



John Hickner, MD, MSc
Editor-in-Chief

Don't mind the noise— they're just trying to sleep

Two years ago, a house guest apologized to my wife and me as he prepared to turn in for the evening. He was sorry to subject us to his noisy CPAP machine, he said. Last year at a family reunion, my sleepy brother-in-law blamed his lethargy on sleep apnea, and another in-law chimed in to say that CPAP worked great for her.

If my family and friends are any indication, we seem to be surrounded by people with obstructive sleep apnea (OSA), due almost entirely to the steep rise in obesity over the past 30 years.

It is alarming to know that OSA is associated with traffic accidents, worsening of diabetes and hypertension, atrial fibrillation, and a higher risk of death. What we don't yet know is whether these major health problems are *caused by* sleep apnea or whether

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they're fellow travelers. (In "Obstructive sleep apnea: A diagnostic and treatment guide" on page 565, Gutierrez and Brady present an evidence-based summary of symptoms, diagnostic criteria, and treatment modalities. And in "Peripheral neuropathy linked to obstructive sleep apnea?" on page 577, Schmidt et al highlight a lesser known association with OSA.)

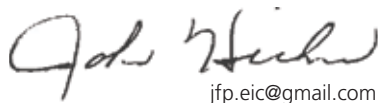
There is excellent evidence that CPAP and, in some cases, dental devices, can alleviate daytime sleepiness in patients with OSA. But more randomized trials are needed to determine whether treatment of OSA can improve hypertension, diabetes control, and atrial fibrillation, as well as prevent excess mortality.

Recent trials offer a glimmer of hope. One found that CPAP therapy led to small but significant blood pressure reductions in patients with treatment-resistant hypertension.¹ Another demonstrated that CPAP led to improvement in lipid profiles and hemoglobin A1c in obese patients with diabetes.² But many more studies are needed to know how effective sleep apnea treatments are in reducing the significant morbidity and mortality associated with OSA.

Sleep medicine is a young specialty, so it is not surprising that high-quality randomized trials of sleep apnea are in their infancy. (The American Academy of Sleep Medicine was founded in 1975 and the American Board of Sleep Medicine was established in 1991.) Because the science is evolving, I encourage you to stay abreast of new developments in the field. In the meantime, nothing works better for improving sleep apnea, hypertension, and diabetes than good old-fashioned weight loss!

1. Lozano L, Tovar JL, Sampo G, et al. Continuous positive airway pressure treatment in sleep apnea patients with resistant hypertension: a randomized, controlled trial. *J Hypertens*. 2010;28:2161-2168.

2. Weinstock TG, Wang X, Rueschman M, et al. A controlled trial of CPAP therapy on metabolic control in individuals with impaired glucose tolerance and sleep apnea. *Sleep*. 2012;35:617B-625B.


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