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Sleep-Disordered Breathing in Men With Coronary Artery Disease

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Objective

To examine the occurrence of sleep apnea and nocturnal hypoxemia in men with symptomatic coronary artery disease (CAD) and to evaluate the relationship between disordered breathing and coronary artery disease.

Design

Case-control study. Cases were randomly selected from men undergoing coronary angiography because of angina pectoris. Controls were age matched and selected from the population registry. Pulse oximetry, oronasal thermistors, body position indicator, and recording of body and respiratory movements were used to quantify desaturations and apneas.

Setting

Norrland University Hospital, a referral center for northern Sweden.

Subjects

One hundred forty-two men with angina pectoris and angiographically verified CAD and 50 controls without known heart disease.

Main outcome measures

The number of arterial oxygen desaturations of 4% or more per hour of sleep, oxygen desaturation index (ODI), and the number of apneas or hypopneas per hour of sleep, apnea-hypopnea index (AHI).

Results

Men with CAD had a high occurrence of sleep-disordered breathing measured as ODI of 5 or more, 39% (n=55), or AHI of 10 or more, 37% (n=50), while the same proportions in controls were 22% (n=11, $p<0.05$) and 20% (n=10, $p<0.05$). Mean values of ODI in cases and controls were 6.4 and 2.7, respectively ($p<0.001$). Multiple logistic regression analysis identified ODI, AHI, body mass index, and hypertension as significant predictors of CAD ($p<0.05$).

Conclusion

Sleep-disordered breathing is common in men with CAD. A significant association between sleep apnea with nocturnal hypoxemia and CAD remains after adjustment for age, hypertension, body mass index, diabetes, and smoking.



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Key words

coronary artery disease; nocturnal hypoxemia; sleep apnea

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