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**Title:** Sleep desaturation and pulmonary hypertension determine sleep-related quality of life and depression in idiopathic pulmonary fibrosis

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**Body:** Background Sleep breathing disorders are common in IPF and quality of life (QOL) and sleep (QOS) is poor. Aim To examine the impact of clinical, functional, physiological, cardiac and sleep parameters of IPF-OSA on QOL, QOS and depression and to evaluate the role of QOL-QOS and depression in survival. Patients and Methods IPF/UIP patients were prospectively studied and followed-up for survival. They performed pulmonary function test, the Epworth sleepiness scale-ESS, cardiac ultrasound, maximal exercise test (CPET),nocturnal polysomnography, evaluation of a. functional status outcomes and quality of life associated with sleepiness by the Functional Outcome of Sleep Questionnaire (FOSQ), b.of sleep difficulty and physical and mental functioning by the Athens Insomnia Scale (AIS) c. severity of depression by the Beck Depression Inventory (BDI). Results Twenty eight patients (78.6 % male), of 68.4 (± 7.9) years, BMI of 28.6 (± 4.3), ESS of 6.6 (± 3.82), with IPF and AHI>5 were examined. AHI was 16.3 [IQR 7.5-21.3]. FOSQ, AIS and BDI were 0.79 (± 0.2), 0.22 (± 0.2) and 9.13 (± 5.7). Min$SaO_2$ during sleep and maxdiff$SaO_2$ awake-sleep was 81.8±7.3 and 10.7±5.7. FVC%, TLC% and DLCO% values were at 77±17.9, 63.5±12.8 and 43.5±15.6. $VO_2$ peak/kg and $SaO_2$ peak at CPET were 17.0 ml/min/kg±4.1 and 88.4±6.0. RVSP was 35.3±12.4 mmHg. Median survival was 520 days. Significant associations were found between Min$SaO_2$ during sleep, maxdiff$SaO_2$ awake-sleep and RVSP with FOSQ, AIS and BDI. Conclusion IPF-OSA patients present impaired quality of life and sleep and mild to moderate depression significantly related with sleep oxygen desaturation and pulmonary hypertension.