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Title: Prevalence of sleep apnea – Hypopnea syndrome among lung transplantation candidates

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Body: Aim: To analyze the prevalence and possible associated factors with the Sleep Apnea – Hypopnea Syndrome (SAHS) among patients evaluated for Lung Transplantation (LT) Methods: Transversal descriptive study of a cohort of patients evaluated for LT, with a standard polysomnography (PSG), from September 2008 to February 2012. SAHS was defined as the presence of Apnea Hypopnea Index (AHI) ≥ 10 and excessive daytime sleepiness symptoms. Severity of these symptoms was evaluated by Epworth sleepiness scale. Anthropometric, clinical and blood test measurements were also analyzed in all patients Results: During this period a number of 52 patients were studied, 50% of them were man, average age was 54,8 years (SD ± 9.96). Principal LT indication pathologies were due to COPD (46.2%), Pulmonary Idiopathic Fibrosis (15.4%) and Usual Interstitial Pneumonitis (11.5%). PSG were performed with supplementary oxygen in 96.2% of the cases. AHI average was 8,26 (SD ± 1.4). SAHS was diagnosed in 13 patients (25%). Among these, 8 (61.5%) had COPD. Next table shows relationships between groups and principal analyzed variables.

Variables	SAHS mean (SD)	No SAHS mean (SD)
Body Mass Index (Kg/m ²)	23,7 (4,4)	24,4 (4,5)
Neck circumference (cm)	38,2 (3,4)	37,2 (3,7)
Epworth Sleepiness Scale (score)	7,8 (3,4)	6,4 (2,9)
Arterial pressure of O ₂ – CO ₂ (mmHg)	52,5 (12) – 42,4 (4,6)	57,9 (7,8) – 39,7 (7,4)

Conclusions: In this serie of LT candidate patients, prevalence of SAHS is high. We have not found anthropometric, clinical nor blood test data significantly associated with the diagnoses of SAHS which can contribute to make a clinical pretest suspect. Performance of a standard polysomnography in LT candidates

is probably recommendable.