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OBSTRUCTIVE SLEEP APNEA IN HOSPITALIZED PATIENTS: A SINGLE CENTER EXPERIENCE

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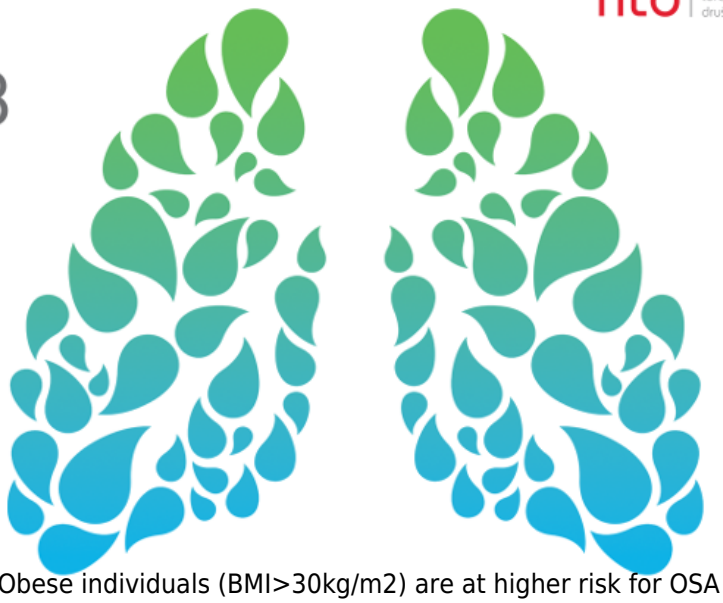
Objective: Introduction: obstructive sleep apnea (OSA) is an important health problem associated with significant morbidity and mortality. Obesity is a potent risk factor for the development and progression of OSA. In adult population, the prevalence of OSA is estimated to be 25%, and as high as 45% in obese subjects.
Study objective: to present our OSA population characteristics and to investigate a correlation between BMI (body mass index) and AHI (apnea-hypopnea index)
Materials and methods: we retrospectively analyzed patients admitted to Clinical Hospital Centre Zagreb in 2016 who were evaluated for OSA and had positive polysomnography. Our cutoff point for OSA was AHI ≥ 15/h regardless of symptoms. We used statistical tests to establish a correlation between BMI and AHI. We presented a demografic data (age, sex), medical history (smoking) and the most common comorbidites.
Results: 93 patients, 30 woman and 63 man, median age was 60 (range 33 to 79). 41 non-smoker, 12 active smoker and 40 ex-smoker. Average Epworth was 10 (range 1 to 22), mean AHI was 54/h (range 15 to 119), mean BMI was 35kg/m2 (range 25 to 53). 72% of the patients had BMI>30kg/m2. There is a correlation between BMI and AHI (p=0.01), higher BMI is associated with higher AHI and correlation is more significant if BMI>35kg/m2 (p<0.001, mean AHI 46,5 vs 63,3). Most common comorbidities were arterial hypertension (72%), cardiac arrhythmias (61%) and diabetes (26%).
Conclusion: Our results indicate that there is a correlation between AHI and BMI which is shown in previous



studies. OSA is strongly associated with obesity. Obese individuals (BMI>30kg/m2) are at higher risk for OSA compared with non-obese individuals.