

# Bittium

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## Respiro Analyst™

### User Guide



## Published by

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## Summary of Changes

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Version	Date	Changes Between Releases	Status
3.0.0	2023.01.20	First release.	Approved
4.0.0	2023.04.11	Second release.	Approved
5.0.0	2023.08.08	Third release.	Approved
6.0	2024.04.05	Fourth release.	Approved

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## 1 CONVENTIONS

The following conventions are used in these user instructions:



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**WARNING:** Warning statements describe conditions or actions that can result in personal injury or loss of life.

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**CAUTION:** Caution statements describe conditions or actions that can result in damage to the equipment or loss of data. Caution statements alert the user that the clinician has the responsibility of determining significance of results due to actions and varying factors present with each case.

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### NOTE

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Notes contain additional information on using this product.

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The CE Mark and Notified Body Registration Number signify that the product meets all essential requirements of European Medical Device Regulation 2017/745.

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## 2 NOTES AND WARNINGS



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**WARNING:** Bittium Respiro Analyst does not provide diagnoses.

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**WARNING:** Bittium Respiro Analyst is intended as a decision support system for trained medical professional, and it should not be used as the sole basis for making clinical decisions pertaining to patient diagnosis, care, or management. Any application of medical information from the program, other than the original design or intended use thereof, is not advised and is considered as the misuse of the software product.

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**WARNING:** The numerical and graphical results and any interpretation given must be examined with respect to the overall clinical condition of the patient and the general recorded data quality.

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**WARNING:** Consider the raw data.

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**WARNING:** Indexes and scores provided by Bittium Respiro Analyst are not accurate before a trained person sets the start and stop times for sleep and all other relevant exclusion areas.

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**WARNING:** All pre-annotations must be reviewed by a trained professional before using the summaries and indexes for decision support.

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**CAUTION:** Do not edit the recording data file. It may lose or corrupt the measurement data.

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### NOTE

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Bittium Respiro Analyst does not perform pre-analysis for snoring nor ECG arrhythmias. A trained professional must enter these annotations manually before their summary statistics are useful.

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## 3 INTRODUCTION

Bittium Respiro Analyst™ is a web application that enables sleep specialists to make polygraph analyses for Bittium Respiro™ recordings. Respiro Analyst provides accurate medical information on patients (polygraphy signals and preliminary analysis).

Respiro Analyst enables sleep specialists who are working in remote locations to analyze recordings made by the health centers and clinics. For the sleep specialist, the system provides a complete working environment for signal visualization and analysis. The sleep specialist can write a statement based on the analysis using integrated Statement Tool.

### 3.1 Intended purpose

Respiro Analyst is intended to be used as analysis software in overnight respiratory polygraphy, which is always carried out by a medical doctor's prescription. Use of this software for any other purpose is prohibited. Respiro Analyst is used typically in a hospital or a clinic. Software analyses patient's biosignals that have been recorded with Respiro™. Software does not actively monitor the patient's status or treat the patient and it cannot be used as a life-sustaining application. The annotated episodes should be considered as preliminary and should not be used as such as a basis for diagnosis. The user must be certain of the analyzed signals' purity and quality, and he/she must ensure the correctness of the annotated episodes before making an analysis for a statement. Respiro Analyst is not designed to be used with children. The application is operated by sleep specialists and healthcare professionals (hospital).

#### 3.1.1 Indications

Suspected sleep-related breathing disorder (obstructive sleep apnea, central sleep apnea, mixed sleep apnea, Cheyne-Stokes breathing).

#### 3.1.2 Contraindications

- The product is not intended for pediatric patients. Age limit 18 years.
- Missing oximetry, airflow, or respiratory movement measurement.






#### 3.1.3 User profile

The intended users of the application shall be medical professionals specialized in the field of sleep medicine. Training for the use of the application will be provided by the manufacturer at request. Special training is not a prerequisite for the use of the application.

#### 3.1.4 Patient population

The product is not intended for pediatric patients. Age limit 18 years.

## 3.2 Symbols and labels

Symbol	Description
	The device is CE-marked for the conformity to Council Regulation 2017/745 regarding medical devices.
	Consult instructions of use.
	Manufacturer.
	Date of manufacture.
	Medical device.
<b>REF</b>	Indicates the catalogue number so that the medical device can be identified.



## 3.3 Clinical performance

Pre-analysis algorithms used in Respiro Analyst have been validated using two data sets, PhysioNet challenge 2018 (Table 1) and Bittium's proprietary dataset (Table 2), containing 175 recordings combined, annotated by certified sleep technologists or professionals specialized in sleep medicine.

- Datasets used for validating the performance:
  - Physionet challenge 2018 polysomnography dataset including 81 recordings with sufficient pressure airflow signal, manually scored by certified sleep technologists
    - Areas that patient is not asleep were not analyzed by algorithms
  - Bittium's proprietary respiratory polygraphy dataset including 94 recordings manually scored by sleep specialist as part of routine clinical care
    - Areas that were excluded by sleep specialist were not analyzed by algorithms
- Respiratory event algorithm
  - Respiratory event algorithm produces Hypopnea, Obstructive apnea, Central apnea and Mixed Apnea event annotations
  - Mean difference and standard deviation between the algorithm and the reference is
    - $-0.15 \pm 3.69$  for Apnea-Hypopnea Index (AHI) in the Respiratory polygraphy dataset
    - $4.52 \pm 4.25$  for AHI in the Polysomnography dataset
    - $-1.9 \pm 3.18$  for Central Apnea Index (CAI) in the Polysomnography dataset
    - $6.41 \pm 5.61$  for Obstructive Apnea Index (OAI) in the Polysomnography dataset
- Oxygen desaturation event algorithm
  - Oxygen desaturation event algorithm produces Oxygen desaturation event annotations that have  $\geq 3$  % drop in oxygen saturation
  - Mean difference and standard deviation between the algorithm and the reference for Oxygen Desaturation Index (ODI3) is  $-0.14 \pm 2.82$  in the Respiratory polygraphy dataset

*Table 1. Sensitivity, specificity, positive predictivity and negative predictivity of the detection of sleep apnea and different sleep apnea severity classes based on AHI in the PhysioNet Polysomnography dataset*

Sleep apnea severity	Sensitivity	Specificity	Positive predictivity	Negative predictivity
normal (AHI < 5)	0.71	1.00	1.00	0.94
mild sleep apnea ( $5 \leq \text{AHI} < 15$ )	0.50	0.91	0.71	0.81
moderate sleep apnea ( $15 \leq \text{AHI} < 30$ )	0.78	0.73	0.71	0.80
severe sleep apnea ( $\text{AHI} \geq 30$ )	1.00	0.91	0.46	1.00
sleep apnea ( $\text{AHI} \geq 5$ )	1.00	0.71	0.94	1.00

*Table 2. Sensitivity, specificity, positive predictivity and negative predictivity of the detection of sleep apnea and different sleep apnea severity classes based on AHI in the Bittium's proprietary Respiratory polygraphy dataset*

Sleep apnea severity	Sensitivity	Specificity	Positive predictivity	Negative predictivity
normal (AHI < 5)	0.67	0.99	0.91	0.94
mild sleep apnea (5 ≤ AHI < 15)	0.84	0.89	0.79	0.92
moderate sleep apnea (15 ≤ AHI < 30)	0.80	0.91	0.77	0.93
severe sleep apnea (AHI ≥ 30)	0.91	0.96	0.87	0.97
sleep apnea (AHI ≥ 5)	0.99	0.67	0.94	0.91

### 3.4 Expected lifetime

Expected lifetime for Respiro Analyst is around [2] years when properly maintained. The expected lifetime for Respiro Analyst is subject to changes as per its schedule for major releases.

### 3.5 System requirements

Recommended system requirements for using Respiro Analyst are:

- Intel(R) Core (TM) i5-8265U CPU @ 1.60GHz
- 8GB or more RAM
- Minimum recommended resolution: Full HD (1920 x 1080)
- Windows 10 operating system
- Mozilla Firefox, Google Chrome or Microsoft Edge browser
- Network: Min. reliable broadband connection

Note that Respiro Analyst is designed to work only with recordings made using Bittium Respiro.

Note that Respiro Analyst is available as a service (as a part of Bittium MedicalSuite™), no additional software needs to be installed on your computer. Please ask your service provider for correct URL where Respiro Analyst can be accessed.

### 3.6 Cyber security

Install all security patches recommended by your OS vendor and update your browser regularly. Do not share accounts and keep your password safe. Do not use the computer used for clinical work for any other activities such as social media or playing games.

## 3.7 Signing in to Bittium Respiro Analyst

Before using Bittium Respiro Analyst you must log in to Bittium MedicalSuite Center using the credentials provided to you by your system administrator. For more information on Bittium MedicalSuite Center, see MedicalSuite HSAT Services Clinical Guide.

1. Log in to Bittium MedicalSuite Center.

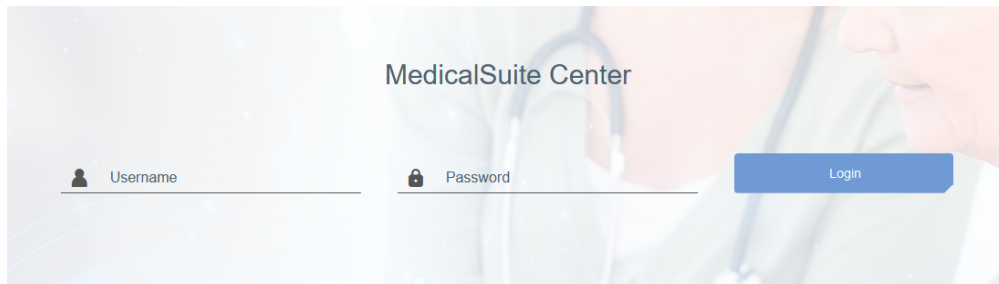


Figure 1 Login page

2. Click "Analyze" button in MedicalSuite Center Dashboard view to open the related recording in Respiro Analyst.

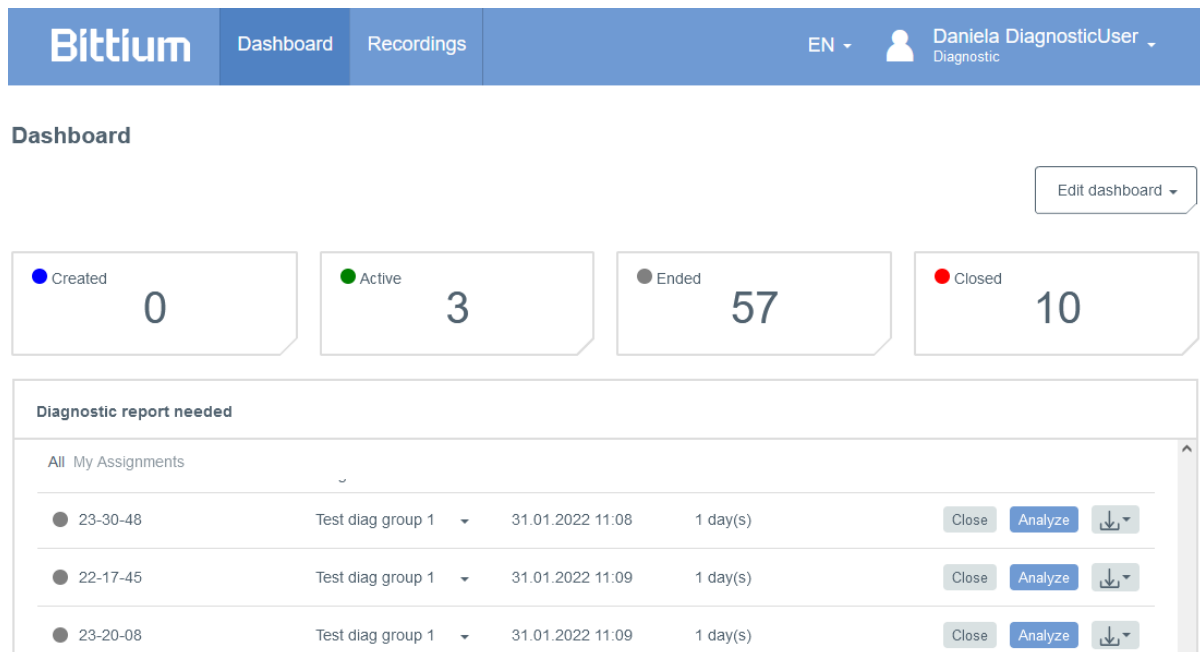


Figure 2 MedicalSuite Center Dashboard

You can also open a recording in Respiro Analyst by selecting a recording in MedicalSuite Center Dashboard view and clicking the histogram icon on the Recording data tab as shown in the image below.

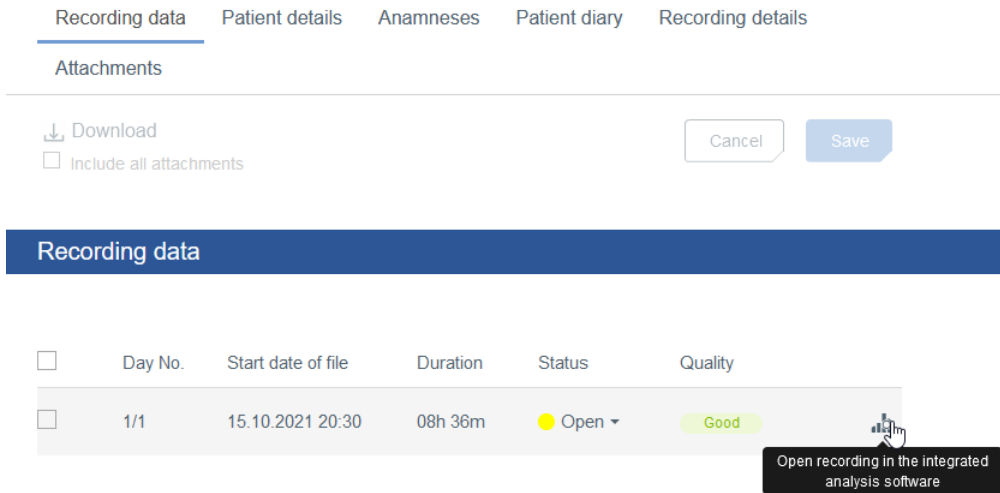


Figure 3 Recording data tab in MedicalSuite Center

### 3.8 Validating recording data quality on Bittium MedicalSuite Center

When the recording data file(s) is validated and saved on Bittium MedicalSuite Center, the recording data is transferred to **Bittium Respiro Analyst** for automatic data quality validation. After data quality validation the quality information is sent back to **MedicalSuite Center**, and a clinic can check from the **Single recording view** if the recording data quality is **good**, **fair**, or **poor**. This helps a clinic to evaluate whether data can be used for further analysis, or if a new recording is needed.

Following factors result in the recording data quality to be evaluated as **good**:

- Length of the recording is **> 5 hours**
- There is **at least 4 hours** technically adequate signal in the important channels:
  - Blood oxygen saturation (SpO2) and pressure flow OR
  - Blood oxygen saturation (SpO2) and RIP thorax and RIP abdomen

Following factors result in the recording data quality to be evaluated as **fair**:

- Length of the recording is **< 5 hours**
- There is **less than 4 hours** technically adequate signal in the important channels:
  - Blood oxygen saturation (SpO2) and pressure flow OR
  - Blood oxygen saturation (SpO2) and RIP thorax and RIP abdomen

Following factors result in the recording data quality to be evaluated as **poor**:

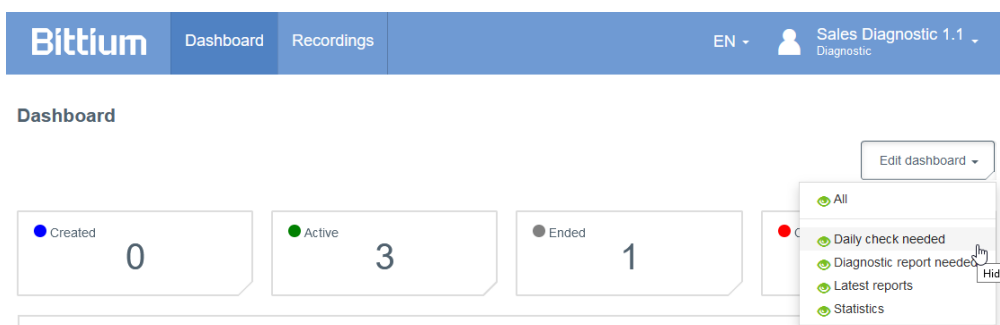
- Length of the recording is **< 4 hours**
- There is **less than 4 hours** technically adequate signal in the important channels:
  - Blood oxygen saturation (SpO2) and pressure flow AND
  - Blood oxygen saturation (SpO2) and RIP thorax and RIP abdomen

## NOTE

The signal in one channel does not need to be technically adequate continuously, since the technically adequate signal can consist data of separate channels (e.g., pressure flow and RIP)

Note that the items appearing in MedicalSuite Center Dashboard view can be selected to be shown or hidden with the Edit dashboard function:

1. Click “Edit dashboard” button.
2. Hide unnecessary item(s) by clicking the item(s) on the drop-down list.
3. Change the order of the items by dragging and dropping them on the drop-down list.



*Figure 4 Dashboard editing in MedicalSuite Center*

## 4 BITTIUM RESPIRO ANALYST OVERVIEW

Bittium Respiro Analyst has three views under their own tabs that are Summary and statement view, Analysis view and the Report view.

### 4.1 Summary and statement

Summary and statement view provides an overview of the patient details, recording details and analysis results as well as a section for statement writing. This view allows a user to see the overall status of the patient and to write a statement. Analysis results are available when analyzing the recording and are updated automatically when event annotations are created or edited.

**Patient**

Patient ID: 23\_30\_48      Height: 185cm      Weight: 85kg  
 BMI: 24.84      Age: 58 years      Gender: Male

**Summary**

Apnea-hypopnea index: 8.7/h  
 Supine: 15.4/h Non-supine: 2.1/h      Oxygen Desaturation Index (ODI3): 8.7/h

AHI

Normal      Mild      Moderate      Severe

5      15      30

ODI3

Recording date	15/10/2021	Recording: TRT	8h 36m (23:30 - 08:07)
Evaluation Period	8h 17m (23:43 - 08:00)		

Apnea-hypopnea index (AHI) displayed here is the total number of respiratory events (Apneas + Hypopneas) divided by Evaluation period. Evaluation period was determined based on measured signals and patient diary

**Statement**

**Findings** 10 words

The recording findings are consistent with mild obstructive sleep apnea.

**Conclusion** 0 words

Signature

**Sentence bank**

- No illness
- ▼ Severity and cause
  - Severe central
  - Moderate central
  - Mild central
  - Severe mixed
  - Moderate mixed
  - Mild mixed
  - Severe obstructive
  - Moderate obstructive
  - Mild obstructive

Figure 5 Respiro Analyst - Summary and statement view

#### Patient details

Patient details has been added beforehand in MedicalSuite Center and it contains basic patient information like:

- Patient ID
- Height
- Weight
- BMI (body mass index)
- Age
- Gender

## Summary

Summary contains the most important analysis results summarized:

*Table 3 Summary*

Item	Description
Recording date	Recording starting date.
Total recording time (TRT)	Entire elapsed recording time from start to end.
Evaluation period	Total recording time minus exclusion event annotations created by user due to e.g. artifacts in signals or the patient was awake.
Apnea-hypopnea index (AHI)	Total number of respiratory events (Apneas + Hypopneas) divided by Evaluation period. Note: AHI is a surrogate for Respiratory Event Index (REI).
Oxygen Desaturation Index (ODI3)	A total number of 3 % or higher desaturation events divided by Evaluation period.
Snoring	Percentage of snoring during the Evaluation period.

## Analysis results

Analysis results are automatically calculated based on the event annotations in the Analysis view. Detailed analysis results are shown under the Summary section, providing details on the following areas:

- Respiratory events
- SpO<sub>2</sub>
- Snoring
- Position
- Cardiac events and pulse

All analysis results are calculated from the Evaluation period, i.e. excluding the areas under exclusion event annotations.

Note that the analysis results related to snoring, cardiac events and Cheyne-Stokes breathing are available only if the related events are manually scored since there is no automatic pre-analysis for these events.

Analysis results are provided per each body position, i.e. calculating events occurred in the body position and - in case of indexes - divided by the time slept in the body position. Non-supine position includes left, right and prone body positions, while unknown position includes headstand and unknown body positions.

## Respiratory events

	Total	Supine	Non-supine				Upright	Unknown
			Total	Left	Right	Prone		
Apnea-hypopnea index (AHI)	8.7/h	15.4/h	2.1/h	4/h	1.4/h	0/h	0/h	0/h
Central apnea index (CAI)	0.6/h	1/h	0.2/h	0/h	0.3/h	0/h	0/h	0/h
Respiratory event (RE)	72	63	9	5	4	0	0	0
Obstructive apnea event	4	4	0	0	0	0	0	0
Central apnea event	5	4	1	0	1	0	0	0
Mixed apnea event	0	0	0	0	0	0	0	0
Hypopnea event	63	55	8	5	3	0	0	0
Cheyne-Stokes respiration (CS)	N/A							

Criteria used for hypopnea scoring: Oxygen desaturation  $\geq 3\%$

The airflow sensor used: Pressure Flow

## SpO2

	Total	Supine	Non-supine	Upright	Unknown
Oxygen Desaturation Index $\geq 3\%$ (ODI3)	8.7/h	15.1/h	2.4/h	0/h	0/h
Oxygen Desaturation Index $\geq 4\%$ (ODI4)	1.7/h	2.7/h	0.7/h	0/h	0/h
Average SpO2	93%				
Minimum SpO2	89%				
SpO2 duration < 90%	0.1% (21s)				
SpO2 duration $\leq 88\%$	0% (0s)				

## Snoring

Total	Supine	Non-supine				Upright	Unknown
		Total	Left	Right	Prone		
1%	0%	1%	1%	0%	0%	0%	0%

## Position

Total	Supine	Non-supine				Upright	Unknown
		Total	Left	Right	Prone		
5h 21m	17m (5 %)	5h 1m (93 %)	2h 37m (48 %)	2h 24m (44 %)	0s (0 %)	2m (0 %)	0s (0 %)

## Cardiac events and pulse

Average pulse	39 bpm	Highest pulse	79 bpm
Lowest pulse	23 bpm	Asystoles	0
Atrial fibrillations	0	Bradycardias	0
Narrow complex tachycardias	1	Sinus tachycardias	2
Wide complex tachycardias	0	Other cardiac events	0

Figure 6 Summary view details



## Patient diary

Patient diary part includes information about the recorded night that has been added beforehand in MedicalSuite Center. The diary includes also events which are e.g. wake ups during a recording. A patient can mark events during a recording by pressing shortly the Respiro power button and a healthcare professional can specify details (e.g., going to bathroom) for the events marked by the patient as well as add new events after a recording in MedicalSuite Center.

## Anamneses

Anamneses part includes detailed patient background information that has been added beforehand in MedicalSuite Center.

## Recording details

Recording details part includes information about the organization that has made the recording and the used Respiro recording equipment.

Patient diary ▾

When did you go to bed?	23:35
In your estimation, when did you fall asleep?	23:45
What time did you wake up in the morning?	08:00
In your estimation, how many hours did you sleep	08h 15m
How did you sleep?	OK
Did you get out of bed during the recording?	No
How did you sleep compared to usual?	Normal
Other comments	N/A

> Events

Time	Duration	Event
02:32		Recorder button pressed

Anamneses ◀

Recording details ◀

*Figure 7 Patient diary, Anamneses and Recording details*

## Statement

Statement tool contains text boxes for writing the findings and conclusion. The statement tool includes a sentence bank with predefined sentences which help in statement writing. The function is available when the recording's analysis summary is viewed. A statement can be signed by a sleep specialist.

Statement

Findings19 words

Nearly all occurrences of respiratory events are in the supine position. The recording was technically successful and of high quality.

Conclusion53 words

The recording findings are consistent with mild obstructive sleep apnea. Avoiding sleeping in a supine position (positional therapy), for example by placing a tennis ball in the back of the pajamas or wearing a sleep apnea belt, might be sufficient treatment. It is recommended to confirm the treatment outcome with a new recording.

Signature

Dr. Sleep Apnea

Sentence bank

▶ No illness

▶ Severity and cause

▶ Positionality

▶ Central sleep apnea

▶ OHS

▶ Oxygen saturation

▶ Snoring

▶ Restless legs

▶ Reliability of the recording

▼ Treatment

Confirm treatment outcome

Nasal stuffiness may interfere with the treatment of sleep apnea

Figure 8 Statement section, part 1

Below the signature field there are selections that only affect what is shown in the statement report. For example, selected criteria for hypopnea scoring does not affect analysis or how analysis results are calculated but modifies the summary section of the statement so that Oxygen Desaturation Index  $\geq 4\%$  (ODI4) is used instead of ODI3 in the summary section. Similarly, the selection of used airflow sensor types does not affect analysis or how analysis results are calculated but the used airflow sensors are just mentioned in the statement report.

Use the options below to inform the basis on which you made the analysis.

- The selections are shown in the report
- The selections do not change the analysis settings
- The selections do not affect the scored events or the calculation of the indexes

How did you determine the evaluation period?

- ☒ Evaluation period was determined based on measured signals and patient diary
- ☐ Evaluation period is the total recording time

What was the criteria used for hypopnea scoring? ODI in the summary selection will be shown according to the selection.

- ☒ Oxygen desaturation  $\geq 3\%$
- ☐ Oxygen desaturation  $\geq 4\%$

What type of airflow sensors were used for the analysis?

- ☒ Pressure Flow
- ☐ RIP Flow
- ☐ RIP Sum

Please select one or more options for SpO2.

- ☒ SpO2 duration  $< 90\%$  during evaluation period
- ☒ SpO2 duration  $\leq 88\%$  during evaluation period
- ☐ SpO2 duration  $< 85\%$  during evaluation period

*Figure 9 Statement section, part 2*

## 4.2 Analysis

Analysis view shows the recording data in detail with inputs from different sensors and event annotations. Recording time scale can be adjusted between 5 seconds and 30 minutes or the entire recording can be viewed in one screen.

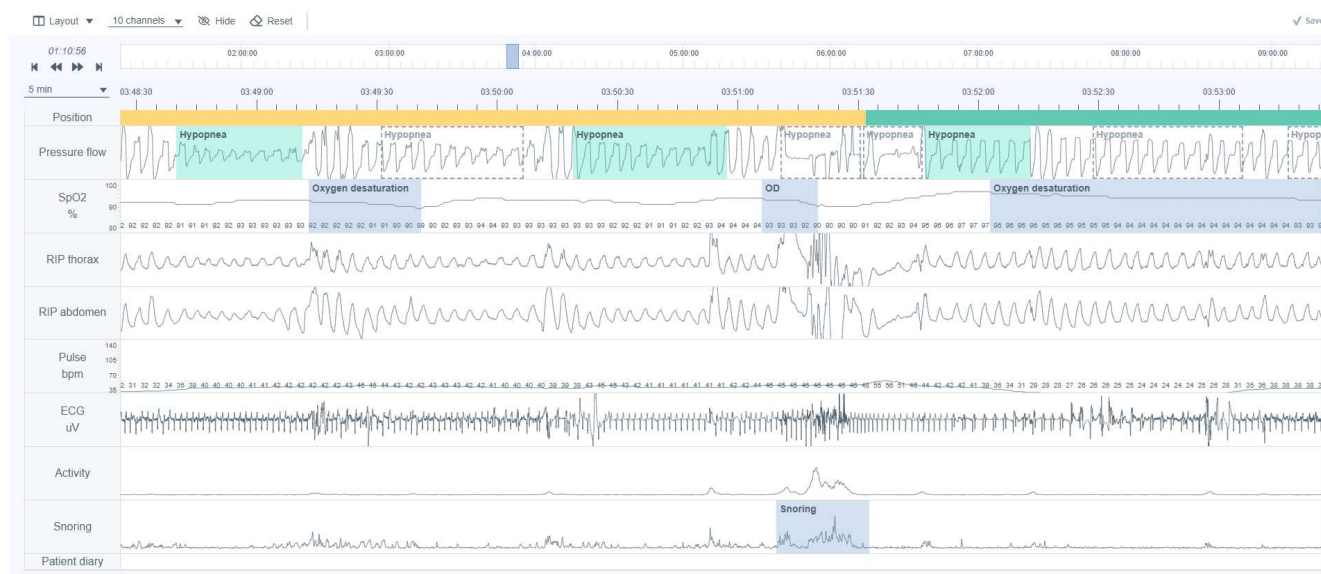


Figure 10 Respiro Analyst - Analysis view

## Signals

All available signals are described in the table below. Note that available signals in a recording depends on the sensor configuration used in the recording.

Exact values for SpO<sub>2</sub> and pulse signals are displayed on the signal channel.

Table 4 Signal descriptions

Signal	Description
Position	Body positions are indicated with a color and an icon. Body positions: upright, supine, prone, left, right, headstand, and error.
Snoring	A snoring signal from a microphone displayed in logarithmic scale.
Pressure flow	A qualitative respiratory airflow derived from nasal cannula pressure signal using a square root transformation.
SpO <sub>2</sub>	An oxygen saturation signal from a pulse oximeter.
RIP abdomen	A respiratory effort signal from an abdominal RIP belt sensor.
RIP thorax	A respiratory effort signal from a thoracic RIP belt sensor.
Activity	A body activity signal derived from a three-dimensional accelerometer sensor.
Pulse	A pulse rate signal from a pulse oximeter.

ECG	An electrocardiogram signal.
RIP sum	A sum of the RIP abdomen and thorax signals.
RIP flow	A qualitative respiratory airflow derived as time derivative of the RIP sum signal.
Patient diary	Estimated fall asleep and woke up times as well as other events from the patient diary.

## Event annotations

Event annotations are notes which are based on the pre-analysis algorithms or entered by users such as sleep specialist and patient.

The pre-analysis algorithms can produce following event annotations:

- Artifact
- Central apnea
- Hypopnea
- Mixed apnea
- Obstructive apnea
- Oxygen desaturation

After the recording the data is automatically pre-analyzed and event annotations are set. Most event annotations can be freely edited or removed, and new ones can be added as required. See Event annotations section below for information on how to work with event annotations.

Annotations that the user can create are described in the table below:

*Table 5 Annotations*

Event annotation	Description	Related signals
Artifact	An artifact event marks disturbed signal area caused by e.g. sensor error, low quality signal or ECG lead off. Signal values under artifact annotations are not included in analysis results (e.g. minimum heart rate). Artifacts can be added by sleep specialist.	Snoring, Pressure Flow, SpO <sub>2</sub> , RIP abdomen, RIP thorax, Activity, Pulse, ECG, RIP sum, RIP flow
Exclusion	Exclusion events define the parts of the recording that are not analyzed due to e.g. low quality signals or the patient was awake so that the Evaluation period is total recording time minus exclusion areas. Signal values under exclusion events are not included in analysis results (e.g. minimum heart rate).	Covers all signal channels

Central apnea	A central apnea event. Criteria for pre-analysis algorithm is a $\geq 90$ % reduction in airflow lasting $\geq 10$ seconds associated with absent inspiratory effort throughout the entire period of absent airflow.	Pressure flow, RIP sum, RIP flow
Cheyne-Stokes breathing	A Cheyne-Stokes breathing event.	Pressure flow, RIP sum, RIP flow
Hypopnea	A hypopnea event. Criteria for pre-analysis algorithm is a $\geq 30$ % reduction in airflow lasting $\geq 10$ seconds associated with a $\geq 3$ % oxygen desaturation event.	Pressure flow, RIP sum, RIP flow
Mixed apnea	A mixed apnea event. Criteria for pre-analysis algorithm is a $\geq 90$ % reduction in airflow lasting $\geq 10$ seconds associated with absent inspiratory effort in the initial portion of the event, followed by resumption of inspiratory effort.	Pressure flow, RIP sum, RIP flow
Obstructive apnea	An obstructive apnea event. Criteria for pre-analysis algorithm is a $\geq 90$ % reduction in airflow lasting $\geq 10$ seconds associated with continued or increased inspiratory effort throughout the entire period of absent airflow.	Pressure flow, RIP sum, RIP flow
Oxygen desaturation	An Oxygen desaturation event. Criteria for pre-analysis algorithm is $\geq 3$ % drop in oxygen saturation signal.	SpO <sub>2</sub>
Snoring	A snoring event.	Snoring
Sinus tachycardia	A sinus tachycardia event.	ECG
Bradycardia	A bradycardia event.	ECG
Asystole	An asystole event.	ECG
Wide complex tachycardia	A wide complex tachycardia event.	ECG
Narrow complex tachycardia	A narrow complex tachycardia event.	ECG
Atrial fibrillation	An atrial fibrillation event.	ECG
Other cardiac event	Other cardiac event.	ECG
Unknown position	An ambiguous body position event marked by user. Analysis results are updated so that the created Unknown position event is considered.	Position

A special patient diary channel contains annotations that come from a diary that the patient has given. Annotations on the patient diary channel cannot be created or updated by the user. Table below lists the possible annotations visible in the channel.

*Table 6 Patient diary annotations*

Diary annotation	Description
Recorder button pressed	Respiro button press marker
Fall asleep	Estimated fall asleep time
Woke up	Estimated woke up time
Drinking or eating	Patient indicates they are eating or drinking
Going to bathroom	Patient indicates they went to bathroom
Lying on bed	Patient indicates they are lying on the bed awake
Reading a book	Patient indicates they are reading a book
Other	Other type of event indication, which might have additional text included.

## 4.3 Report

Once the findings and the conclusion are entered in the statement section and the analysis is ready for a report, a draft version of the report can be generated by clicking the “Preview report” button. If everything is as it should in the report it can then be accepted by clicking the “Accept report” button on the top left-hand side of the view.

Accept report



1 of 3



Automatic Zoom



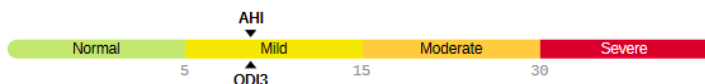
## Patient

Patient ID: 23-30-48 Height: 185cm Weight: 85kg  
BMI: 24.8 Age: 58 years Gender: Male

## Summary

Apnea-hypopnea index: 8.7/h  
(Supine: 15.4/h, Non-supine: 2.1/h)

Oxygen Desaturation  
Index (ODI3): 8.7/h



Recording date	15/10/2021	Recording: TRT	08h 36m (23:30 - 08:07)
Evaluation period	08h 16m (23:43 - 08:00)		

Apnea-hypopnea index (AHI) displayed here is the total number of respiratory events (Apneas + Hypopneas) divided by Evaluation period. Evaluation period was determined based on measured signals and patient diary

## Statement

### Findings

Nearly all occurrences of respiratory events are in the supine position. The recording was technically successful and of high quality.

### Conclusion

The recording findings are consistent with mild obstructive sleep apnea. Avoiding sleeping in a supine position (positional therapy), for example by placing a tennis ball in the back of the pajamas or wearing a sleep apnea belt, might be sufficient treatment. It is recommended to confirm the treatment outcome with a new recording.

23/02/2022

Dr. Sleep Apnea

This report is the consulting doctor's opinion based on the monitoring and the available background information. The final conclusions are always made by the patient's attending doctor who has the best

Figure 11 Draft report view



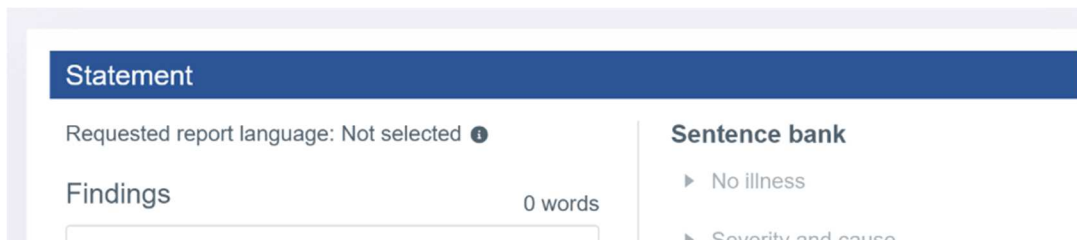
## 5 USING RESPIRO ANALYST

Bittium Respiro Analyst user interface is divided into three views under their own tabs that are Summary and statement view, Analysis view and the Report view.

All changes you make in Summary and statement view and Analysis view are saved immediately. Status of the saving is indicated in upper right corner. You can safely close browser window once indicator shows a check mark and reads "saved". You can resume work later from MedicalSuite Center. While the indicator displays "saving...", your changes might not have saved yet.

### 5.1 Selecting language

If report has been requested in a specific language, it is notified in the Statement section.







Preferred language for the Respiro Analyst can be selected from upper right section, next to user profile:



### 5.2 Scrolling

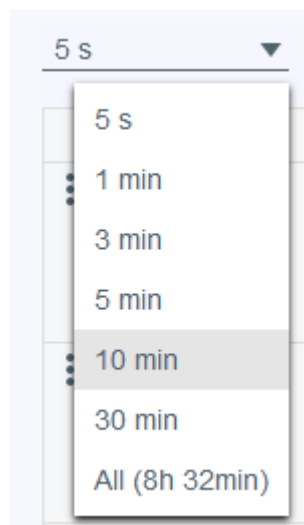
You can scroll the recording by using buttons or keyboard shortcuts described in the table below. Additionally, the user can initiate automatic scrolling while drawing by moving the mouse cursor outside of the channel area from either the right or left side. Automatic scrolling is stopped by releasing the mouse button or by moving back to the channel area.

*Table 7 Keyboard shortcuts*

Button	Description	Keyboard shortcut
	A step backward	Left arrow key
	A step forward	Right arrow key
	To the beginning	
	To the end	

## 5.3 Selecting time scale

The time scale shown above the signals can be adjusted to show the recording in increments between 5 seconds and 30 minutes or the entire recording can be displayed. The entire time of the recording can be seen at the very top of the Analysis view.

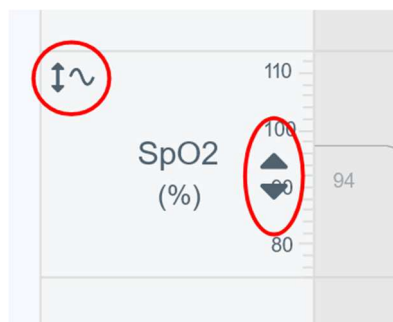


*Figure 12 Selecting time scale*

## 5.4 Scaling signal amplitude

When adjusting the signal automatically by clicking on the ~ symbol with two arrows, the minimum and maximum value of the current view is set as minimum and maximum value of the signal scale, with respect to certain minimum distance between the min and max values.

The signal amplitudes and scales can also be manually adjusted using the up and down arrows which appear when the mouse pointer is hovered above a signal row name. This way the signal will either flatten or show the changes in signal more clearly.

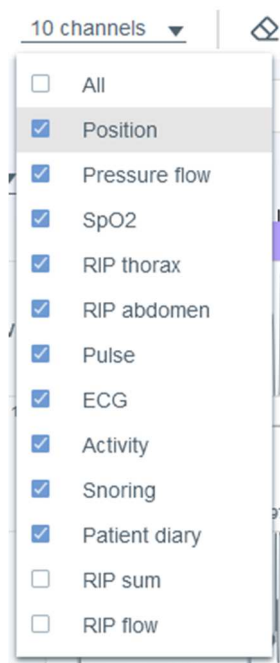


*Figure 13 Automatic and manual scaling of a signal*

## 5.5 Changing the layout

### 5.5.1 Selecting visible channels

Visible signal channels can be selected from the list of available signal channels.



*Figure 14 Visible channel selection*

## 5.5.2 Changing the channel order

A channel row can be moved up or down by a drag and drop. Select the channel row you want to move and move the row while simultaneously holding the mouse button.



*Figure 15 Changing the channel order*

## 5.5.3 Changing channel row height

Channel row height can be adjusted by hovering the mouse on the edge of the channel row until the mouse pointer changes to a symbol with two arrows pointing up and down.



Figure 16 Changing channel row height

## 5.5.4 Saving the layout

There are two layout options: Default and Your layout. After making layout changes, the current layout can be saved as Your layout by clicking Update your layout. Note that all changes done after Update your layout is selected discard the previously set layout changes.

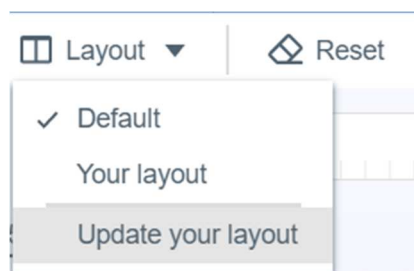


Figure 17 Layout options and saving the layout

Following items can be adjusted: order of channels, height of channels, which channels are visible and the selected time scale.

## 5.6 Event annotations

Event annotations are a central function in the Analysis view. Note that before manual scoring, the recording has been automatically pre-analyzed and event annotations have been set. These can be freely edited as required so for example, if an event has been pre-classified as a central apnea it can be changed to a mixed apnea or an obstructive apnea.

### 5.6.1 Accepting/ Removing event annotations

Pre-analysis produces unaccepted event annotations as event proposals which can be easily accepted by single-clicking the unaccepted event annotation. The unaccepted annotations have a grey dash line rectangle around them.



*Figure 18 Unaccepted event annotation*

The unaccepted event annotations are not counted for indexes or parameters in analysis results while all accepted event annotations are counted.

Event annotations can be removed by simply selecting the event annotation and then pressing “Delete” button from the keyboard or selecting “Remove” option from the list that opens. Note that after an event annotation has been removed it appears as an unaccepted event annotation.

Unaccepted event annotations can also be hidden or shown by clicking following icons.

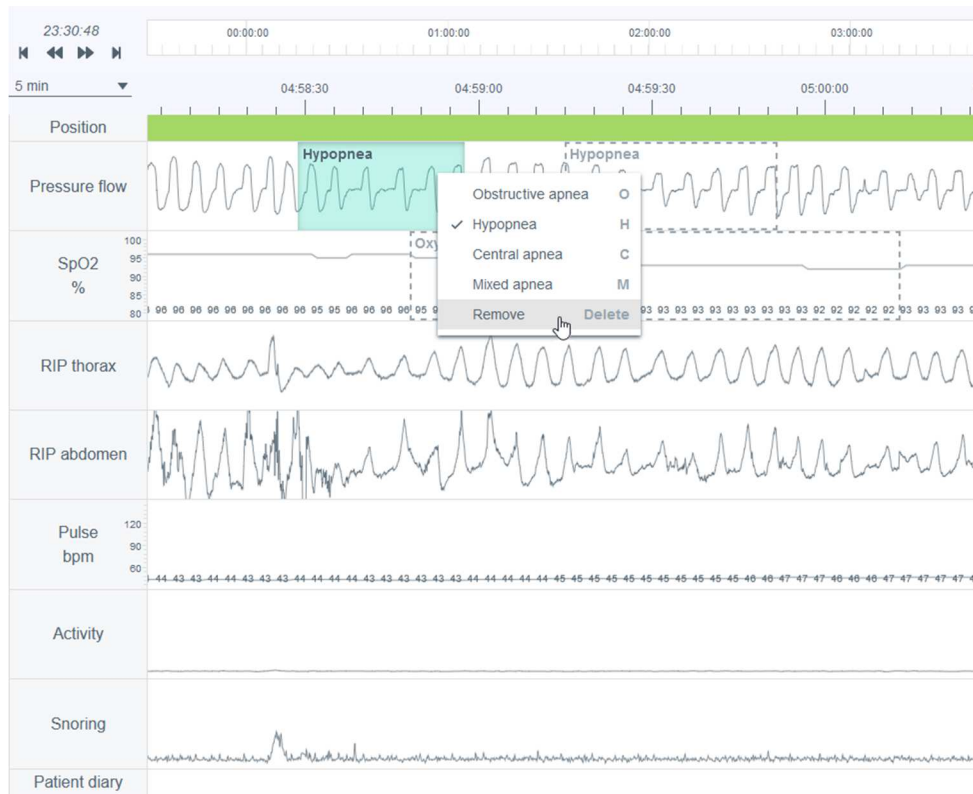


Hide button



Show button

*Figure 19 Hide and show buttons*



*Figure 20 Removing an event annotation*

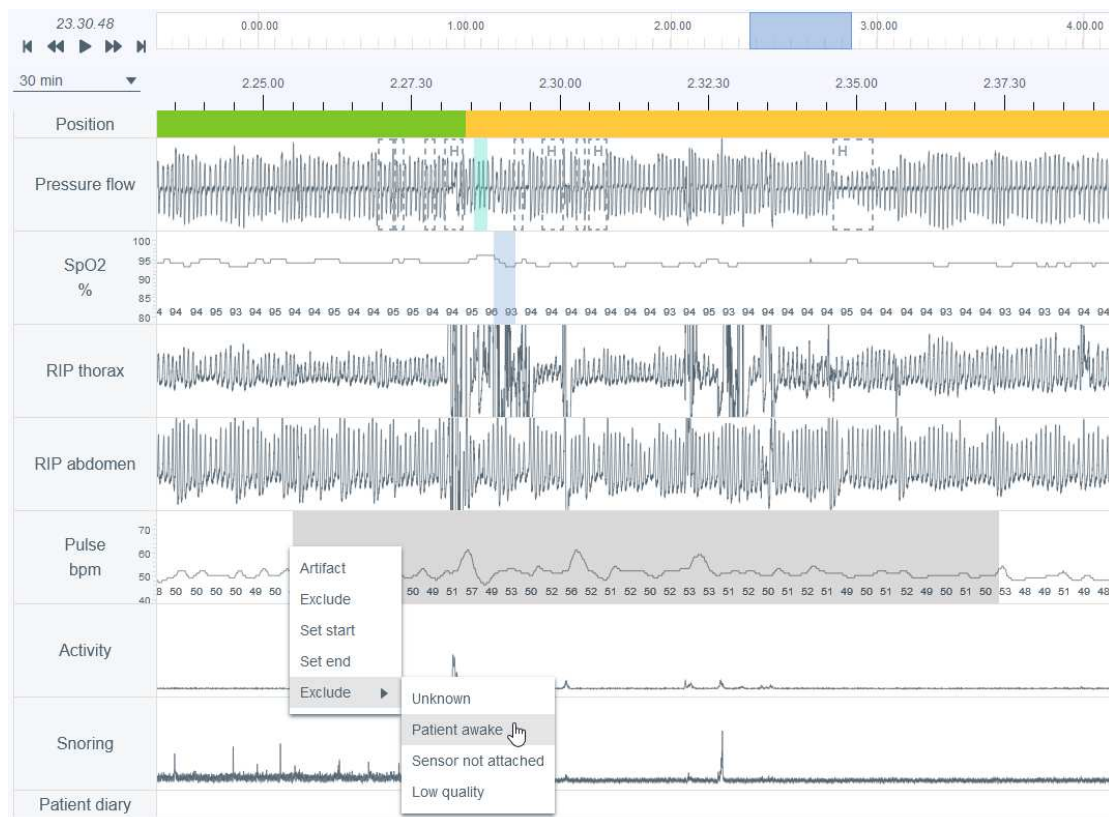
## 5.6.2 Excluding part(s) of the recording from analysis

The part(s) of a recording can be excluded from analysis if there are for example artifacts or the patient was awake. The Evaluation period is defined based on exclusion event annotations so that the Evaluation period is the total recording time minus exclusion areas. You can exclude the part by painting the area and selecting exclude or you can paint the area and set start or end. The exclusion areas are disabled so that signal values under exclusion events are not included in analysis results (e.g. minimum heart rate). Additionally, event annotations fully under exclusion events are removed automatically. Optionally, it is also possible to select a reason (unknown, patient awake, sensor not attached, low quality) for an exclusion but the reason does not affect how the Evaluation period is calculated.



*Figure 21 Excluding a part of the recording – set time start*

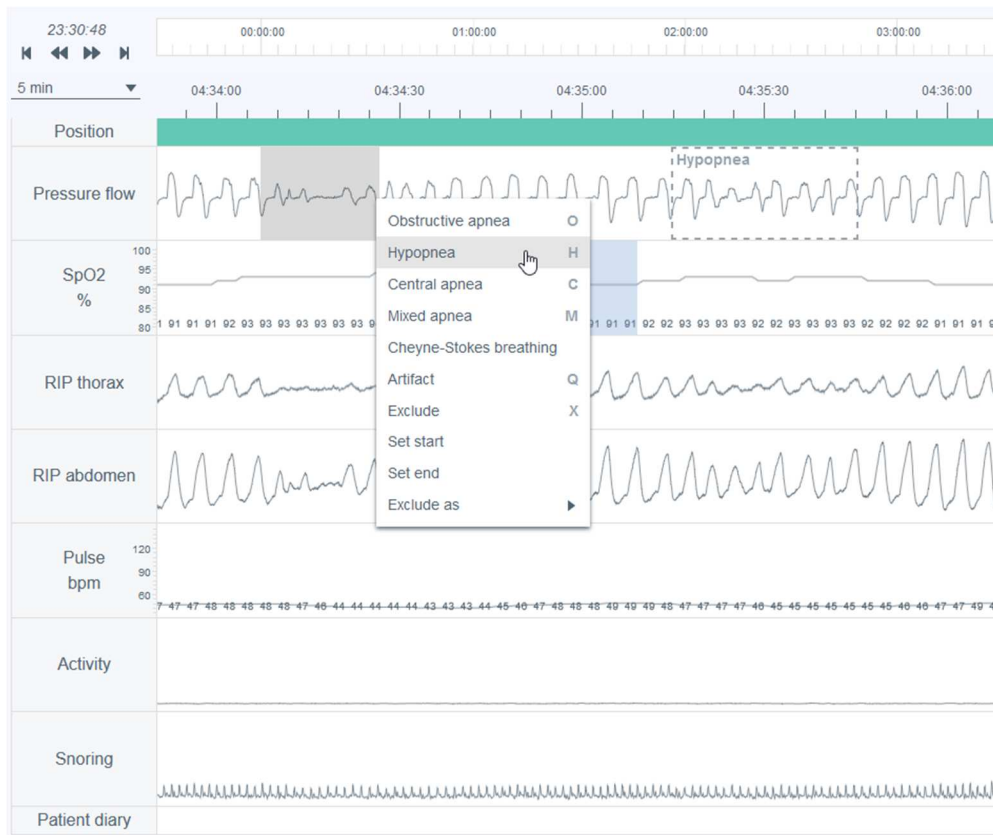




*Figure 22 Excluding a part of the recording – selecting reason*

### 5.6.3 Creating event annotations

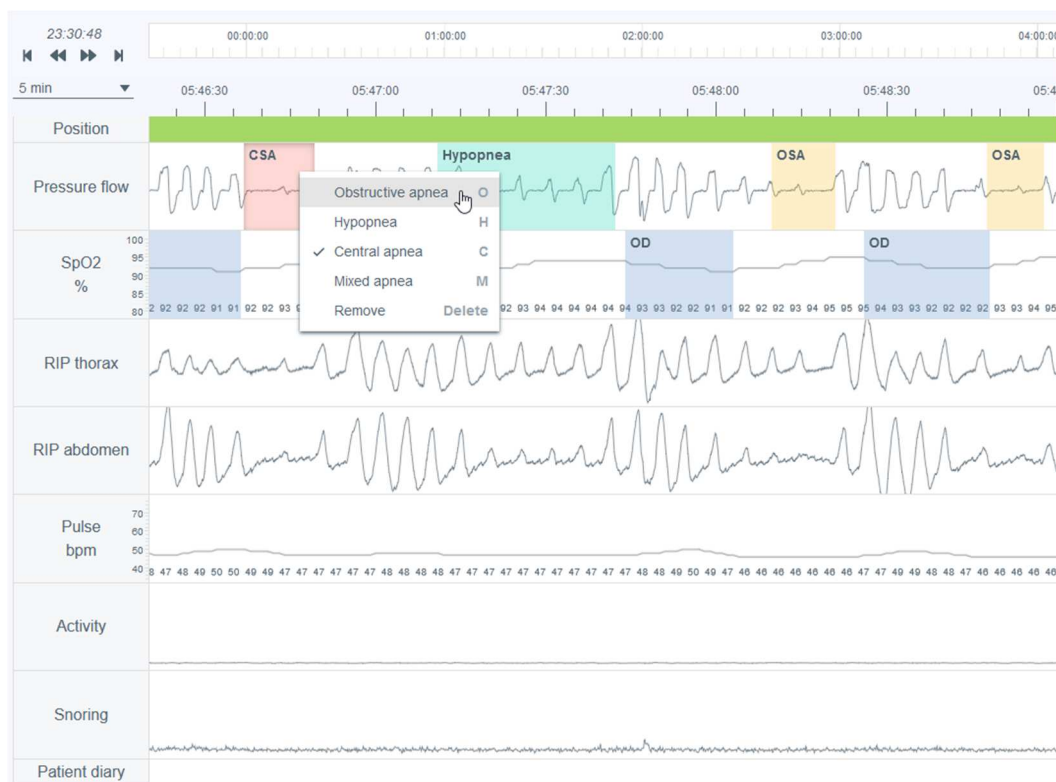
Annotations can be easily created by selecting a part of any of the recorded signals (in the figure below a selection from Pressure flow) by clicking and holding the left or right mouse button and dragging the mouse pointer over the area to be annotated. After this is done a list of available options opens as shown in the figure below. User then selects the annotation class from the list or presses the related keyboard shortcut (shown also in the list). Note that the available options depend on the selected signal. Note also that annotations cannot be created totally inside the excluded signal periods.



*Figure 23 Creating event annotations*

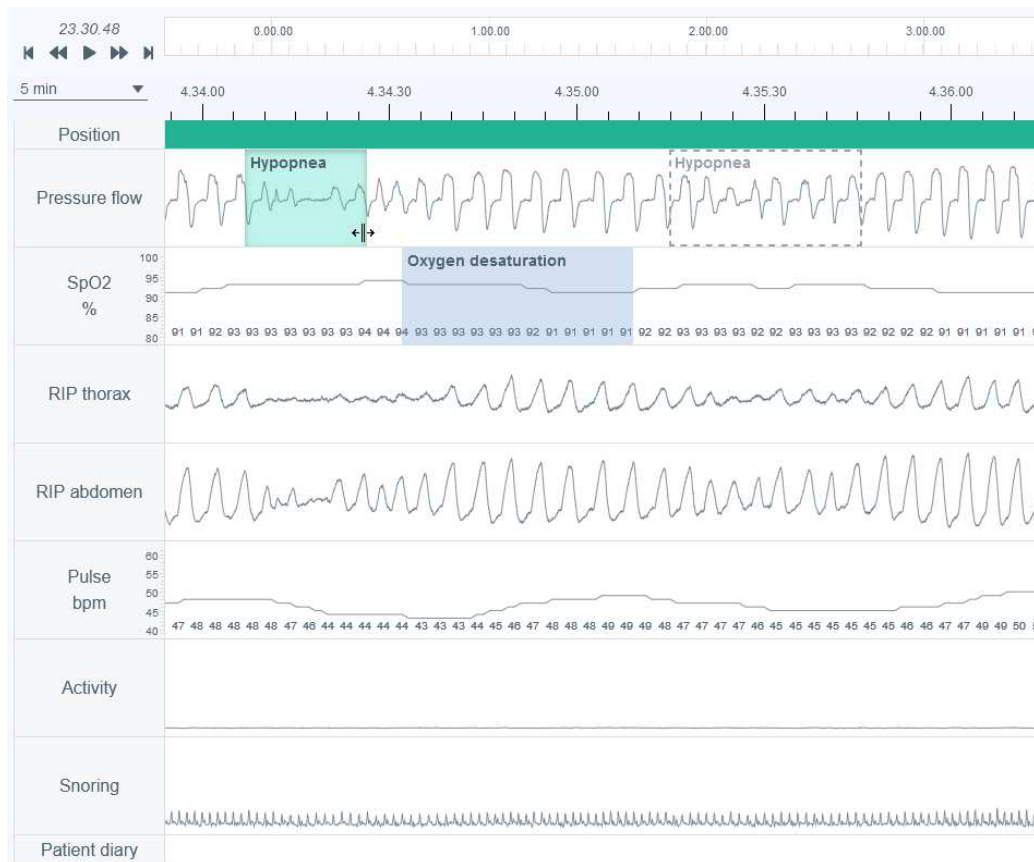
## 5.6.4 Editing event annotations

All event annotations, including automatically pre-analyzed event annotations, can be edited or removed by simply selecting the annotation and then selecting a suitable option from the list that opens or pressing the related keyboard shortcut (available shortcuts are shown also in the list that opens). In the example below a central apnea event annotation has been selected to be edited as an obstructive apnea.



*Figure 24 Changing annotation class*

Annotation's duration can be changed by first hovering the mouse pointer over the annotation and then adjusting the annotation duration from the edges (start/end).



*Figure 25 Changing annotation duration*

## 5.6.5 Viewing event annotation details

Event annotation details can be viewed by placing a cursor over the event annotation. The information shown depends on the event type. Note that if a respiratory event is shorter than 10 seconds, the system will mention about it with a warning in the info box. Event annotation length is displayed on top of the annotation while the annotation is being drawn or edited.

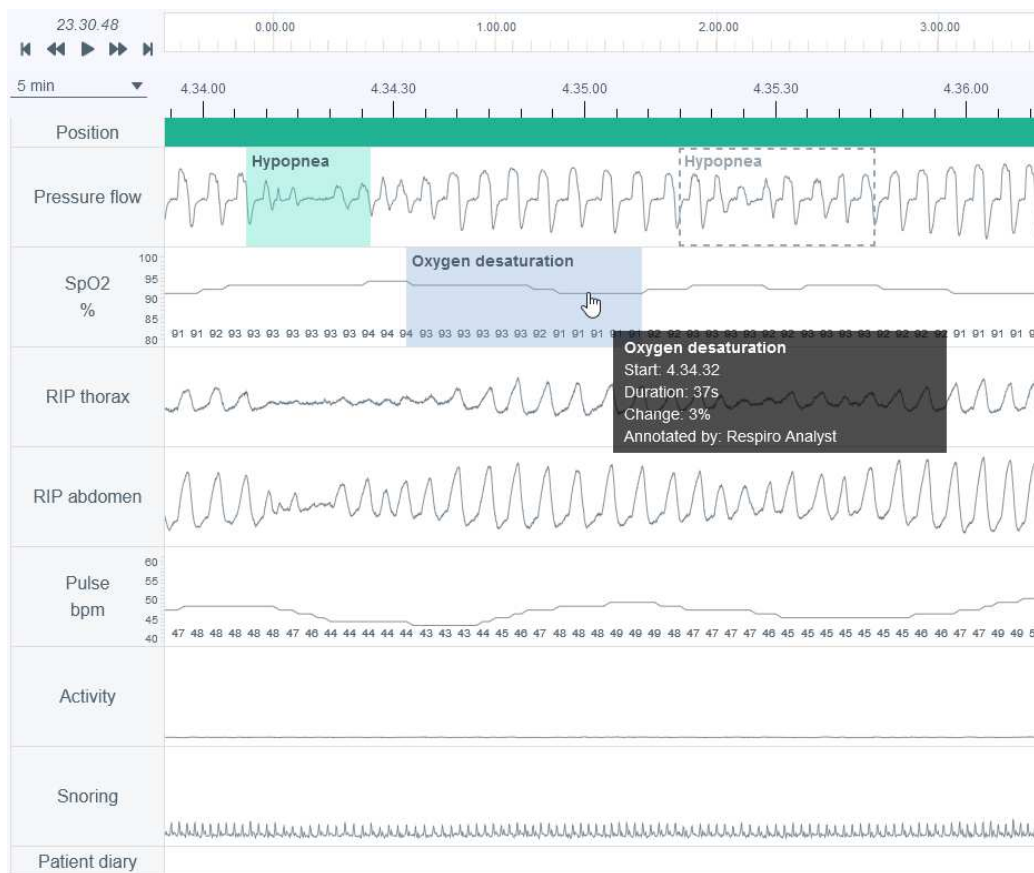


Figure 26 Viewing annotation details

## 5.6.6 Resetting event annotation changes

Event annotation changes can be reset using the “Reset” button on the top left-hand corner of the Analysis view. This resets all changes made by user(s) for the event annotations.

## 5.7 Statement writing

While writing the statement, a sleep specialist can examine the analysis results, anamneses and post-recording questionnaire information which can help to understand the overall status of the patient.

A statement can be saved so that a sleep specialist can continue and finish the work later or assign the recording to another user.

## Statement

### Findings

20 words

Nearly all occurrences of respiratory events are in the supine position. The recording was technically successful and of high quality.

### Conclusion

53 words

The recording findings are consistent with mild obstructive sleep apnea. Avoiding sleeping in a supine position (positional therapy), for example by placing a tennis ball in the back of the pajamas or wearing a sleep apnea belt, might be sufficient treatment. It is recommended to confirm the treatment outcome with a new recording.

### Signature

Dr. Sleep Apnea

Use the options below to inform the basis on which you made the analysis.

- The selections are shown in the report
- The selections do not change the analysis settings
- The selections do not affect the scored events or the calculation of the indexes

### Sentence bank

- ▶ No illness
- ▶ Severity and cause
- ▶ Positionality
- ▶ Central sleep apnea
- ▶ OHS
- ▶ Oxygen saturation
- ▶ Snoring
- ▶ Restless legs
- ▶ Reliability of the recording
- ▼ Treatment
  - Confirm treatment outcome
  - Nasal stuffiness may interfere with the treatment of sleep apnea
  - Treatment of nasal stuffiness
  - Large palatine tonsils
  - Quitting smoking
  - Mandibular advancement device

Figure 27 Statement section - Sentence bank

## 5.7.1 Using sentence bank

Statement tool includes a sentence bank that provides predefined sentences which speed up the statement writing for the findings and conclusions parts. The sentence bank is divided into different categories to make it easier to browse and organize them. The sentence bank is activated when a statement is edited. Sentences added from the sentence bank to findings and conclusion can be freely edited as required.

## 5.7.2 Signature

Signature should be added when the findings and conclusions are written and ready. Once a signature is given it is saved so it can be used again without a need to write a new one for every statement.

### 5.7.3 Creating statement report document

After findings and conclusions are written and ready, a sleep specialist creates a statement report document that includes a written statement, analysis results, and information of the patient and recording. A preview of the report is available via clicking the “Preview report” button in the Statement section or clicking the Report tab. After review, a sleep specialist can accept the final report. Accepting the report will lead to the report being visible in MedicalSuite Center.

## 5.8 Troubleshooting

In case an error occurs in the Respiro Analyst due to e.g., lost network connection, a notification is prompted to check the network connection and reload the page. In this case follow the instructions and check carefully that changes you have made are saved.

If an unexpected error occurs in the internal calculations of the software, user is redirected to the MedicalSuite Center and the recording cannot be opened for analysis. In this case contact the manufacturer to report the error.

## 6 PRODUCT SAFETY AND REGULATORY INFORMATION

### 6.1 Respiro Classification EU

MDR Classification: Class IIa medical device

### 6.2 EU Declaration of Conformity

Certificate of Conformity and Declaration of Conformity in accordance with the applicable directives and standards can be requested for Respiro Analyst from [bbs@bittium.com](mailto:bbs@bittium.com).

### 6.3 Reporting of serious incidents

Any serious incident that has occurred in relation to the software must be reported to the manufacturer and the competent authority of the country in which the user and/or patient is established. Manufacturer contact information is provided at the end of this document.





## MANUFACTURER FOR RESPIRO ANALYST

### Bittium Respiro Analyst™



**Bittium Biosignals Ltd**  
Pioneerinkatu 6  
70800 Kuopio  
Finland



### WEBSITE

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You can find up-to-date product information, documents, and updates by visiting the Bittium website at [www.bittium.com](http://www.bittium.com)

### SALES

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Please contact your sales representative for any questions that you may have about Bittium products.

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Pioneerinkatu 6	Email: <a href="mailto:bbs@bittium.com">bbs@bittium.com</a>
70800 Kuopio	Web: <a href="https://www.bittium.com">https://www.bittium.com</a>
Finland	

### SERVICE DESK

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If you encounter any issues with Bittium medical products, please contact our technical support at [medical.support@bittium.com](mailto:medical.support@bittium.com)