Abstract

Aim: To evaluate the prevalence of Sleep Apnea-Hypopnea Syndrome (SAHS) in patients who were admitted with Acute Coronary Syndrome (ACS) to the Coronary Care Unit (CCU) and the clinical predictors of SAHS in patients with ACS and to compare the results of the simple sleep test (SST) with polysomnography (PSG). Methods: This was a prospective study that included patients who were admitted to the CCU with ACS, which was confirmed by coronary angiography. Demographic and anthropometric data, cardiovascular risk factors and measures on the Epworth Sleepiness Scale were collected. The SST was conducted with the ApneaLinkTM device during hospitalization or after discharge. Patients with an apnea-hypopnea index (AHI) of 10/h were invited to participate in PSG. Results: Ninety-one patients with ACS were consecutively included over 4 months. Of the 58 patients who completed the study 43 (74.1%) were male. The mean age was 61.7±12.2 years, and the mean body mass index was 27.4±3.5 kg/m2. The median time for SST performance was 17.5 days. This study was compatible with SAHS in 25 cases (43.1%). Patients who had an AHI of 10/h in the SST were submitted to PSG and SST simultaneously. The median interval between the ACS and the execution of PSG was 30 days. PSG confirmed that all the cases detected by SST were positive. Conclusion: In our study, we found a high prevalence of SAHS in patients who were admitted to the CCU with ACS (43.1%). These results support the need for SAHS screening in patients who are hospitalized with ACS. The SST may have a role in the screening of SAHS in this population.

Keywords
Sleep Apnea Syndrome, Acute Coronary Syndrome, Prevalence, Screening.