

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?

Men- diabetes and ischemic heart disease is more prevalent in men with OSA

Women- hypertension and depression are more prevalent in women with OSA

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

- a. Systemic hypertension
- b. Cardiovascular events and/or death
- c. Arrhythmias
- d. Cerebrovascular disease
- e. Metabolic syndrome
- f. Diabetes
- g. Renal disease
- h. COPD

- i. Asthma
 - j. Cancer
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- 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? **“Overlap syndrome”**
 - 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.