



OSA and Cardiovascular Risk

Micha T. Maeder, MD, PhD

Cardiology Department

Kantonsspital St. Gallen

Switzerland

micha.maeder@kssg.ch

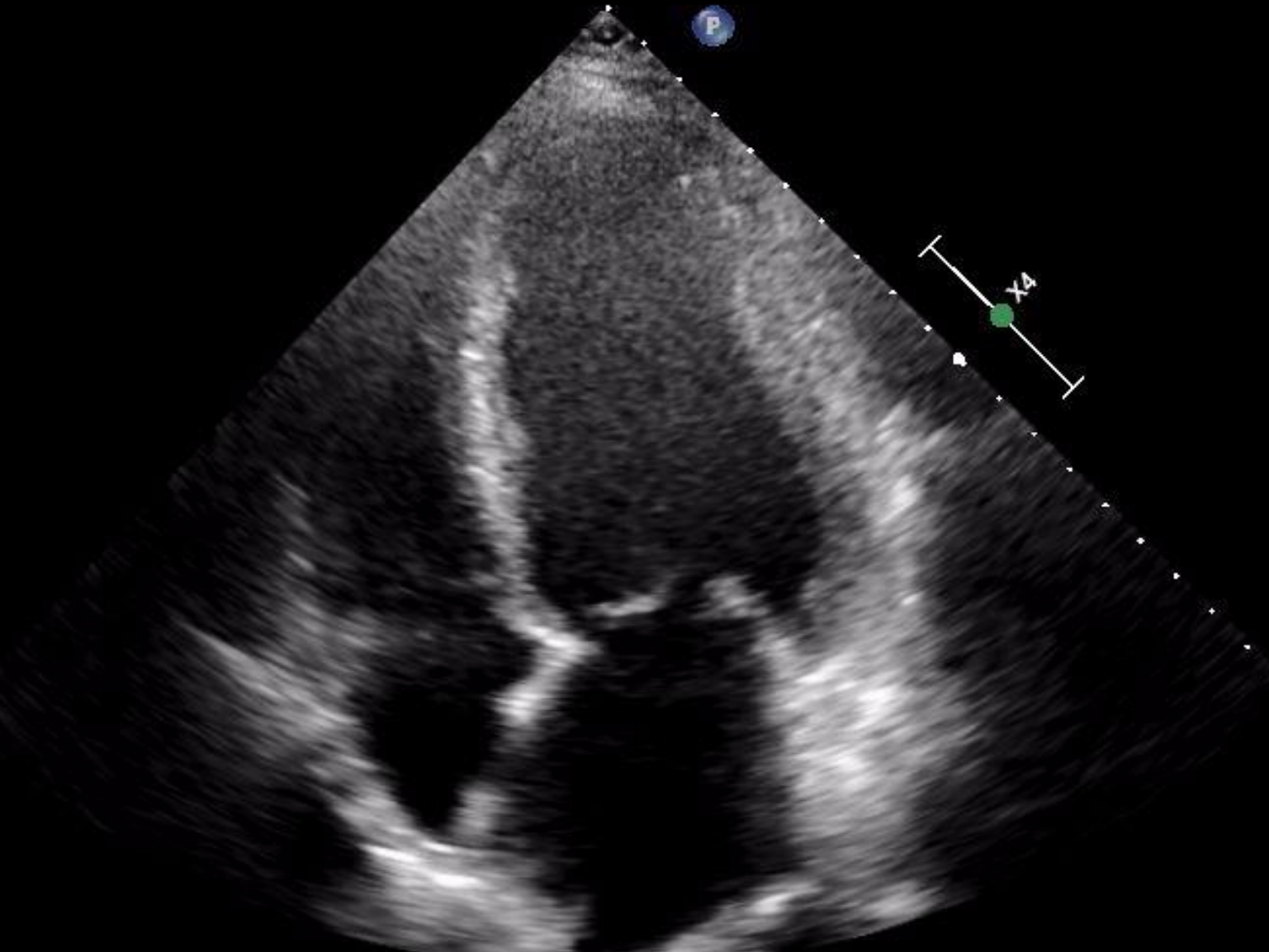
KSSG

S5-1
43Hz
19cm

TISO.6 MI 1.4

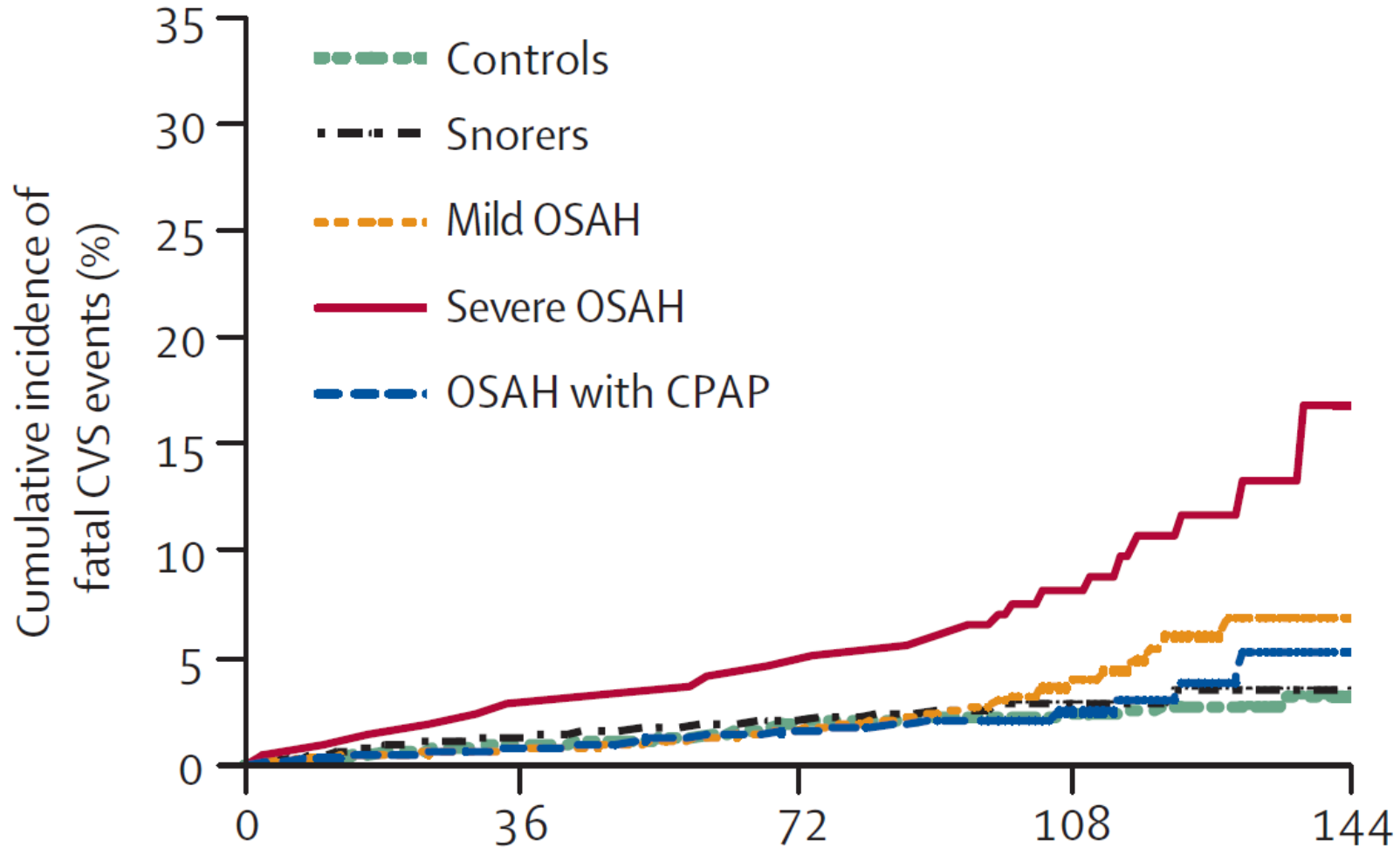
2D
76%
C 53
P Low
HGen

M5



90 bpm

Why might OSA be relevant for HF?



OSA and HF: lines of evidence

- Pathophysiological concept
- OSA and CV risk factors
- OSA and cardiac structure/function
- OSA and CAD and AF
- OSA and HFrEF
- Effects of CPAP

OSA and HF: lines of evidence

- Pathophysiological concept
- OSA and CV risk factors
- OSA and cardiac structure/function
- OSA and CAD and AF
- OSA and HFrEF
- Effects of CPAP

Mechanisms OSA-CV dysfunction

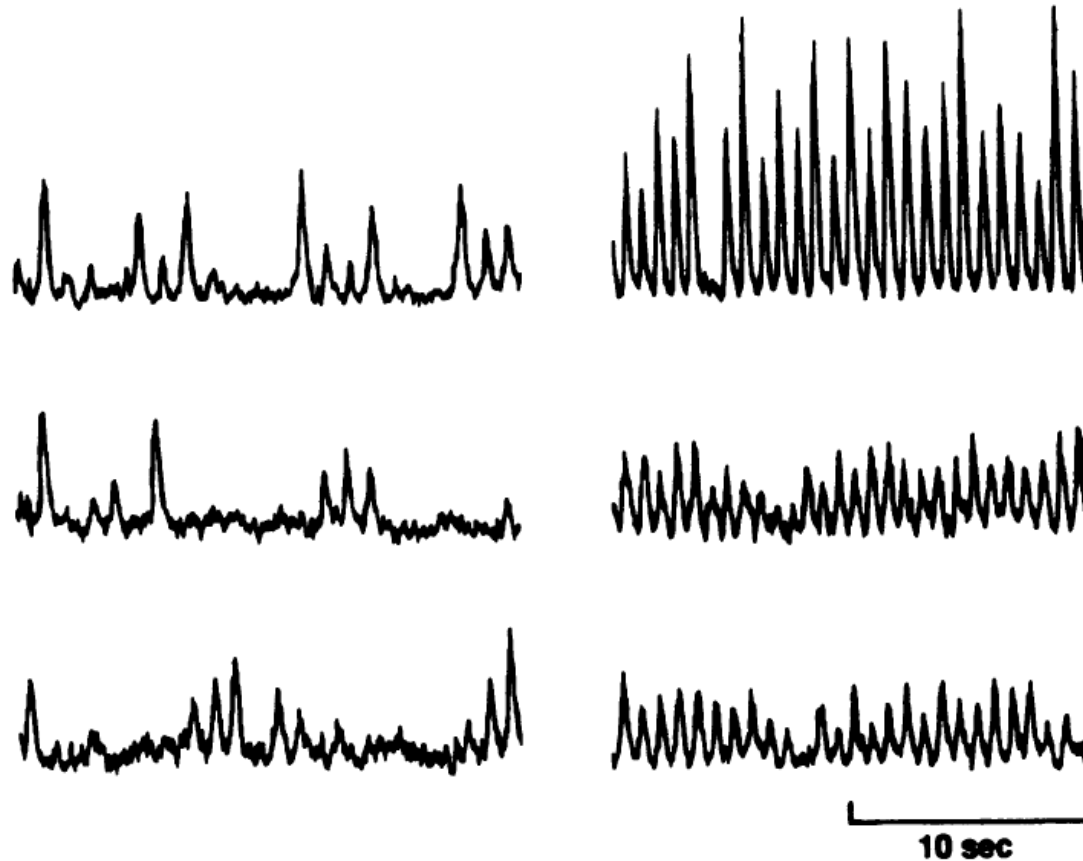
- Cycles of **intermittent hypoxia and arousals**
 - Sympathetic nervous system activity↑
 - Oxidative stress↑
 - Systemic inflammation↑
- Sleep fragmentation, sleep deprivation
- intrathoracic pressure swings

Muscle sympathetic nerve activity in OSA

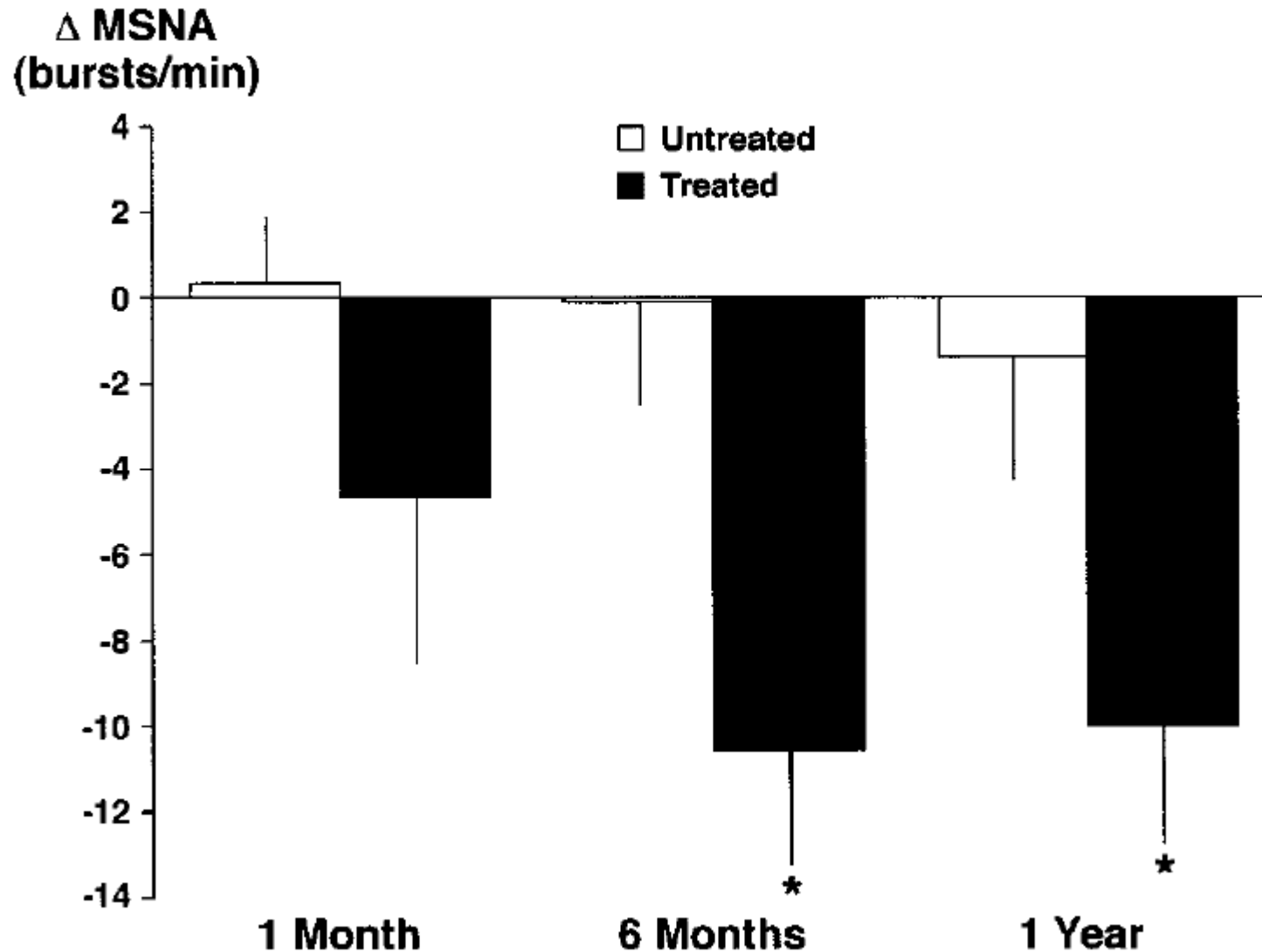
AWAKE

NORMAL

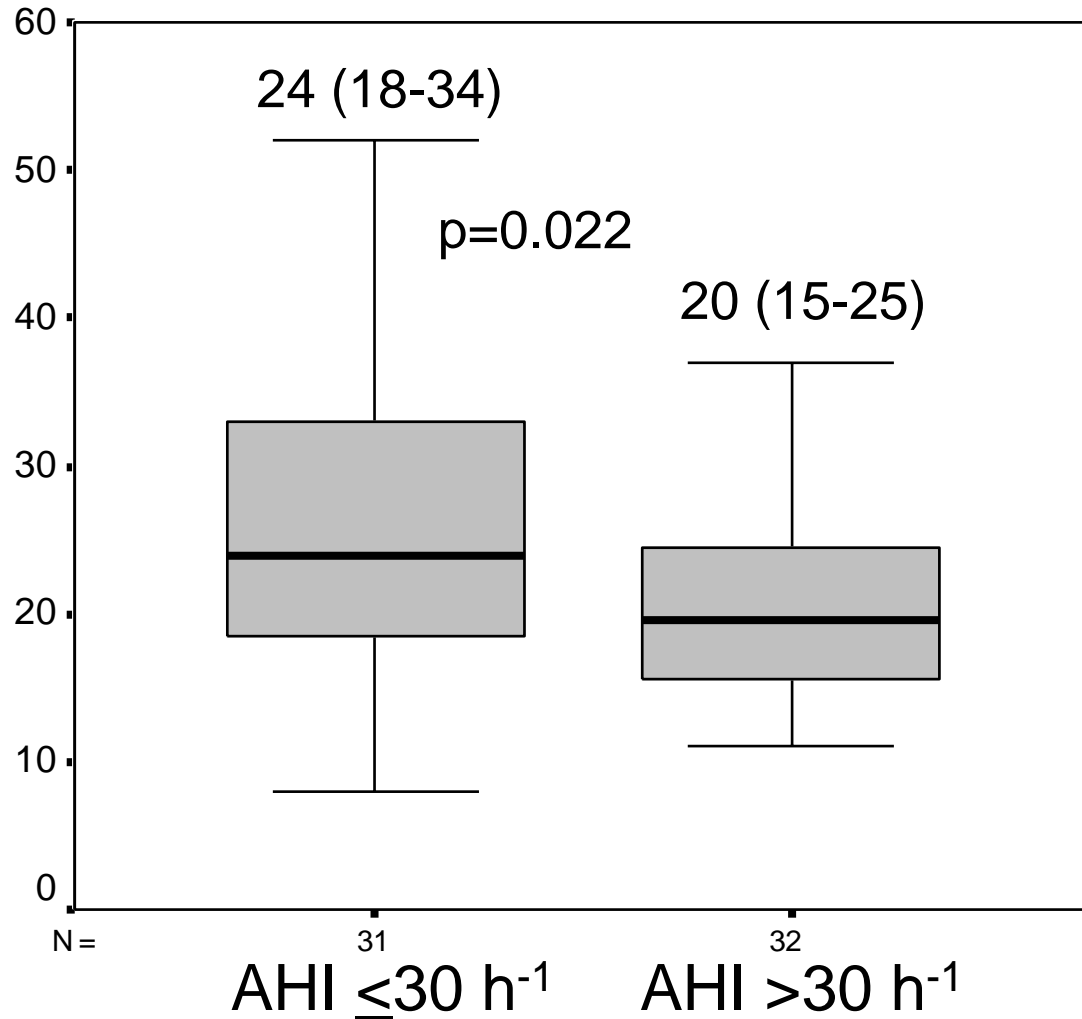
OSA



Effect of CPAP on MSNA



Heart rate recovery and OSA severity



OSA and HF: lines of evidence

- Pathophysiological concept
- **OSA and CV risk factors**
- OSA and cardiac structure/function
- OSA and CAD and AF
- OSA and HFrEF
- Effects of CPAP

OSA and hypertension

- **Association** well established, problem of «confounding factors» (obesity)
- **Prevalence**↑: AHI 15 h⁻¹: 1.8-fold risk of hypertension compared to AHI 0 h⁻¹
- **Incidence**↑: 1.42 for AHI 0-1-4.9 h⁻¹, 2.03 for AHI 5-14.9 h⁻¹, and 2.89 for AHI ≥15 h⁻¹ versus AHI 0h⁻¹
- **CPAP**: established, but relatively small antihypertensive effect

Young T et al. Arch Intern Med 1997;157:1746-52
Peppard PE et al. N Engl J Med 2000;342:1378-84.
Montesi SB et al. J Clin Sleep Med 2012;8:587-96

OSA and diabetes

- **Problem:** confounding factors (obesity)
- **Prevalence**↑: relative risk 2.3 for AHI 15 h^{-1} compared to AHI $<5 \text{ h}^{-1}$
- **Incidence**↑: relative risk for diagnosis of diabetes within four years: 1.62 for AHI $\geq 15 \text{ h}^{-1}$ compared to AHI $<5 \text{ h}^{-1}$
- **Prevention and treatment** of diabetes by CPAP: unknown

Reichmuth KJ et al. Am J Resp Crit Care Med 2005;172:1590-5
Botros N et al. Am J Med 2009;122:1122-7
West SD et al. Thorax 2007;62:969-74

OSA and HF: lines of evidence

- Pathophysiological concept
- OSA and CV risk factors
- **OSA and cardiac structure/function**
- OSA and CAD and AF
- OSA and HFrEF
- Effects of CPAP

RV dilatation

Pulmonary hypertension

LV hypertrophy

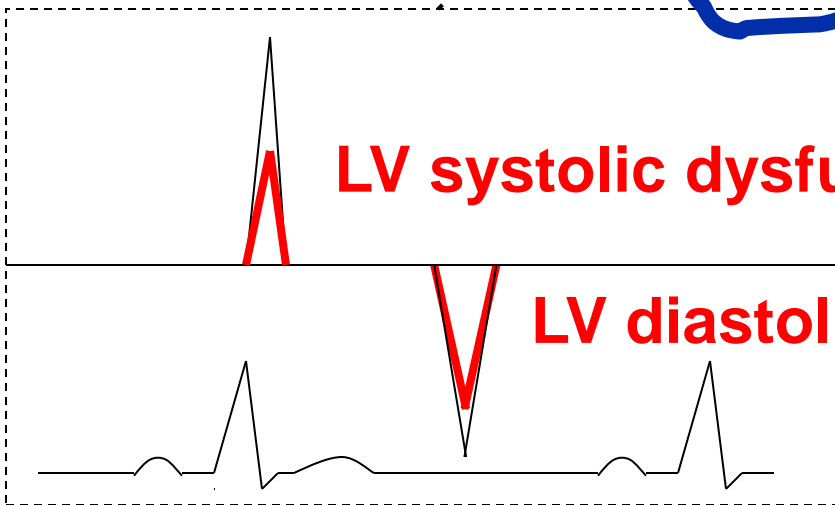
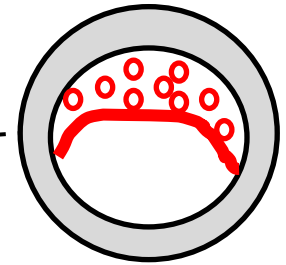
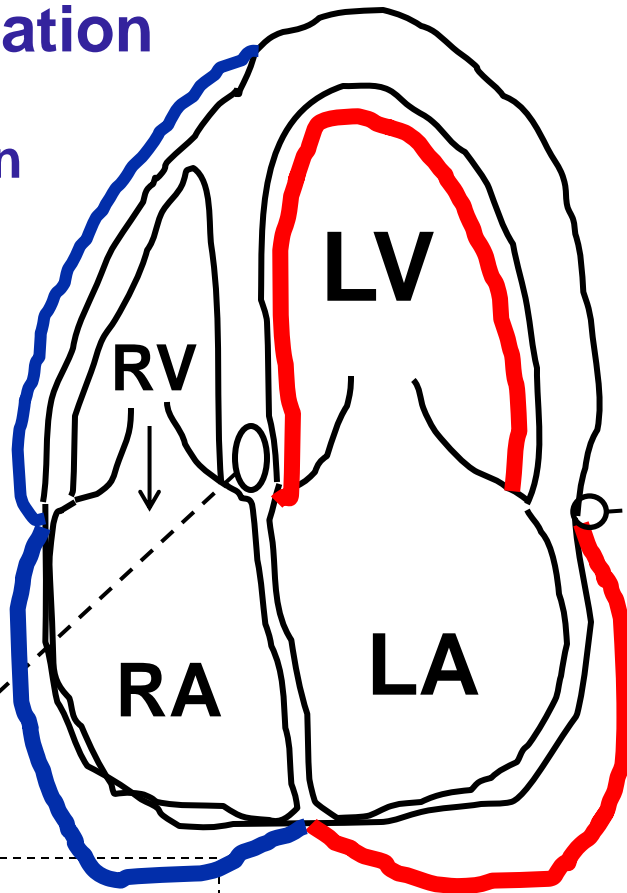
Coronary artery disease

RA dilatation

LA dilatation
Atrial fibrillation

LV systolic dysfunction

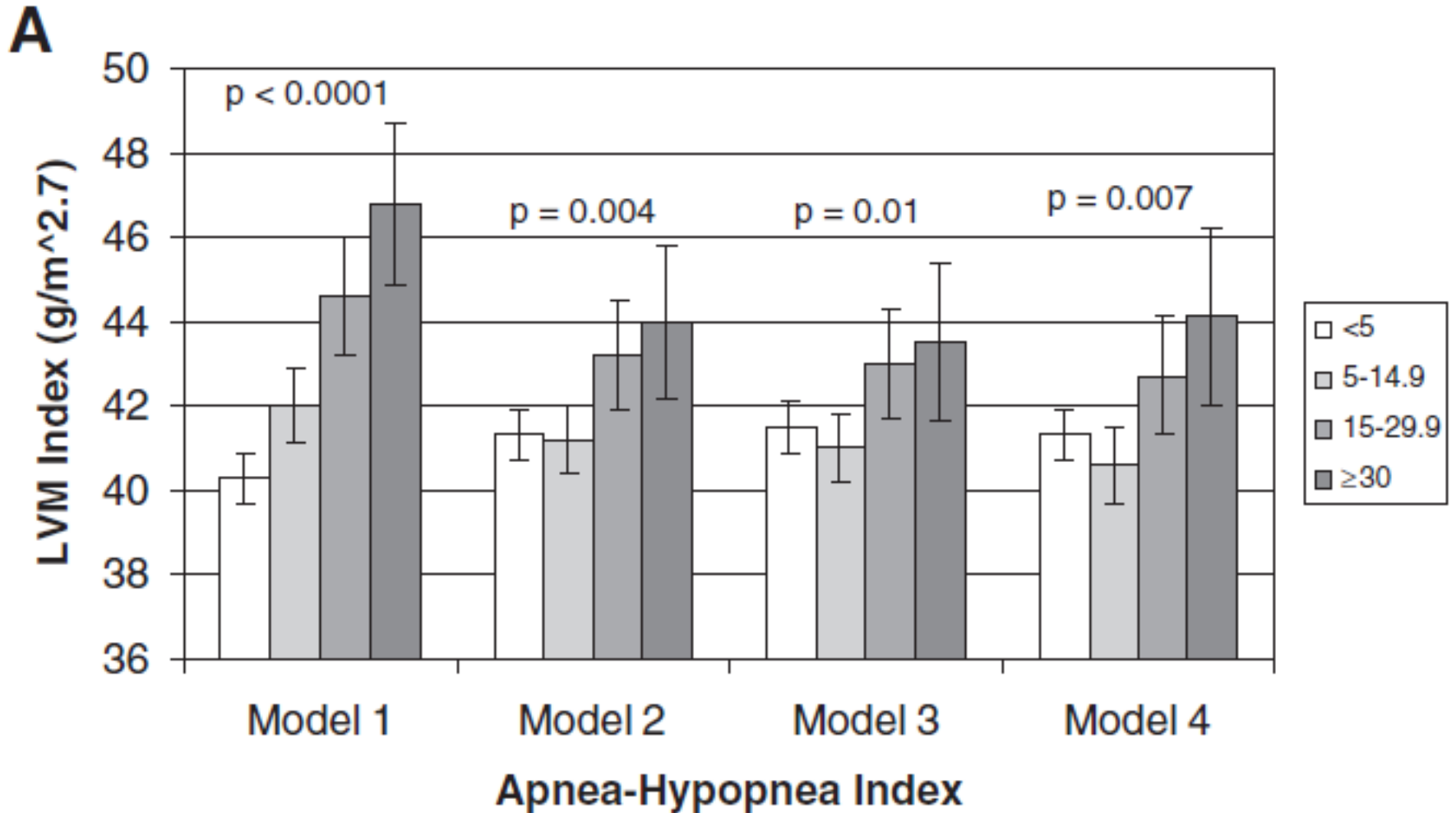
LV diastolic dysfunction



OSA and cardiac structure and function

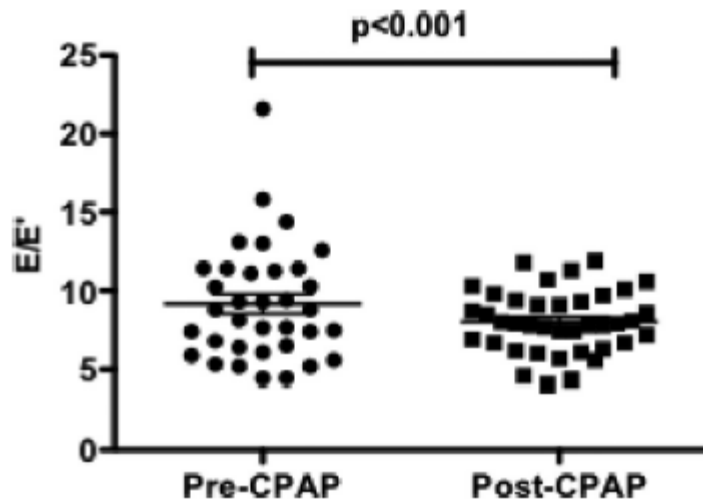
	Effect of OSA	Effect of CPAP
LV mass	↑	↓
Systolic LV function (s', strain)	↓	↑
Diastolic LV function (e')	↓	↑
LA size	↑	↓
Pulmonary pressure	↑	↓
RV size	↑	↓
RV function	↓	↑
RA size	↑	↓

LV mass index and OSA severity (AHI)

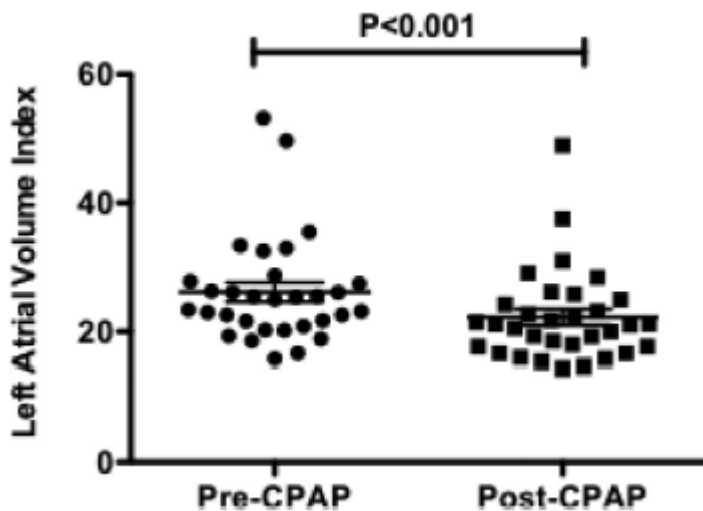
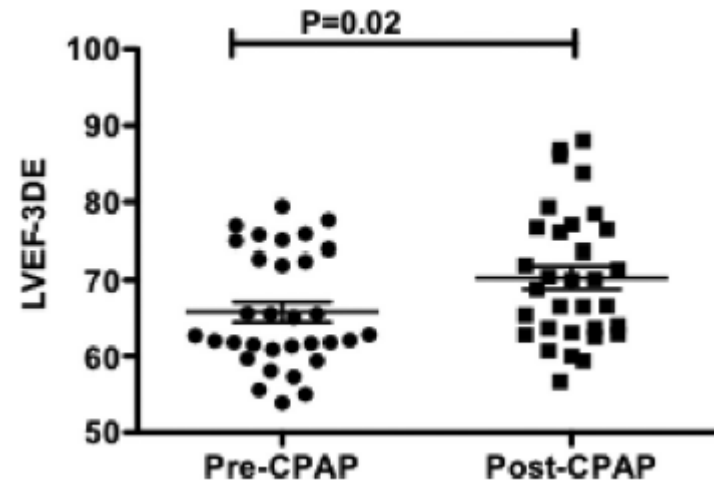


Effect of CPAP on LV function

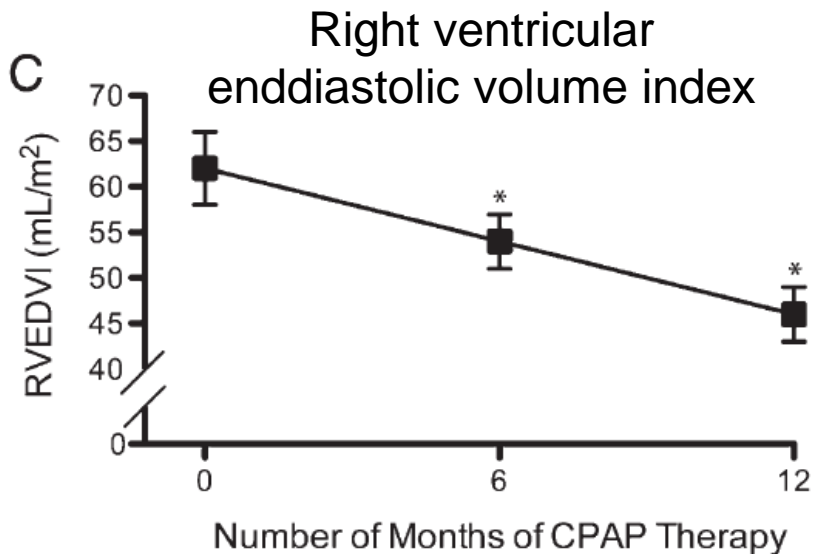
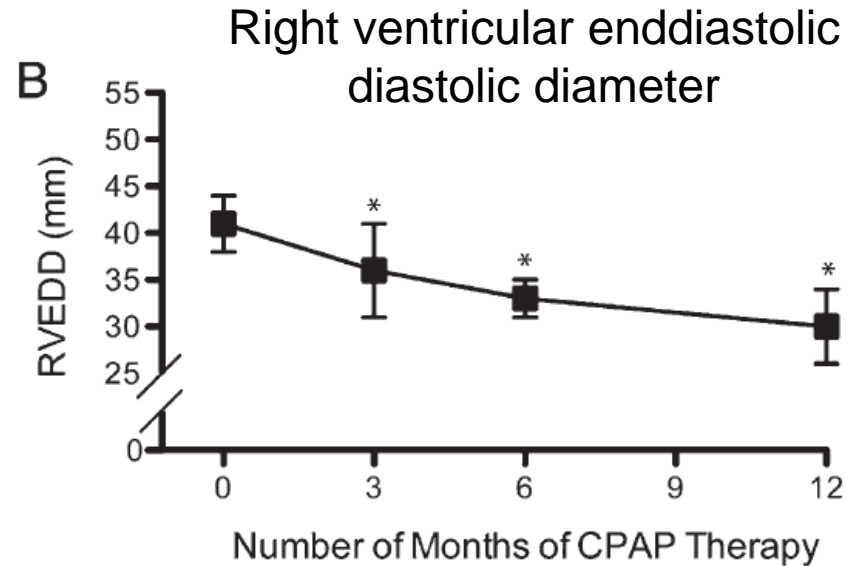
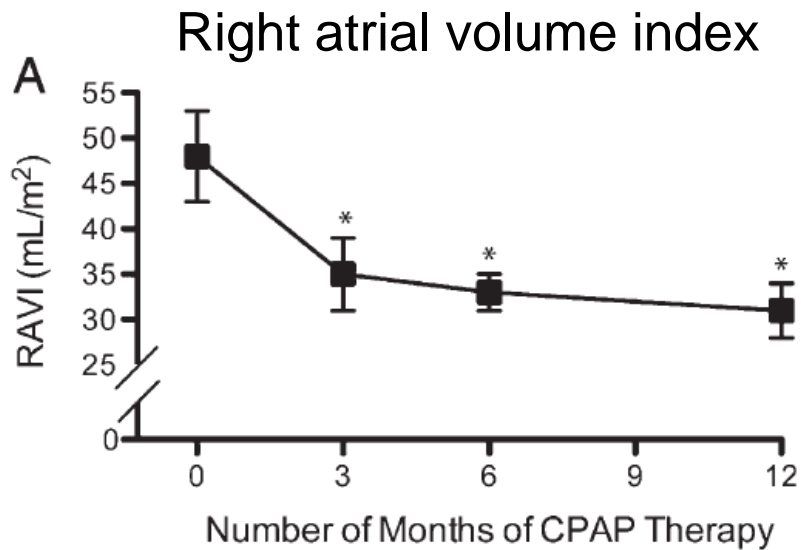
LV diastolic function



LV systolic function



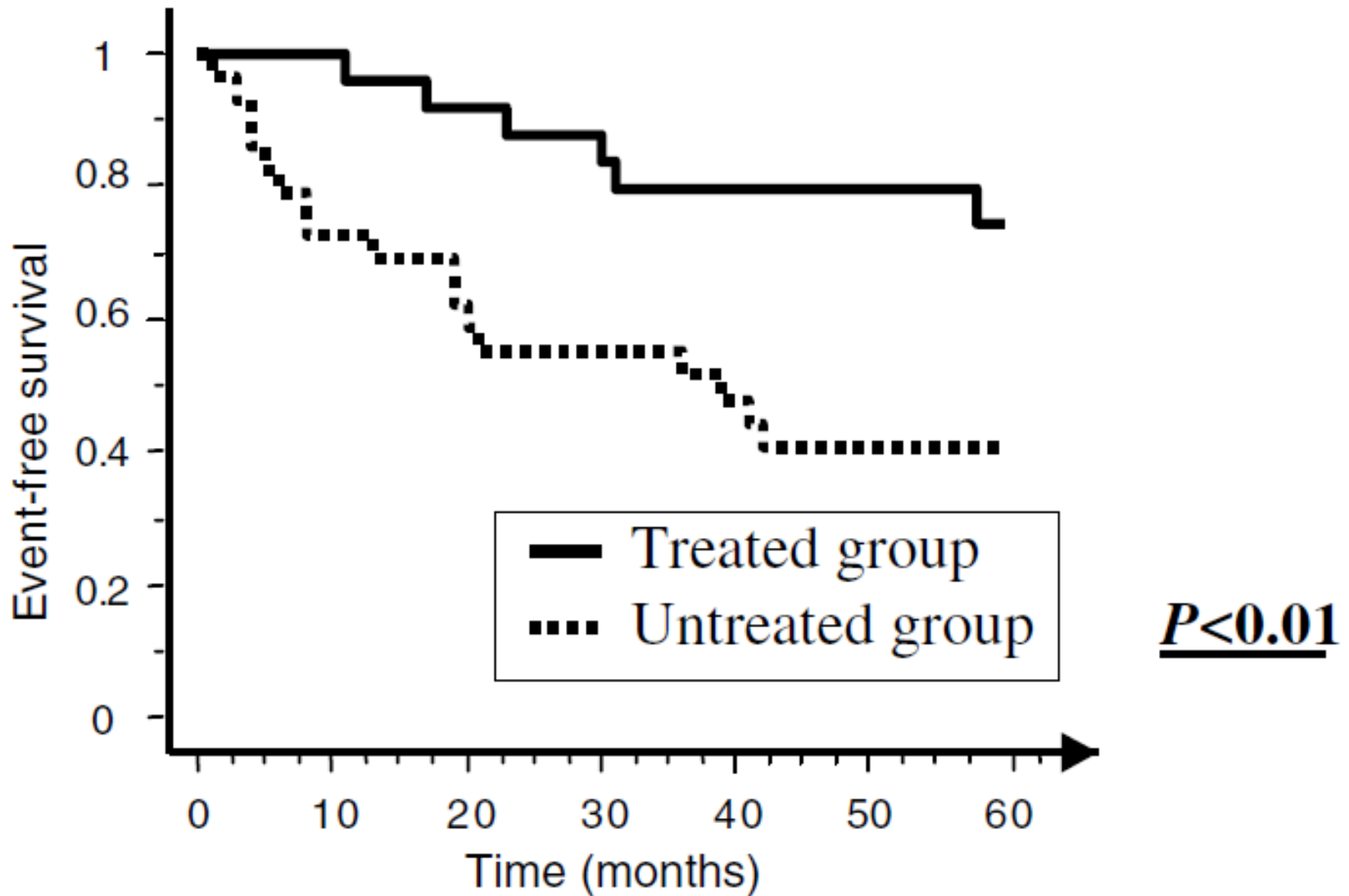
Effect of CPAP on the right heart



OSA and HF: lines of evidence

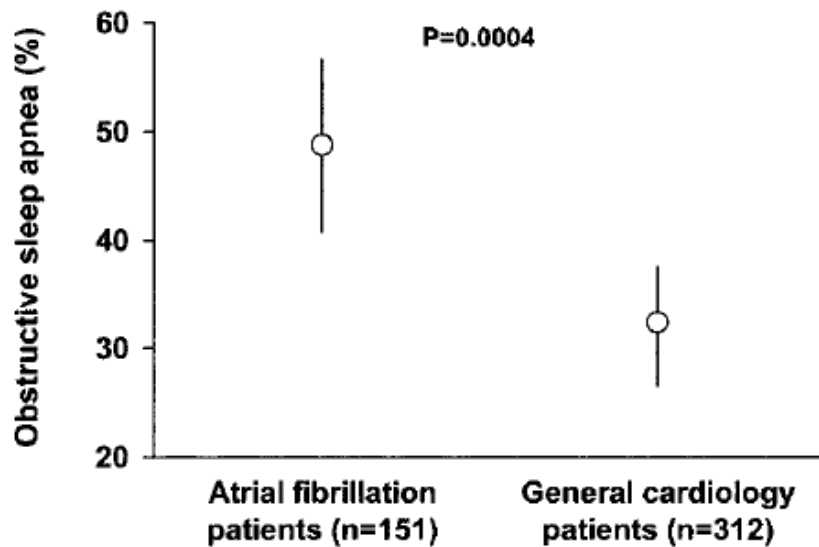
- Pathophysiological concept
- OSA and CV risk factors
- OSA and cardiac structure/function
- **OSA and CAD and AF**
- OSA and HFrEF
- Effects of CPAP

OSA and coronary artery disease

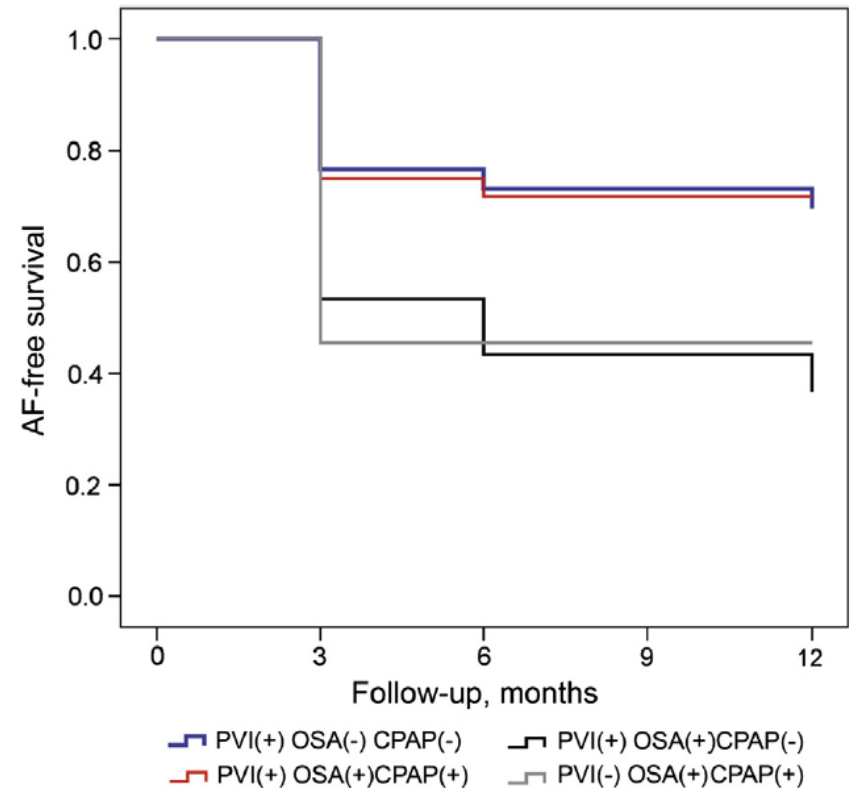


OSA and atrial fibrillation

Prevalence of AF in OSA↑



AF recurrence after PVI↓



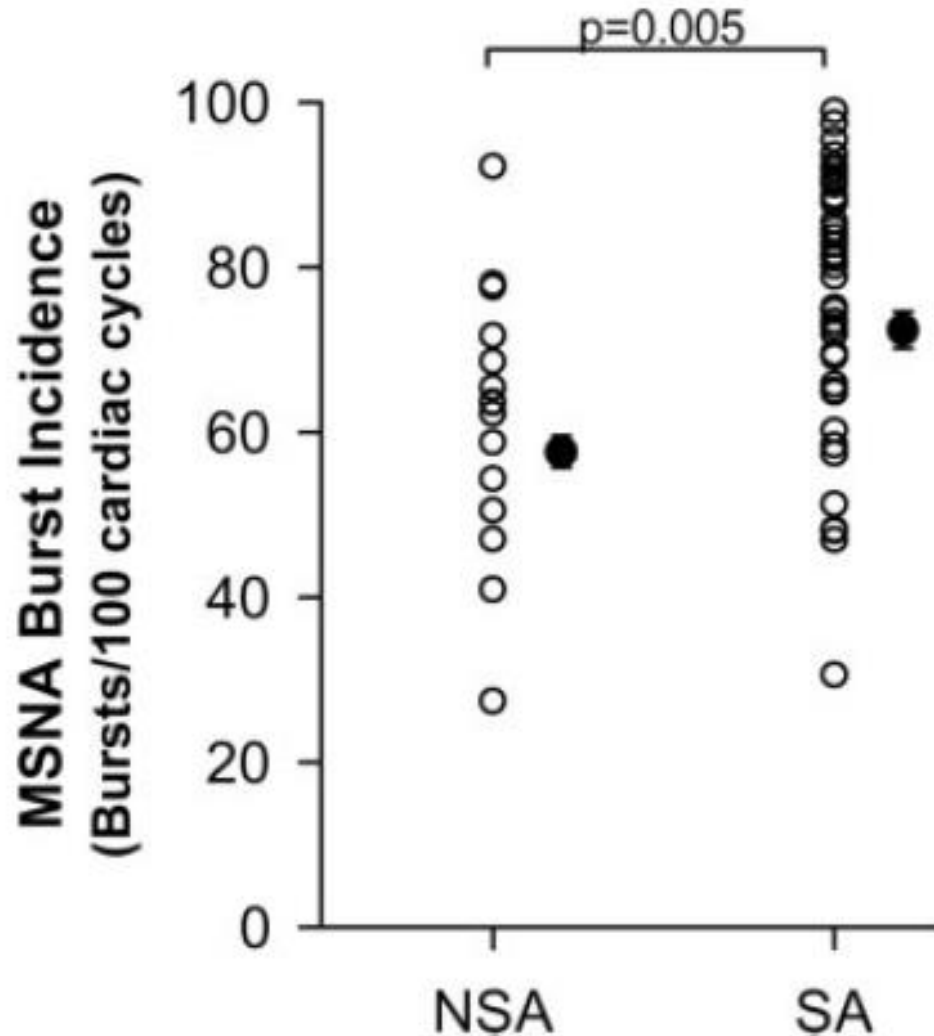
OSA and HF: lines of evidence

- Pathophysiological concept
- OSA and CV risk factors
- OSA and cardiac structure/function
- OSA and CAD and AF
- **OSA and HFrEF**
- Effects of CPAP

OSA and incident heart failure

	AHI (Events per Hour)				P†
	<5.0	5.0 to 14.9	15.0 to 29.9	≥30.0	
Men					
No. of subjects	829	644	282	172	
No. of heart failure events	44	46	25	26	
Covariates in model					
Age, race, BMI, smoking	1.00 (Referent)	0.96 (0.63, 1.46)	1.17 (0.71, 1.94)	1.61 (0.95, 2.71)	0.03
Plus total and HDL cholesterol, lipid-lowering medications, diabetes mellitus	1.00 (Referent)	0.90 (0.59, 1.38)	1.08 (0.65, 1.80)	1.59 (0.94, 2.69)	0.02
Plus SBP, DBP, use of antihypertensive medications	1.00 (Referent)	0.88 (0.57, 1.35)	1.13 (0.68, 1.89)	1.58 (0.93, 2.66)	0.02

MSNA in HFrEF with versus without OSA

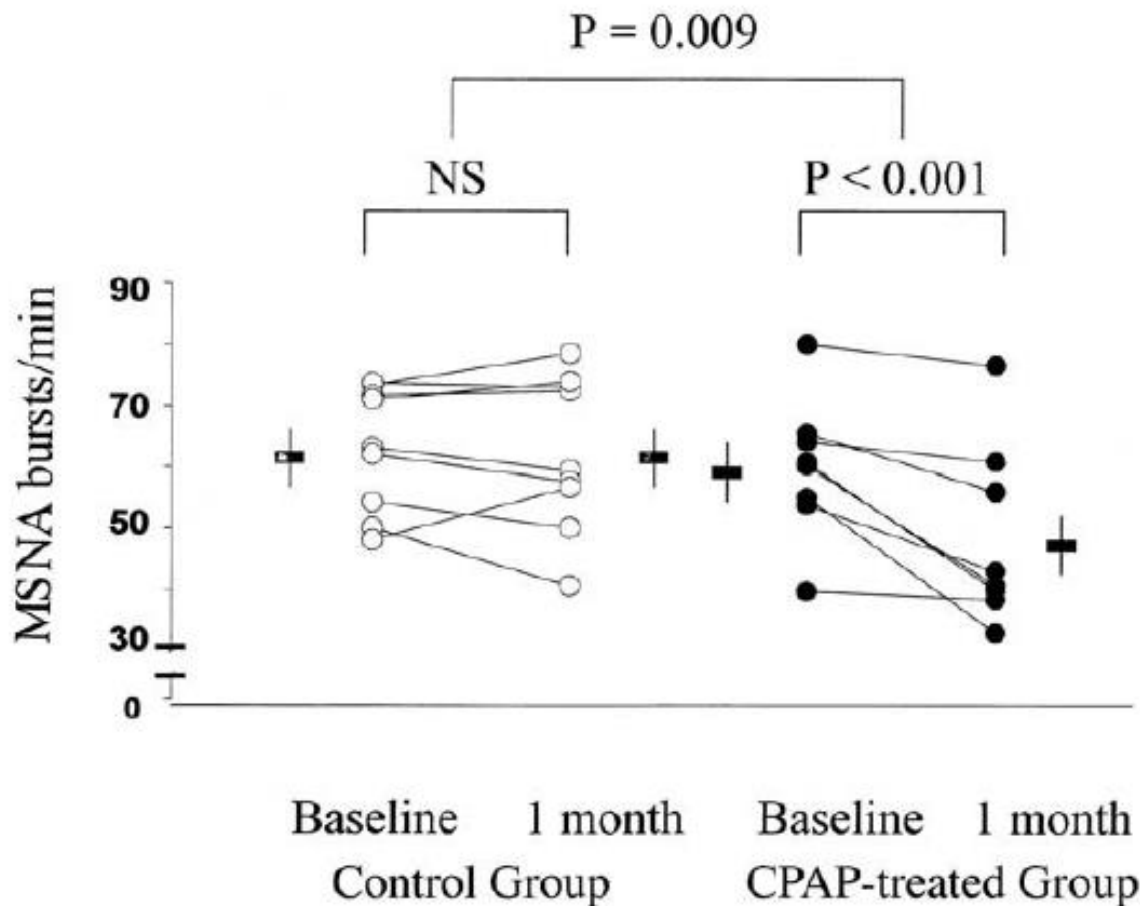


60 patients with HFrEF (LVEF $\cong 22\%$); 43 patients with AHI $\geq 15/h$, 17 patients with AHI $< 15/h$

OSA and HF: lines of evidence

- Pathophysiological concept
- OSA and CV risk factors
- OSA and cardiac structure/function
- OSA and CAD and AF
- OSA and HFrEF
- **Effects of CPAP**

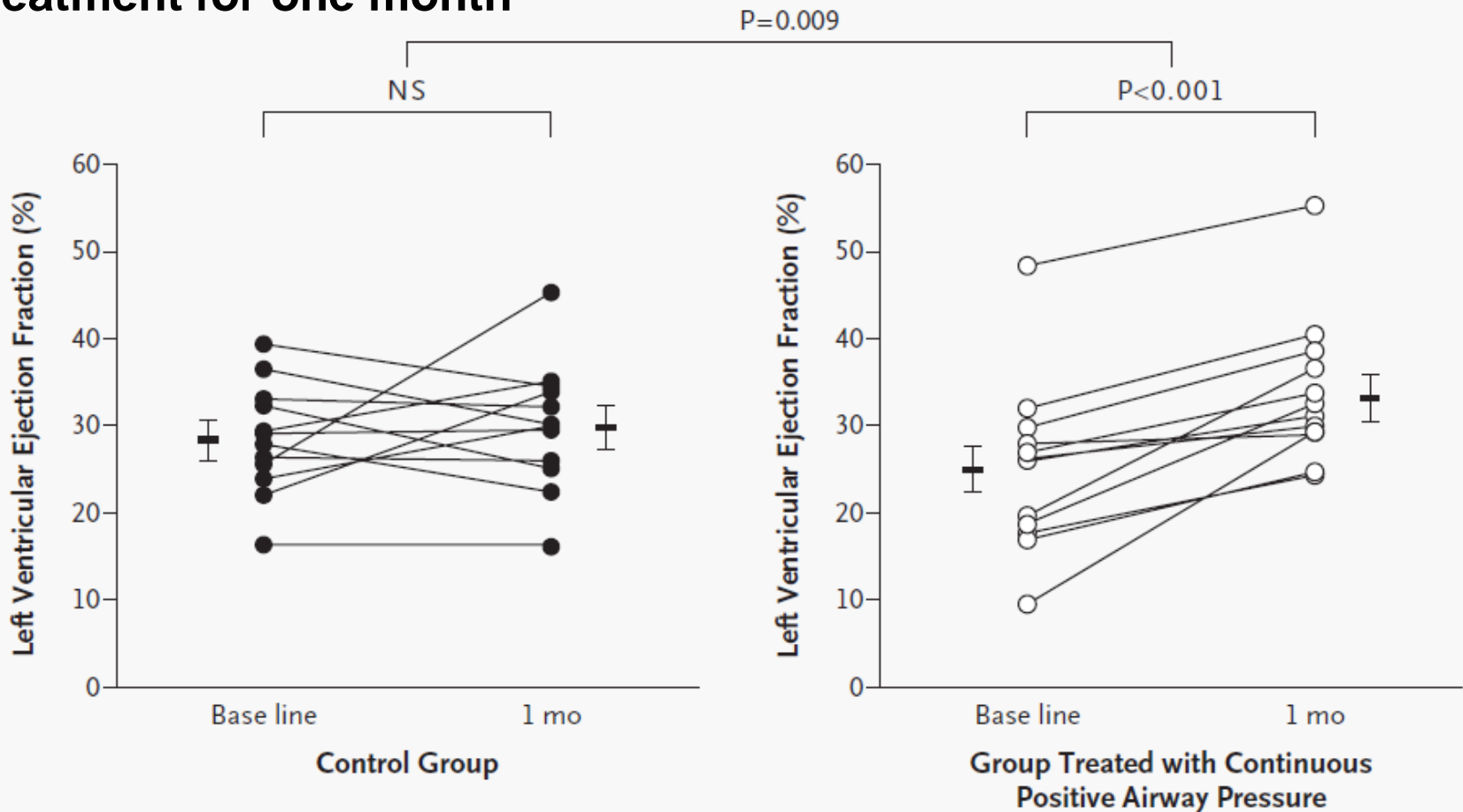
Effect of CPAP on MSNA in Patients with HFrEF and OSA



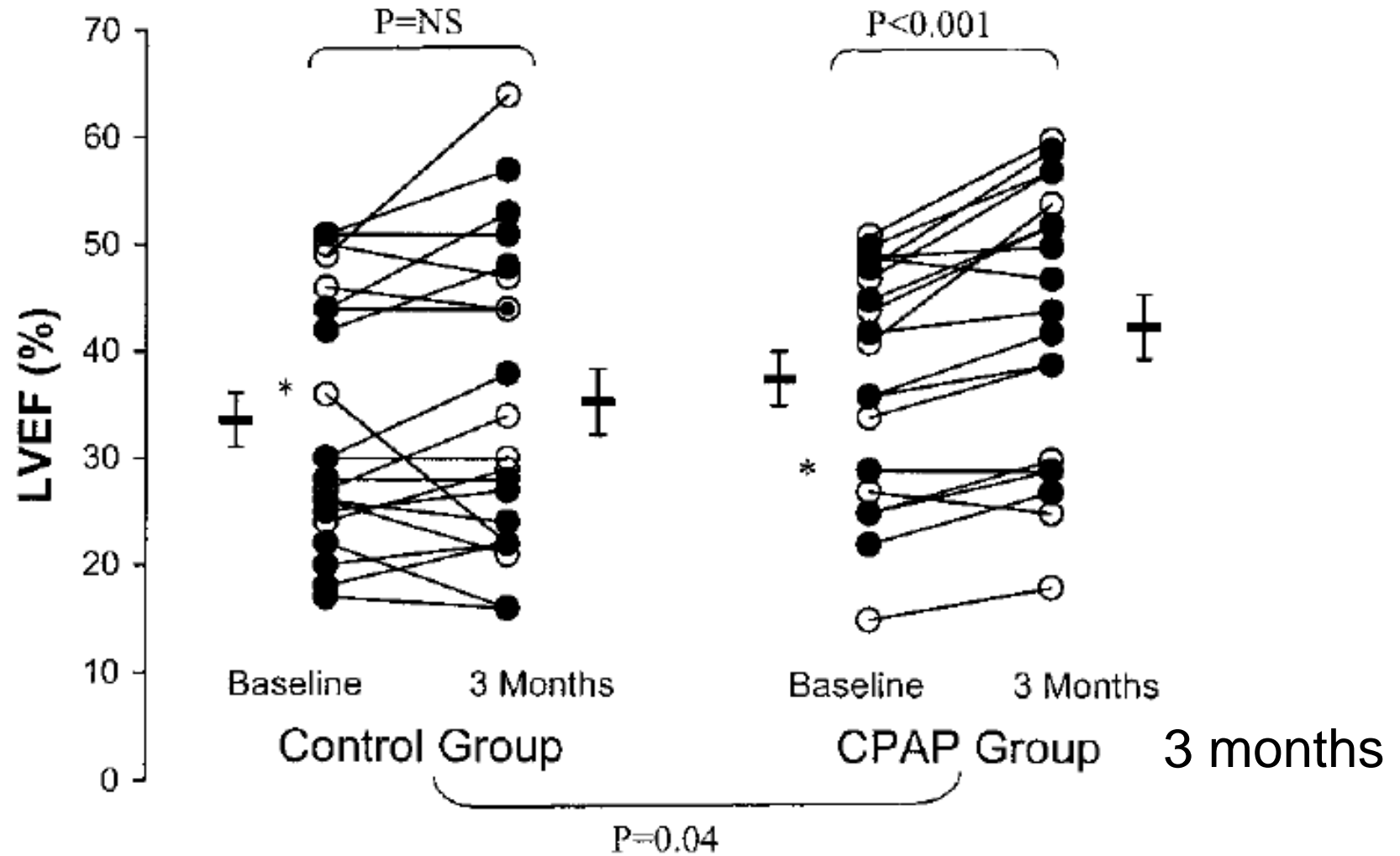
17 patients with HFrEF (LVEF <45%) and SDB (AHI >20/h, predominantly OSA), randomized to CPAP for one month (n=8) vs. no CPAP (n=8)

Effect of CPAP on LVEF in HFrEF and OSA

24 patients with HFrEF (LVEF <45%) and OSA (AHI \approx 40/h), 55 years, predominantly men, BMI \approx 32 kg/m², 100% on ACEI, 50% on BB, randomized to **CPAP + optimal medical treatment vs. optimal medical treatment for one month**



Effect of CPAP on LVEF in HFrEF and OSA

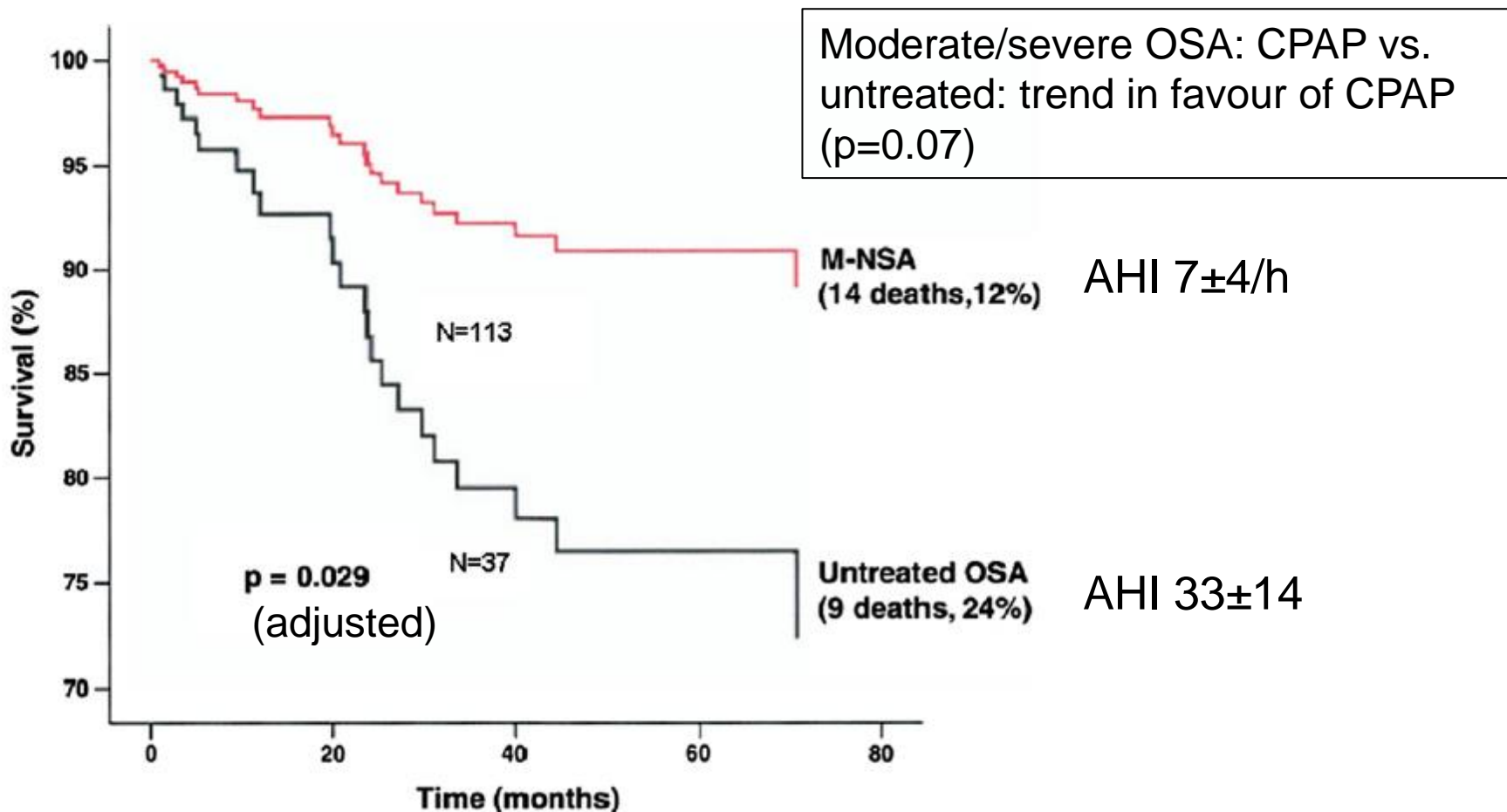


164 patients with HFrEF (LVEF <45%), 80% on betablocker:

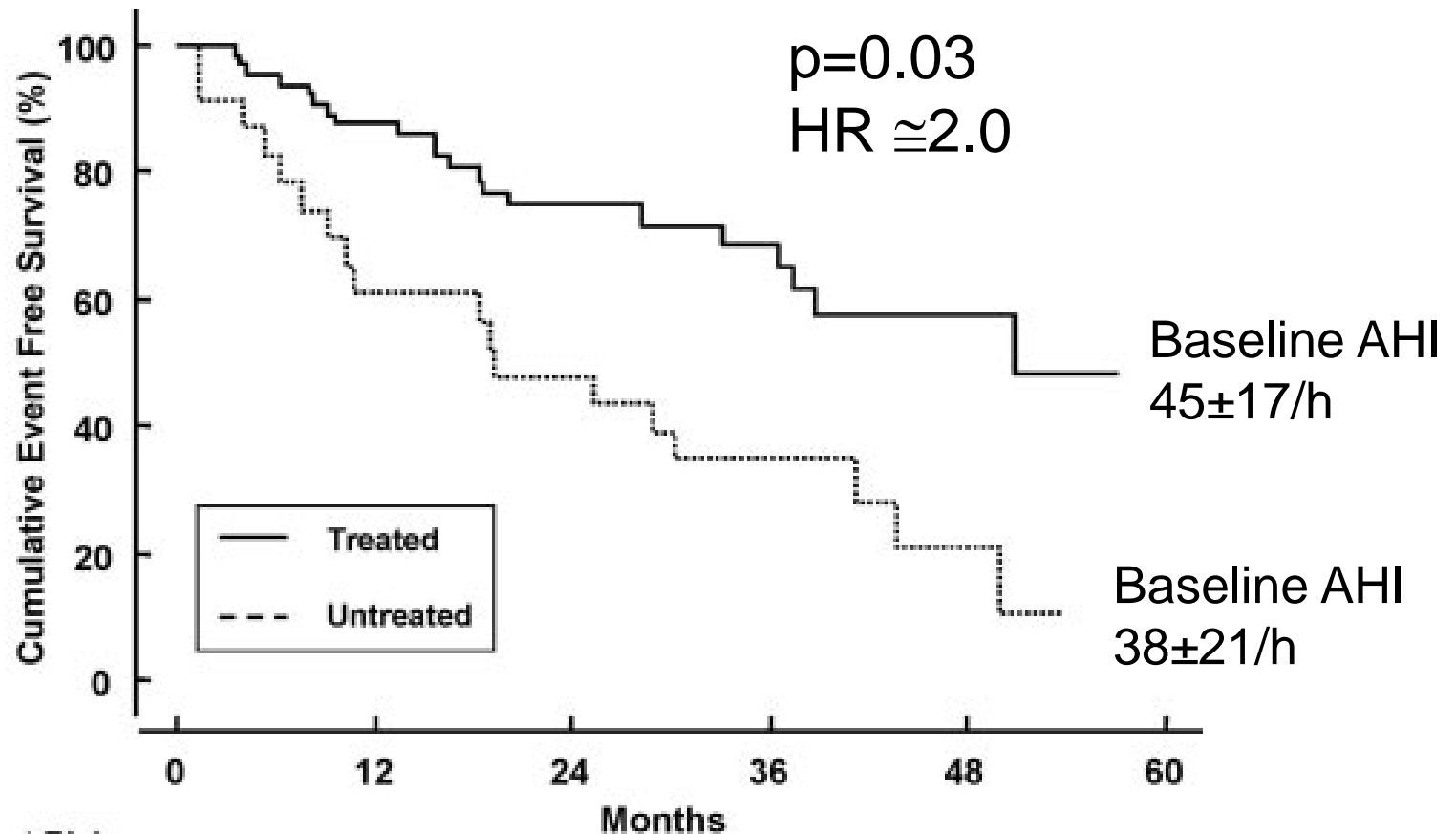
-No/mild OSA (AHI <15/h; n=113)

-Untreated moderate/severe OSA (AHI ≥15/h; n=37)

-CPAP-treated moderate/severe OSA (n=14)



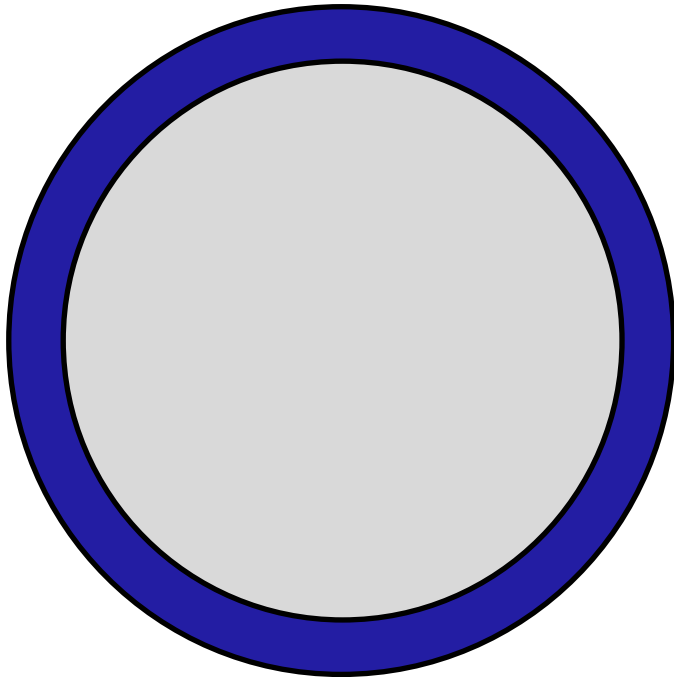
88 patients with HFrEF (LVEF <50%) and AHI $\geq 15/h$
 (predominantly OSA; 60% on betablocker): 65 with CPAP, 23
 without CPAP



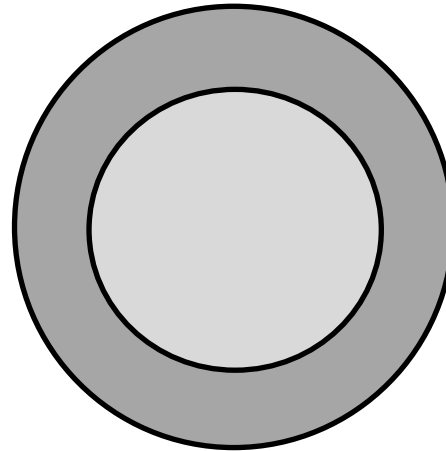
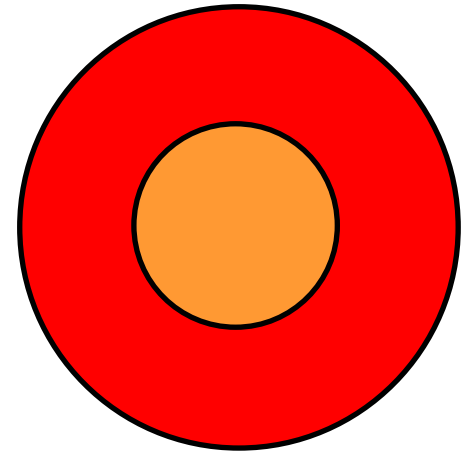
Numbers at Risk

Treated	65	56	27	20	7
Untreated	23	14	11	6	2

HFrEF

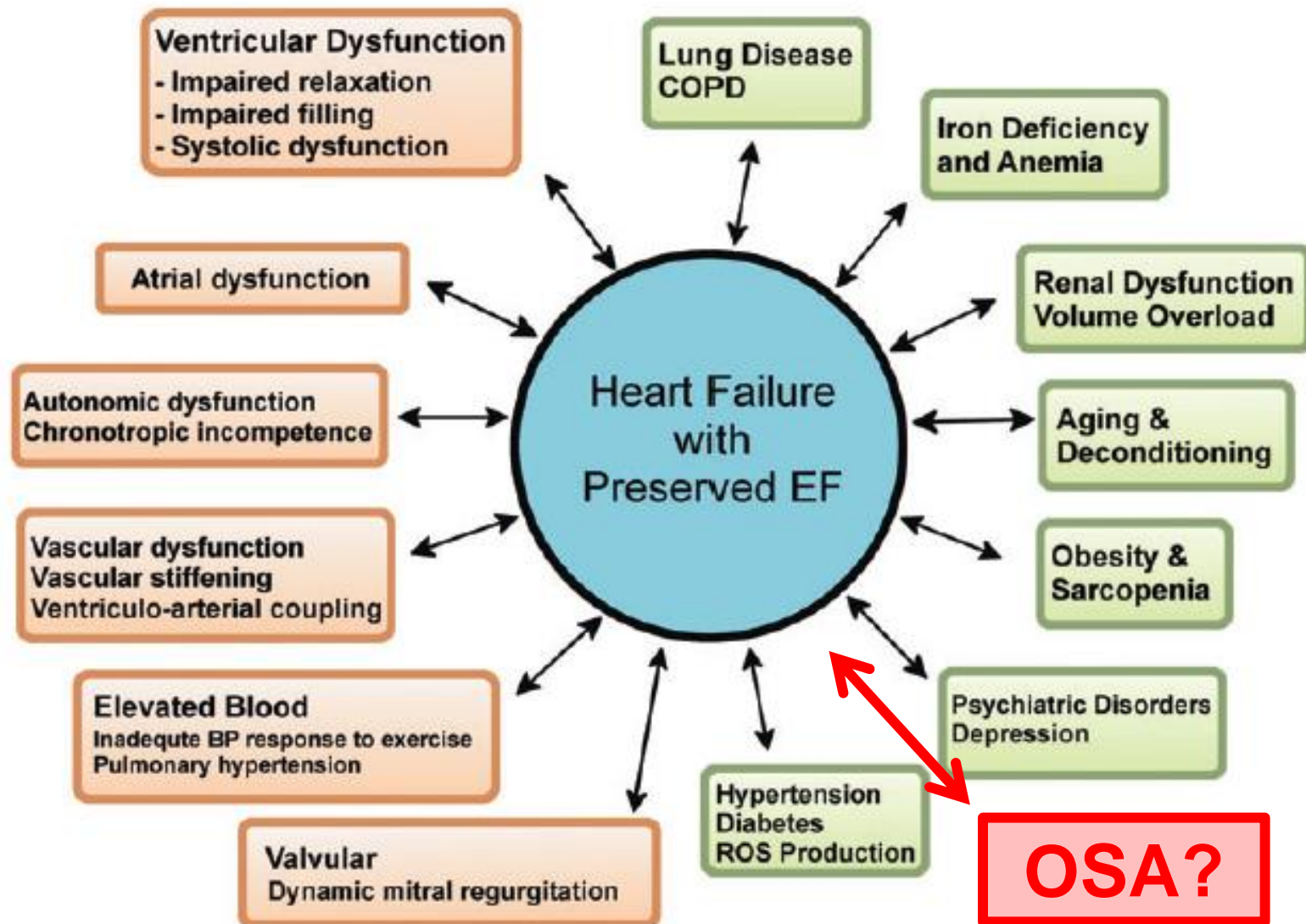


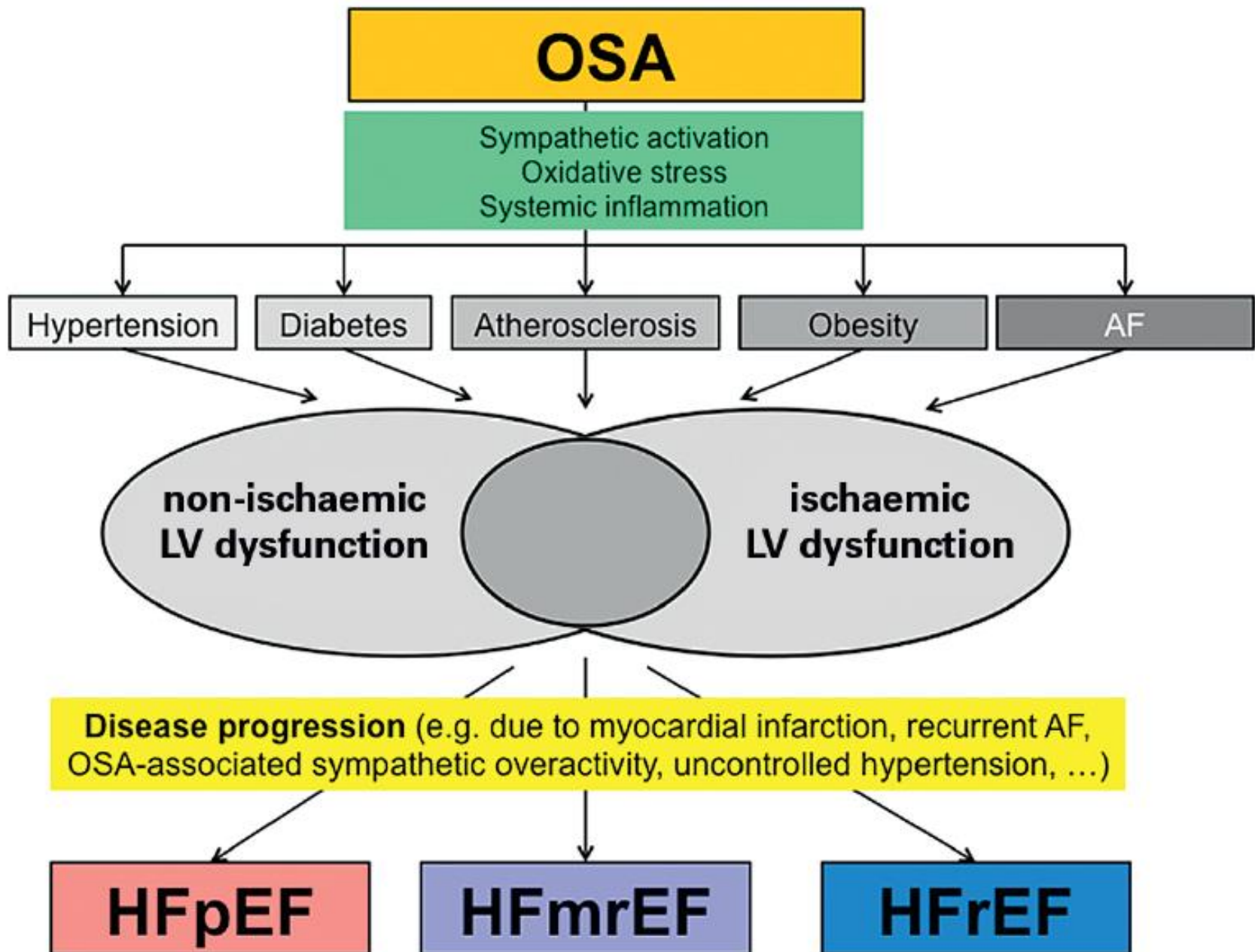
HFpEF



dilated	Size	Non-dilated
eccentric	Remodeling	concentric
↓↓↓	Systolic function	↓
↓ bis ↓↓↓	Diastolic function	↓ bis ↓↓↓

«phenotype diversity» in HFpEF





Summary

- OSA associated with CV risk factors
- OSA associated with cardiac dysfunction and cardiac diseases associated with HF
- OSA associated with increased sympathetic activation in patient with and without HF
- CPAP therapy with beneficial effects on these features in patients with OSA without HF
- improvement in LVEF following CPAP in patients with HF and reduced LVEF (very small studies)
- no conclusive data on impact of CPAP therapy on outcomes in patients with HF and reduced LVEF
- OSA and HFpEF?