

## Use of a Chinstrap in Treating Sleep Disordered Breathing and Snoring

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As authors of the 2007 *Journal of Clinical Sleep Medicine* case report<sup>1</sup> that generated the investigation by Bhat et al. entitled “The Efficacy of a Chinstrap in Treating Sleep Disordered Breathing and Snoring,”<sup>2</sup> we read the paper published August 2014 with both interest and appreciation. We note for colleagues a cautionary tale on the unintended and unforeseen consequences of case reports and to remark on the paper itself.

In our case report, an elderly slender male with severe obstructive sleep apnea (OSAS) had a remarkably beneficial response to the use of a chin strap. Of interest, upper endoscopy by an otolaryngologist with the chin strap in place revealed an obvious improvement in the posterior airway space. We recommended further scientific investigation to ascertain if the chin strap might be beneficial (and in what patient group).

Subsequent to our case report, we received numerous contacts from apnea patients throughout the country (some physicians) and overseas about the potential utility of the chin strap. We learned that entrepreneurs were advertising high priced (to our mind) chin straps for treatment of snoring and OSAS, and that information from our case report was used to bolster claims of chin strap effectiveness. The lead author spent considerable time answering emails and phone calls to state unequivocally that we at Eastern Virginia Medical School Sleep Medicine did not support the use of the chin strap for the treatment of OSAS, and that more investigation was warranted.

We thus applaud Bhat et al. for their work in investigating the potential utility of the chin strap for treatment of snoring and OSAS. They demonstrated that the chin strap appears to be an ineffective treatment for a typical apnea population. We note however, that their population did not match our case report patient, a 75-year-old male with a BMI of 24

and Mallampati 1. By contrast, the population in the Bhat et al. study included 14 moderate–severe apnea patients ranging from 43–58 years of age, with a mean BMI of 31 and average Mallampati of 4.

Until the mechanisms that contribute to airway collapse are better understood, and there are more successful and affordable treatments, Bhat and colleagues’ work should not necessarily prevent clinicians from trying novel approaches. One such approach clearly worked for our patient.

### CITATION

Vorona RD, Ware JC. Use of a chinstrap in treating sleep disordered breathing and snoring. *J Clin Sleep Med* 2014;10(12):1361.

### REFERENCES

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### SUBMISSION & CORRESPONDENCE INFORMATION

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### DISCLOSURE STATEMENT

The authors have indicated no financial conflicts of interest.