Title: Screening of sleep apnea-hypopnea syndrome in patients with type 2 diabetes

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Body: Introduction: Some studies point to the likelihood of a significant relationship between the type 2 diabetes (DM2) and the Sleep apnea-hypopnea syndrome (SAHS). These conditions are considered important public health issues for their morbi-mortality and high prevalence. Objectives: Prospective analysis of the prevalence of SAHS in patients with diagnosis of DM2 followed in outpatient primary care (PC). Methods: Between March- September of 2010, the patients were submitted to an questionnaire. The sleep study was carried at home, with the Apnealink® device (AL). The Apnea/Hypopnea Index (AHI) was defined as suggestive of SAHS for AHI ≥ 5 events/hour (e/h) and classified as mild (AHI 5-14), moderate (AHI 15-29) and severe (AHI ≥ 30). According to the result of the AHI and the patient’s symptoms, they were referred for treatment. Results: Were included 108 patients, after the exclusion of 32, 52,7% were male, mean age of 58 age ± 7 years. The average body mass index was 29.8 ± 5 kg/m² and hemoglobin glycosylated A1c 7,2± 1.7. There was a history of high blood pressure in 76,8%, Dyslipidemia in 54,6%, Ischeamic heart disease in 8%. The patients complained, either frequently or occasionally, of snoring 56.6%, waking up 47%, poor sleep quality 35%, and witnessed apneas 17%, with a Scale of Epworth of 5,6 ± 4.4. The mean AHI of the AL was 11,9 ± 11 e/h (0-55). The AHI ≥ 5 was observed in 70.3% of the patients, 20% had AHI 15-29 and 9% AHI ≥ 30. Conclusion: In our sample we find one high percentage of studies suggestive of SAHS, both mild, moderate and severe. The AL can be a useful tool for the screening of SAHS in patients with DM2 in collaboration with the PC.