

Patients with type 2 diabetes or hypertension must be evaluated for sleep apnea

June 3 2013

The American Academy of Sleep Medicine (AASM) is advising anyone with Type 2 diabetes or hypertension to be evaluated for sleep apnea by a board-certified sleep medicine physician. The recommendation comes as the group of international clinicians and researchers meets in Baltimore for SLEEP 2013, the foremost gathering of sleep experts annually.

Overwhelming clinical evidence has shown that patients suffering from two very common illnesses – [Type 2 diabetes](#) and hypertension – are at much higher risk for obstructive sleep apnea (OSA), a dangerous condition characterized by episodes of complete or partial airway obstruction during sleep. Research also has shown that treating sleep apnea can help in the management of these two disorders.

"Type 2 diabetics and people with hypertension are much more likely to have obstructive sleep apnea than other people, and as a result should immediately discuss their risk for sleep apnea with a sleep specialist," said M. Safwan Badr, MD, president of AASM. "Diagnosis and treatment of sleep apnea from a board-certified sleep medicine physician will promote improvement in these conditions – including improved [insulin sensitivity](#), blood pressure and cholesterol."

Type 2 Diabetes and Obstructive Sleep Apnea

According to the [Centers for Disease Control and Prevention](#), 25.6

million Americans aged 20 years or older suffer from [diabetes](#), and Type 2 diabetes accounts for about 90 to 95 percent of all diagnosed cases. Seven in 10 people with Type 2 diabetes also have obstructive sleep apnea, and the severity of the sleep disorder directly impacts diabetes symptoms; the more severe a diabetic's untreated sleep apnea, the poorer their [glucose control](#).

"Treating sleep apnea in diabetics improves nighttime [glucose levels](#) and insulin sensitivity," said Badr. "Treatment also will provide benefits of improved sleep unrelated to diabetes – including increased alertness during the day and improved memory and cognitive function."

A recent study from the University of Chicago shows that continuous positive airway pressure (CPAP) treatment of sleep apnea may have as much of an effect as prescribed oral diabetes medications.

"In our study, one week of optimal CPAP use lowered average 24-hour glucose levels and improved post-breakfast glucose response in Type 2 diabetics with obstructive sleep apnea," said Esra Tasali, MD, lead author of the study and assistant professor of medicine, pulmonary and critical care medicine at the University of Chicago Department of Medicine. "The dawn phenomenon, an early-morning increase in blood sugar in people who have Type 2 diabetes, also was reduced by 45 percent as a result of CPAP therapy."

Hypertension and Obstructive Sleep Apnea

High blood pressure, known as hypertension, is the most important risk factor for cardiovascular disease and is not limited to diabetes sufferers. A staggering 67 million Americans have high blood pressure, which is about one in every three adults. Between 30 and 40 percent of adults with high blood pressure also have sleep apnea, which is even more prevalent in those with resistant hypertension. Approximately 80 percent

of patients that do not respond to hypertensive medications have sleep apnea. Seeking and adhering to sleep apnea treatment is a proven means of decreasing blood pressure.

"Evidence shows that sleep apnea treatment lowers nighttime and daytime blood pressure, with the greatest improvement in patients seeking treatment for moderate to severe [sleep apnea](#)," said Badr. "The higher your blood pressure, the greater your risk of suffering a heart attack or stroke. Reducing your [blood pressure](#) lowers your risk of cardiovascular disease and improves your overall health."

Provided by American Academy of Sleep Medicine

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