

## Medicines Management Position Statement

Position statement	<b>IQoro® neuromuscular training device</b>
Agreed by PTHB Formulary Working Group	August 2024
Ratified by PTHB Area Prescribing Group	September 2024
Date of last review	n/a (New)
Date of planned review	September 2026

### Medicines Management Position Summary

Indication	Prescribing recommendation
Dysphagia	Not recommended
Acid Reflux	Not recommended
All other uses	Not recommended

### Background

IQoro is a neuromuscular training device. It has been advocated, along with an associated exercise regime, to strengthen the muscles of the oropharynx, oesophagus, and diaphragm, potentially reducing the symptoms of conditions such as snoring, acid reflux and dysphagia<sup>1</sup>.

It is a reusable device, available in adult and child sizes, held inside the lips and in front of the teeth. To exercise, the user presses their lips together and pulls forward strongly for 5-10 seconds, repeating the exercise three times with three seconds of rest between repetitions. Training should be done three times each day, preferably before meals. IQoro is CE marked class 1 medical device with an in-use life of one year during active use, although length of required treatment is unclear.

IQoro is prescribable and is included in the Drug Tariff<sup>2</sup> at a cost of £121 per device. It can also be privately purchased via the company website for £145.

### Summary of evidence

There is currently limited evidence available to support the use of IQoro. All studies to date include small numbers of participants and appear to have been co-authored by the patent holder, with inadequate or no control or placebo group: there is a lack of high quality, large, randomised studies. The effect of IQoro compared with NHS standard care or spontaneous improvement remains unclear. There is limited evidence on the cost effectiveness of IQoro compared with standard NHS care at this time<sup>3</sup>.

NICE have published two Medtech innovation briefings which summarise the evidence and key considerations on the use of IQoro:

- IQoro for stroke-related dysphagia, Medtech innovation briefing [MIB175] Published: 06 March 2019<sup>4</sup>
- IQoro for hiatus hernia Medtech innovation briefing [MIB176] Published: 06 March 2019<sup>5</sup>

## Stroke-related dysphagia

NICE guidance<sup>6</sup> recommends an assessment of swallowing in people after stroke offering swallowing therapy at least 3 times a week to people with dysphagia after stroke who are able to participate, for as long as they continue to make functional gains. Swallowing therapy could include compensatory strategies, exercises, and postural advice. No specific devices, such as IQoro, are specifically recommended in this guidance.

The IQoro device was initially developed for the management of post-stroke dysphagia. IQoro and other similar devices do not appear to have been directly compared to the usual level or mode of care used in the UK<sup>3</sup>.

There is a current lack of objective evidence on clinical and cost effectiveness. Trials to date involve small numbers of patients, with inconsistent follow up.

## Acid reflux / hiatus hernia

The intended place in therapy would be as an alternative to long-term proton pump inhibitor (PPI) treatment or laparoscopic fundoplication surgery in people with hiatus hernia.

The main points from the evidence summarised in NICE MIB176 briefing are from 3 noncomparative, observational studies including 148 adults in Swedish ear, nose, and throat clinics. They show that IQoro may improve symptoms related to hiatus hernia when used for 6 to 8 months in people with long-term hiatus hernia. Key uncertainties around the evidence are that it is limited in quantity and quality. The effect of IQoro may be overestimated because of a lack of a control group. The resource impact would be greater than standard care, but costs may be offset by reducing long-term PPI maintenance. A study comparing IQoro with standard NHS care is required to confirm the place in therapy of IQoro and its long-term effectiveness.

## IQoro for other indications

IQoro has been advocated and investigated for effectiveness in several other conditions, including non-stroke related dysphagia, sleep apnoea, snoring and several conditions associated with facial and oesophageal dysmotility including drooling; paralysis of the face, mouth, and throat; improvement of indistinct speech and abnormal bite and jaw development. There is very little supporting evidence available to date to support use for these indications, and for some indications the evidence is limited to anecdotal reports only<sup>3</sup>.

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## References

- <sup>1</sup> IQoro. Product Information and Company Website. Accessed July 2024. <https://www.IQoro.com/>
- <sup>2</sup> [Drug Tariff](#). Accessed July 2024.
- <sup>3</sup> East of England Priorities Advisory Committee. IQoro guidance statement. Accessed July 2024. [East of England Priorities Advisory Committee \(PrescQIPP\)](#)
- <sup>4</sup> NICE. IQoro for stroke-related dysphagia, Medtech innovation briefing MIB175. Published 06 March 2019. <https://www.nice.org.uk/advice/mib175>
- <sup>5</sup> NICE. IQoro for hiatus hernia. Medtech innovation briefing MIB176. Published 06 March 2019. <https://www.nice.org.uk/advice/mib176>
- <sup>6</sup> Stroke and transient ischaemic attack in over 16s: diagnosis and initial management NICE guideline [NG128] Published: 01 May 2019 Last updated: 13 April 2022. <https://www.nice.org.uk/guidance/ng128>