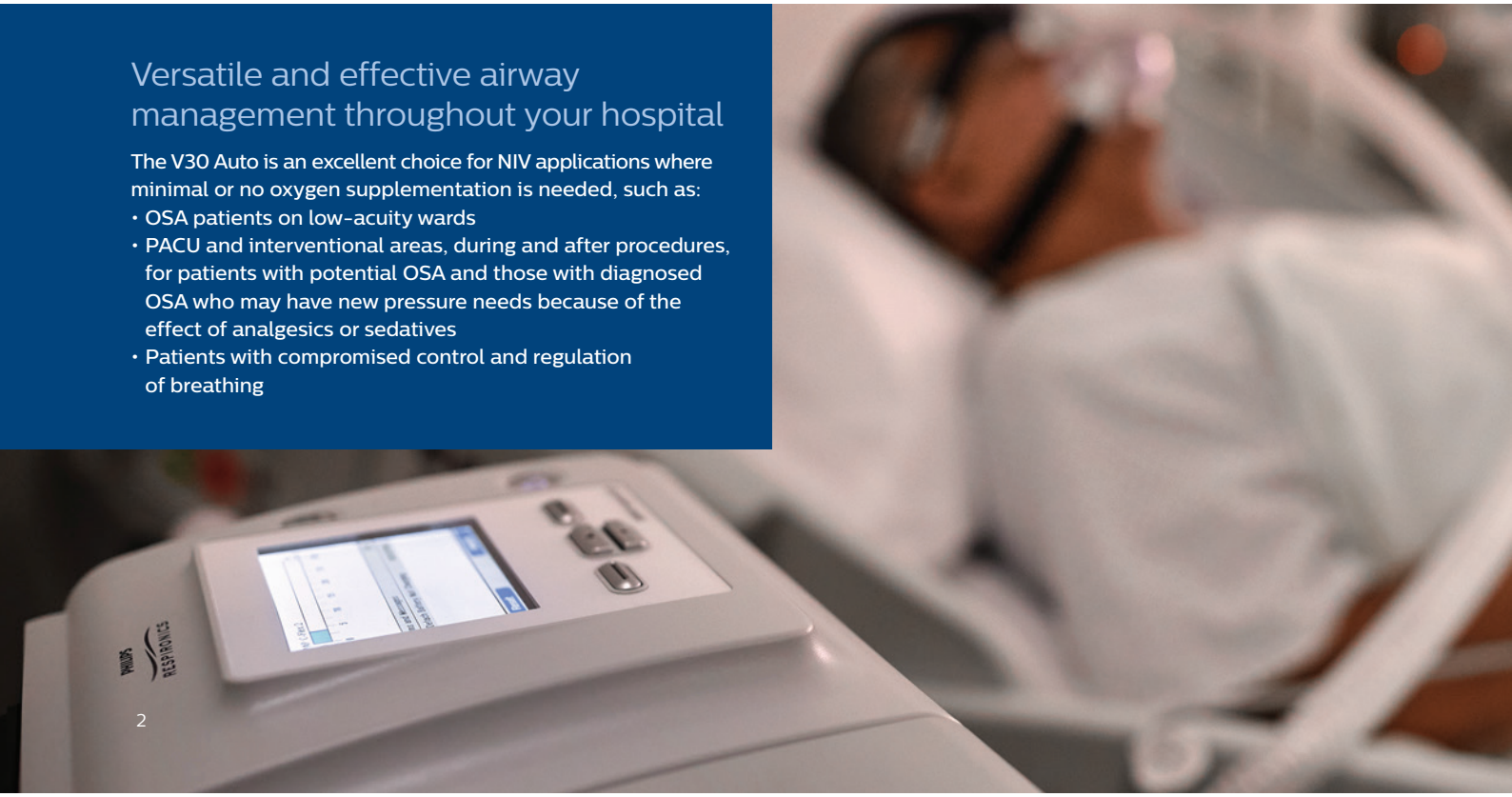
Because 85-90% of OSA cases are undiagnosed, many patients with OSA will arrive at your facility without ever having completed a sleep study, and thus be unaware of their treatment needs.[2] Patients with diagnosed OSA may have new pressure requirements due to surgery and other procedures, as well as the health issues that necessitated their hospital stays.

The V30 Auto helps take the guesswork out of titration by using Philips proprietary technology to automatically titrate pressure to each patient's needs. The features of adaptive servo ventilation (ASV) include the application of auto EPAP to maintain upper airway stability during sleep, inspiratory support for patients with unstable and fluctuating tidal volumes or breathing patterns, and a backup breath rate for patients who experience central apnea at night. These three features together, applied in the right pattern, smooth out the fluctuations in nighttime breathing, decreasing the patient's overall Apnea-Hypopnea Index (AHI), and improving sleep efficiency for patients with complicated breathing patterns.

Versatile and effective airway management throughout your hospital

The V30 Auto is an excellent choice for NIV applications where minimal or no oxygen supplementation is needed, such as:

- OSA patients on low-acuity wards
- PACU and interventional areas, during and after procedures, for patients with potential OSA and those with diagnosed OSA who may have new pressure needs because of the effect of analgesics or sedatives
- Patients with compromised control and regulation of breathing



Advanced technology, accessible design

Like other members of our NIV family, the V30 Auto uses Auto-Trak, our proprietary algorithm that improves patient-system synchrony by automatically adapting to changing breathing patterns and dynamic leaks so that you don't need to manually adjust trigger and cycling sensitivity.

V30 Auto provides an optional remote alarm that sounds in locations away from the bedside, so you can monitor patient breathing, even when you're not in the room.

Small and non-imposing, the V30 Auto features convenient battery operation and a roll stand that makes it easy to position the device for patient comfort and convenience. Patient comfort elements, such as easily adjustable exhalation relief settings and ramp, as well as the familiarity gained from using the system in the hospital, may help patients transition easily to home CPAP or BiPAP therapy.

A practical solution to NIV system inventory management

The increase in patients with OSA has strained the resources of many respiratory therapy departments. The V30 Auto provides noninvasive airway management for low-acuity patients at a lower price point than NIV devices for high-acuity patients, and its versatility means it can serve many care areas.

In addition, the V30 Auto uses the same NIV accessories as high-acuity devices, reducing the need for dedicated inventory. This includes bacteria filters, external humidifiers, NIV circuits, and masks. Because the V30 Auto uses terminology that is identical to the Philips Respironics Trilogy 202 and V60 ventilators, caregivers who are familiar with one can easily use the others, reducing the training time.

Nine therapy modes for enhanced flexibility

CPAP modes	**Example patient types***
CPAP	For OSA patients
Auto CPAP	For OSA patients
Bi-level modes	
Auto Bi-level (with Bi-Flex)	For OSA and CPAP rescue patients
S (with AVAPS)	For OSA patients
S/T (with AVAPS)	For COPD, obesity hypoventilation, and neuromuscular disorder patients
autoSV (with Bi-Flex)	For complex patients with central or mixed apneas and periodic breathing
T (with AVAPS)	For COPD and neuromuscular disorder patients
PC (with AVAPS)	For neuromuscular disorder patients (ALS)
AVAPS-AE mode	
AVAPS-AE (found in Trilogy series ventilators)	For respiratory-insufficiency patients (COPD, OHS, and NMD)

*Examples serve as a reference and should be used only in conjunction with the instruction and/or protocols set forth by the physician and institution in which the device is used. See manual for intended use.

Streamlined design and easy operation

Screen saver can be set to dim the light and minimize patient disturbance overnight

Seven-hour battery life provides peace of mind for overnight ventilator support in the general ward

Simple controls allow users to easily set auto-titrating modes and minimize clinician/ventilator interactions

Hospital grade patient alarms

Patient alarms	
Disconnect alarm	Off, 15, 60 seconds
Apnea alarm	Off, 10, 20, 30 seconds
Low minute ventilation alarm	Off, 1-99 l/min
High respiratory rate alarm	Off, 4-60 BPM
Low tidal volume alarm	AVAPS required – settable

1. Lockhart, EM, Willingham MD, Abdallah AB, Bedair BA, Thomas J, Avaidan MS. Obstructive sleep apnea screening and postoperative mortality in a large surgical cohort. Sleep Med. May 2013;14(5):407-15.
2. Young, T., et al. The Occurrence of Sleep-Disordered Breathing among Middle-Aged Adults. The New England Journal of Medicine. 1993;328:1230-1235.

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