

Study finds that sleep apnea therapy has positive impact on hypertensive patients

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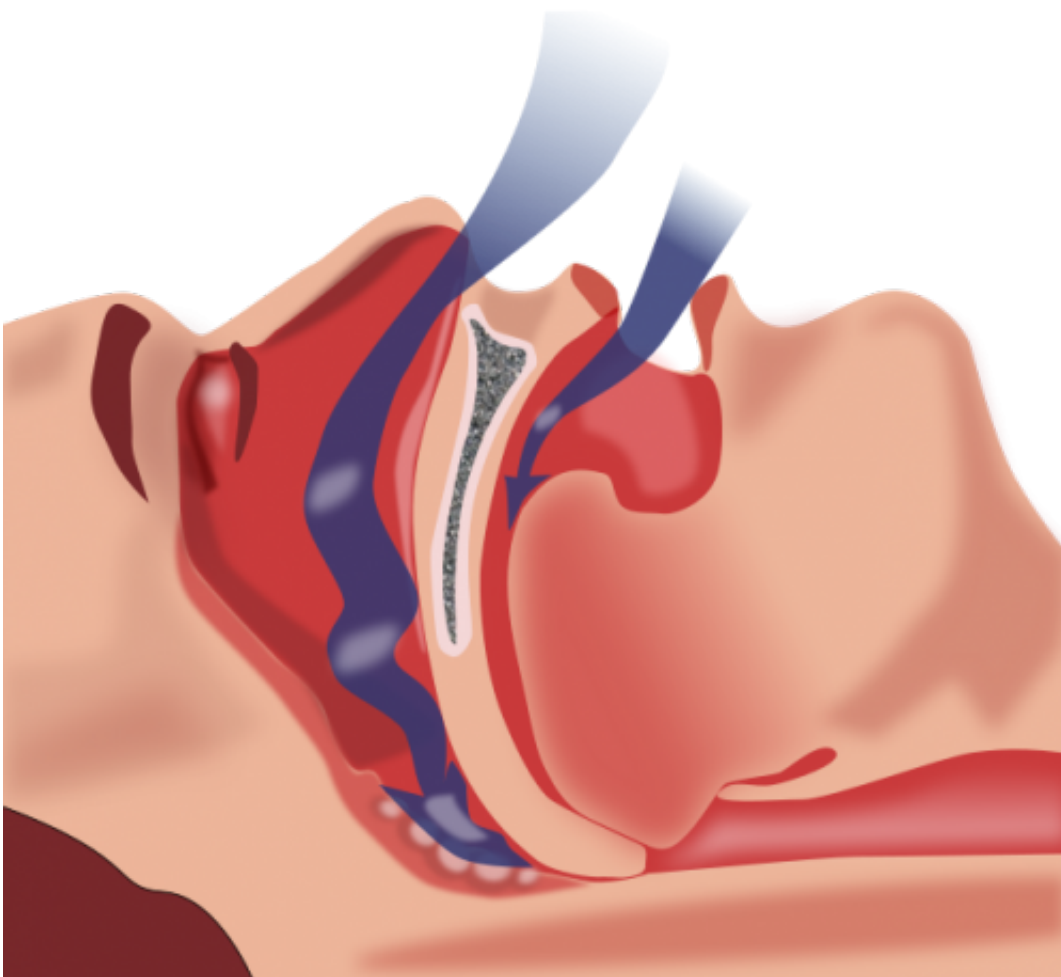


Illustration of obstruction of ventilation. Credit: Habib M'henni / public domain

A new study shows that positive airway pressure (PAP) therapy for sleep

apnea may have a positive impact on sleep-related functional outcomes among patients who also suffer from hypertension. The findings suggest that untreated sleep apnea may explain the quality of life impairments reported by many patients with high blood pressure.

Results show consistent improvement of patient-reported outcomes in response to PAP therapy for [sleep apnea](#) in hypertensive patients. The study found significant improvement in daytime sleepiness, depressive symptoms and fatigue severity within a year following treatment initiation. Results were significant even in patients with resistant hypertension.

"We found that consistently and notably there was no difference in patient-reported outcomes between resistant hypertension and non-resistant hypertension groups," said lead author Harneet Walia, MD, assistant professor of family medicine in the Cleveland Clinic Lerner College of Medicine at Case Western Reserve University. "What we found was that the improvement in the patient-reported outcomes was more pronounced in those with objective adherence to PAP therapy."

Study results are published in the Oct. 15 issue of the *Journal of Clinical Sleep Medicine*.

According to the American Academy of Sleep Medicine, 30 to 40 percent of patients with hypertension also suffer from [obstructive sleep apnea](#), which is a sleep-related breathing disorder characterized by repetitive episodes of complete or partial upper airway obstruction occurring during sleep. Adhering to sleep apnea treatment is a proven means of decreasing blood pressure and improving overall health.

The single-center, observational study involved nearly 900 patients with sleep apnea and hypertension, of which 15 percent had resistant hypertension. Their mean age was 58 years, 52 percent were male, and

72 percent were Caucasian. They were being treated with PAP therapy through the Cleveland Clinic Sleep Disorders Center. Questionnaire-based patient reported outcomes were evaluated using the Epworth Sleepiness Scale, Patient Health Questionnaire-9 (depression), and Fatigue Severity Scale.

The authors report that to their knowledge no previous study has examined changes in sleep-related functional outcomes with PAP therapy in a cohort comprising patients with hypertension, including some with resistant hypertension.

More information: "Impact of Sleep-Disordered Breathing Treatment on Patient Reported Outcomes in a Clinic-Based Cohort of Hypertensive Patients," *Journal of Clinical Sleep Medicine*, 2016.

Provided by American Academy of Sleep Medicine

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