

European Respiratory Society Annual Congress 2013

Abstract Number: 2669

Publication Number: P2542

Abstract Group: 4.2. Sleep and Control of Breathing

Keyword 1: Sleep disorders **Keyword 2:** Apnoea / Hypopnea **Keyword 3:** Sleep studies

Title: The influence of obstructive sleep apnoea and obesity on adiponectin, leptin, IGFBP-1 and HOMA-IR

Kallirroi 22878 Lamprou kallirroi76@yahoo.com MD ¹, Ioannis 22879 Koutsourelakis ikoutsourelakis@gmail.com MD ², Agathoklis 22880 Tsatsoulis sleeplab@freemail.gr MD ¹, Anna 22881 Challa sleeplab@freemail.gr MD ¹, Stavros 22882 Konstantopoulos sleeplab@freemail.gr MD ¹ and George 22883 Daskalopoulos sleeplab@freemail.gr MD ¹. ¹ Pulmonology Department, University of Ioannina, Ioannina, Greece and ² Sleep Medicine, University of Athens, Athens, Greece .

Body: Obstructive sleep apnea (OSA) is associated with hormonal alterations that increase the risk for insulin resistance (IR). The pathophysiological mechanisms that link OSA and IR are unclear and are frequently confounded by obesity. The aim of this study was to investigate the independent role of apnea and obesity on plasma adiponectin, leptin, insulin-like growth factor binding protein 1 (IGFBP-1), and homeostasis model assessment-IR (HOMA-IR). We studied 111 untreated OSA patients (95 males; mean age 55.0±13.2 years). Patients were divided into two groups according to apnea-hypopnea index (AHI). Patients with AHI<20 (first group; n=33; 15 non-obese and 18 obese patients), and patients with AHI>20 (second group; n=71; 19 non-obese and 52 obese patients). Plasma adiponectin, leptin, IGFBP-1, and HOMA-IR were determined by ELISA kit. Patients of the first group had increased leptin (p=0.009) and IGFBP-1 (p=0.009) and decreased HOMA-IR (p=0.03) in comparison with the patients of the second group. In the first group, non-obese patients had decreased leptin (p=0.02) and increased IGFBP-1 (p=0.01) in comparison with obese patients. In the second group, non-obese patients had decreased leptin (p=0.008) in comparison with obese patients.

Between non-obese patients of the two groups only IGFBP-1 was different (p<0.001). Obesity is associated with increased leptin and decreased IGFBP-1. OSAS is associated with decreased IGFBP-1.