

Sleep Apnea Assignment

(Online Content 1H)

Unit Objectives:

- Understand the relationship(s) between obstructive sleep apnea and cardiovascular risk. (1,2,6,7)*

In order to receive full credit (1H class time) for this assignment, it must be completed in its entirety by 2/27/2025 at 0800. Any assignment not completed in its entirety will result in missed class time.

You may have to copy and paste this link to your browser.

<https://link.springer.com/article/10.1186/s40248-019-0172-9>

Refer to the above article and fill in the blanks for the following questions. Submit to the Sleep Apnea Dropbox by 0800, 2/27/2025. If you are unable to ctrl/click to open the article, copy and paste the link in the address box.

- 1) What is obstructive sleep apnea (OSA) characterized by?

Collapse of upper airways during sleep with ineffective respiratory efforts, intermittent hypoxia and sleep disruption

- 2) How does the distribution of comorbidities differ between men and women?

Wmen, diabetes and ischemic heart disease

Women, hypertension and depression

- 3) Name 10 common comorbidities often present in OSA patients.

- a. Anxiety
- b. Insomnia
- c. Depression
- d. Peptic ulcer disease
- e. Chronic liver disease
- f. Diabetes mellitus
- g. Gout
- h. COPD
- i. Asthma

j. Arrhythmias

- 4) The best studied cardiovascular comorbidity in OSA is systemic hypertension
- 5) What arrhythmia is especially prevalent in OSA patients? Atrial fibrillation
- 6) Highly prevalent in OSA patients, the metabolic syndrome is a pre-diabetic state associated with central obesity and increased cardiovascular risk.
- 7) Untreated OSA in diabetic patients is associated with increased prevalence of neuropathy, peripheral arterial disease, diabetic retinopathy and diabetic nephropathy.
- 8) The association between OSA and chronic obstructive pulmonary disease is known as what? Sleep disordered breathing (SDB)
- 9) Sleep studies confirmed that OSA is more common in asthmatics than in controls, and the combination of OSA and asthma had a higher frequency of asthma exacerbations.
- 10) Careful assessment of comorbidities should become standard clinical practice for OSA patients.