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**Title:** Health, social and economic consequences of sleep disordered breathing: A controlled national study evaluating the societal effect on patients and their partners

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**Body:** The objective direct and indirect costs of obstructive sleep apnea (OSA) and obesity hypoventilation syndrome (OHS) on patients and their partners are incompletely described. Using data from the Danish National Patient Registry (1998-2010), 30278 OSA and 1562 OHS patients and their partners were identified. Four matched citizens based on age, gender and social status matched served as controls. Direct costs were extracted from the Danish Ministry of Health, Danish Medicines Agency and National Health Security, and indirect costs from the Coherent Social Statistics. 66.2%/63.4% of all OSA/OHS patients was co-living versus 65.4%/65.6% of controls. OSA/OHS showed higher rates of health-related primary and secondary care, medication, unemployment, and other socioeconomic costs. The income level of OSA/OHS patients were lower. The annual mean excess total direct and indirect health-related cost for each patient was €2821 before and €5060 (p<0.001) after an OSA diagnosis and €10463 before and €15001 after an OHS diagnose. Partner's total health expenses and the public transfer income were higher, whereas the employment rate and income level were lower than controls. The annual mean excess total cost for each partner was €2639 before diagnosis and €3058 (p<0.001) after the pts OSA diagnosis, €3523 before and €4068 (p<0.001) after the pts OHS diagnose, These effects were present 11 years prior to an OSA/OHS diagnose in patients and partners, and increased with disease advancement. OSA and especially OHS are associated with a major health and social effect affected employment and income level affecting the patients and partners.