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Obese Patients with Obstructive Sleep Apnea Must Lose Weight to Lower their Risk of Cardiovascular Disease

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Opinion

Obesity and obstructive sleep apnea (OSA) are frequently found together and are linked to a number of cardiovascular risk factors, such as high blood pressure, insulin resistance, abnormal cholesterol, and inflammation. Researchers are still unsure of the interventions that are most effective in reducing the burden of risk factors for cardiovascular disease associated with OSA in obese patients, even though there are effective treatments for OSA [1].

"Sleep apnea, which is linked to an increased risk for a variety of cardiovascular complications, affects nearly one in five adults in the United States. Rest apnea and corpulence are emphatically related. We played out this review to find out how much heftiness and OSA add to the weight of cardiovascular gamble factors and to evaluate the decrease in these gamble factors accomplished by weight reduction, treatment for rest apnea, or the mix of both" [2].

Description

For 24 weeks, the researchers randomly assigned 181 people with obesity, moderate-to-severe obstructive sleep apnea, and high C-reactive protein (CRP), an inflammatory marker linked to heart disease, to either CPAP therapy, weight loss therapy, or a combination of the two. Subclinical inflammation, insulin resistance, dyslipidemia, and blood pressure in obese subjects with OSA were then compared to each therapy's incremental effect on subclinical inflammation, insulin resistance, and weight loss [3].

When it came to lowering CRP levels, they discovered that either therapy alone had no significant effect on the combination therapy. Weight reduction alone altogether diminished CRP, insulin obstruction, dyslipidemia and hypertension. CPAP, on the other hand, had no significant impact on CRP, insulin sensitivity, or dyslipidemia, even in subjects who were on treatment. These data suggest that CPAP is not an effective treatment for reducing the burden of these particular risk factors and that there is no independent causal relationship between obstructive sleep apnea and these cardiovascular risk factors in this population. According to the researcher, "These findings also indicate that weight loss therapy should be a central component of strategies to improve the cardiovascular risk factor profile of obese patients with OSA" [4].

Blood pressure was reduced by both CPAP and weight loss, despite the fact that the aforementioned risk factors was not affected by CPAP therapy. Additionally, participants randomized to combination therapy had a more pronounced effect on blood pressure than participants receiving either therapy alone, and among subjects who adhered to therapy, CPAP provided an incremental effect over weight loss alone. Due to the trial's design, we were able to conclude that obesity and sleep apnea are both causally linked to high blood pressure," the researcher continued.

In addition, the findings suggest that CPAP therapy combined with a weight loss plan will reduce blood pressure more effectively than either therapy on its own [5].

Conclusion

The study raises a number of potential research questions. Our study's effective weight loss interventions are expensive and necessitate a weight loss-focused multidisciplinary team. How to deliver effective weight loss programs to these patients should be the focus of future research. Additionally, it would be beneficial to conduct additional research into methods for increasing CPAP adherence or identifying subjects who are most likely to demonstrate significant blood pressure reductions with CPAP.

Acknowledgement

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Conflict of Interest

None

References

1. Dobrosielski DA, Papandreou C, Patil SP, Salas-Salvado J (2017) Diet and exercise in the management of obstructive sleep apnoea and cardiovascular disease risk. Eur Respir Rev 26: 160110.
2. Bauters F, Rietzschel ER, Hertegonne KB, Chirinos JA (2016) The link between obstructive sleep apnea and cardiovascular disease. Curr Atheroscler Rep 18: 1-11.
3. Hamilton GS, Joosten SA (2017) Obstructive sleep apnoea and obesity. Aust Fam Physician 46: 460-463.
4. Miller JD, Aronis KN, Chrispin J, Patil KD, Marine JE, et al. (2015) Obesity, exercise, obstructive sleep apnea, and modifiable atherosclerotic cardiovascular disease risk factors in atrial fibrillation. J Am Coll Cardiol 66: 2899-2906.
5. Foster GD, Borradaile KE, Sanders MH, Millman R, Zammit G, et al. (2009) A randomized study on the effect of weight loss on obstructive sleep apnea among obese patients with type 2 diabetes: the Sleep AHEAD study. Arch Intern Med 169: 1619-1626.

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