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Cardiovascular Hemodynamics in Patients with Sleep Disorder Breathing FREE TO VIEW

Naveen Saxena, MD*; Vinita Srivastava, MD; Chanda Craft, BS
 Author and Funding Information

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Article

Abstract

PURPOSE: Sleep Disorder Breathing (SDB) is associated with increased Cardiovascular Morbidity and Mortality. There are few studies utilizing Right and Left Cardiac Catheterization for assessment of Cardiovascular Hemodynamics in patients with Sleep Disorder Breathing. Our study examines the effect of Sleep Disorder breathing on Cardiovascular Hemodynamics.

METHODS: This study is a retrospective chart review of 63 confirmed SDB patients selected from the general population of a community practice in South Carolina, who underwent both Polysomnography and Right and Left Cardiac Catheterization. The tests were ordered independently of one another based on presenting symptoms. The indications for Polysomnography included snoring, fatigue, somnolence, and insomnia. The indications for Right and Left Cardiac Catheterization included chest pain and tightness, fatigue, leg edema, and SOB on exertion.

RESULTS: Of the 63 patients included in the study, 85.7% had Pulmonary Artery Systolic Pressure (PA) >30. Eighty percent of patients had normal Left Ventricle function. The data was analyzed using Student's t-test and Wilcoxon's Signed Rank Test. The norms for Right Ventricle Systolic Pressure (RV), Right Atrial Pressure (RA), and PA were defined as RV=30, RA=10, and PA=30. The null hypothesis for RV was rejected using both methods with $p < .0001$. The null hypothesis for RA was rejected for both methods with $p = .0036$ and $p = .0043$ respectively. The null hypothesis for PA was rejected for both methods with $p < .26 > .0001$ and $p < .0001$ respectively.

CONCLUSION: Sleep Disorder Breathing is associated with abnormal cardiovascular hemodynamics as evidenced by elevated RV, RA, and PA pressures. Our data suggests that the population means of RV, RA, and PA (for patients with Respiratory Distress Index >10) are above the norms.

CLINICAL IMPLICATIONS: Early detection and effective treatment of SDB may minimize cardiovascular morbidity and mortality. Further prospective, randomized study is needed to examine the effect of SDB on cardiovascular hemodynamics.

DISCLOSURE: N. Saxena, None.

Monday, October 25, 2004

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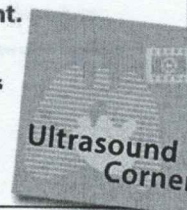
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

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