



Obstructive Sleep Apnea and Stroke Risk

Stroke Symposium December 2013

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Disclosure of Potential for Conflict of Interest Stroke Symposium Wednesday, December 4th, 2013

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DISCLOSURE: No conflicts of interest





Objectives

- Obstructive Sleep Apnea (OSA)
- Discuss link between OSA and Stroke
- OSA screening tools
- Treatment





Obstructive Sleep Apnea (OSA)

- Cyclic collapse of upper airway during sleep
- Cessation of airflow with hypoxemia or hypercapnia
- Can result in arousal which terminates the event
- AHI (Apnea/hypopnea index)
 - AHI < 5 (normal)
 - AHI 5 -15 (mild)
 - AHI 15 30 (moderate)
 - AHI > 30(severe)





Epidemiology

- Affects 2-15% of middle aged population
- 24% men 9% women
- >80% untreated/undiagnosed





Risk Factors

- Obesity
- Male gender
- Age > 50
- BMI > 35
- Neck circumference > 40cm
- Family history
 - Small oropharyngeal airway



Video 1



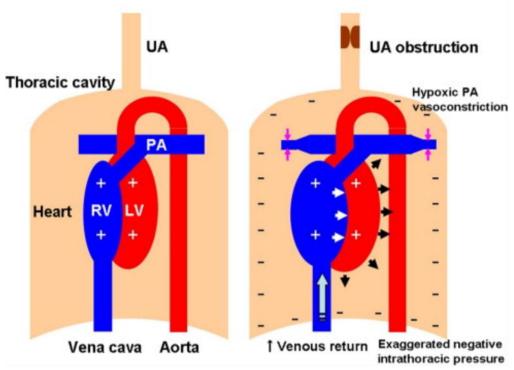






From: Obstructive Sleep Apnea and Heart Failure: Pathophysiologic and Therapeutic Implications

J Am Coll Cardiol. 2011;57(2):119-127







Untreated OSA Increases Stroke Risk

- 4x the risk of general population
 - 3x increased risk of MI
- Compared to patients with AHI<5
 - Adjusted for risk factors such as age, gender, BMI, smoking, HTN, hypelipidemia, diabetes, left ventricular function
- 1 unit increase in AHI increases stroke risk by 6%



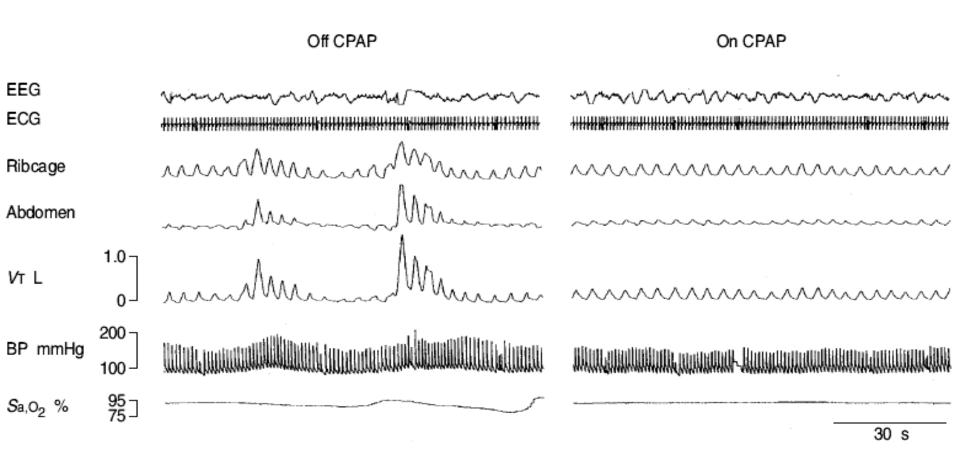


OSA and Hypertension

- OSA is associated with drug-resistant hypertension
- Correlation INDEPENDENT of other comorbidities
- TREATMENT of OSA can lower BP in patients with resistant HTN
 - 9.8mm Hg systolic
 - 6.8 mmHg diastolic









Cardiac arrhythmias occur as a result of OSA

- Paroxysmal atrial fibrillation
- Non-sustained ventricular tachycardia
- Premature atrial complex
- Sinus bradycardia
- Sinus pauses
- Premature ventricular complexes





Cardiac Arrhythmia and OSA

- Increased sympathetic tone
- Atrial Fibrillation
 - Pts with A fib more likely to have OSA
 - 81.6% vs. 60%
- Presence of obstructive sleep apnea increased the risk of atrial fibrillation recurrence after catheter ablation
- Increased risk of nocturnal death
- Increased risk of death overall (4x)



Stroke Exacerbates OSA

- 58%-62% of patients post-stroke or TIA snore
- AHI 27 vs. 12%(AHI 6) in general population





OSA Worsens Post-Stroke Recovery

Acute/Subacute

- Early neurologic worsening in hemispheric stroke
- Treatment improves NIH Stroke Scale score 30 days post-stroke (-3 vs. -1)

Chronic

- Decrease in functional independence
- 30% longer time in hospital
- Increased stroke recurrence
- OSA and neurocognitive impairment





Screening for OSA

Clinical history

- "Elbow Test"
- Witnessed snoring/apnea
- Day time somnolence
- Nocturia
- Waking with a feeling of choking/gasping
- AM headache





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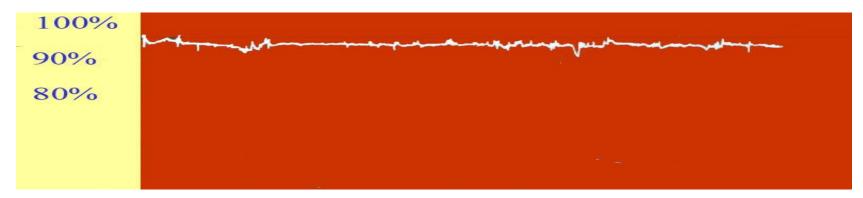
Questionnaires

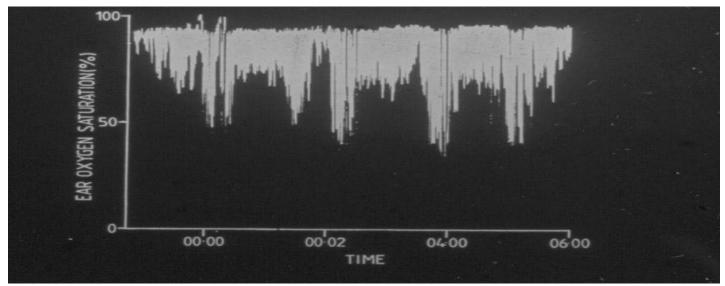
- STOP / STOP-Bang
- Berlin Questionnaire
- Wisconsin SleepQuestionnaire





Screening Tools: Overnight Oximetry

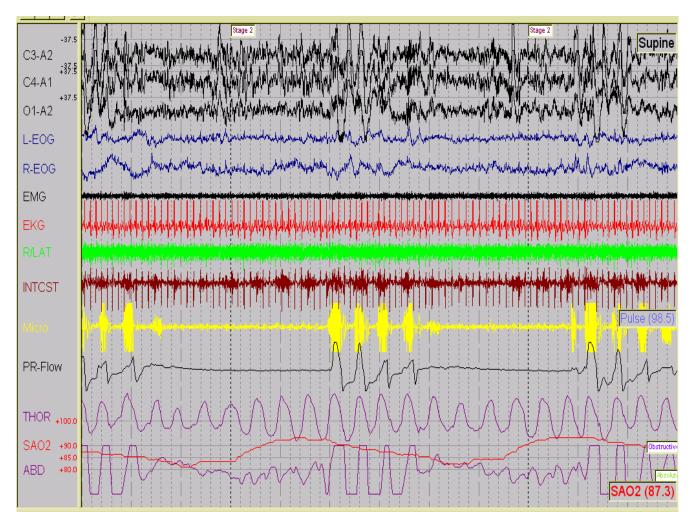








Polysomnography (Overnight Sleep Study)







Treatment

- 2" x 4" under head of the bed
- Positional treatment
 - Rematee Bumper Belt







Treatment

- 2" x 4" under head of the bed
- Positional treatment
 - Rematee Bumper Belt
 - Football in children's backpack
- Breathe Right Nasal Strips
- Provent nose plugs
- Oral appliance
- Surgical alteration of soft palate







Treatment

Continuous Positive Airway Pressure (CPAP)



- CPAP Treatment reduces stroke risk by 60-70%
- NNT 5 over 7 years (CV events or sudden death)





CPAP Treatment

- Trouble shooting is key!
- CPAP Education Centre working with patient







Conclusion

- OSA is an independent risk factor for:
 - Stroke
 - HTN
 - Cardiac arrhythmia
- Can be screened for
- Treatment reduces stroke risk by 60-70%
 - Reduces systolic and diastolic blood pressure
 - Reduces risk of sudden death





Questions?









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