



Sleep-Disordered Breathing in Cardiovascular Disease

Guest Editor:

Prof. Dr. Georgia Trakada

School of Medicine, National and
Kapodistrian University of
Athens, 157 72 Athens, Greece

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Message from the Guest Editor

Dear Colleagues,

Obstructive sleep apnea (OSA) is a chronic and prevalent disorder characterized by repetitive collapse of the upper airway during sleep, leading to intermittent hypoxia (IH) and recurrent arousals from sleep. It is associated with considerable morbidity and mortality and several studies indicated a causal relationship between OSA and hypertension, cardiovascular disease, insulin resistance (IR), and diabetes mellitus, independently of obesity. The underlying pathophysiological mechanisms remain unclear, although there are a number of factors to consider, such as dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis, inflammation and hypersecretion of adipocyte-derived hormones due to repetitive, short periods of asphyxia and hypoxemia and sleep deprivation. Clinical and epidemiological data about cardiovascular disease in different phenotypes and severity of sleep apnea are still missing. Large trials with long periods of follow-up evaluating end points of hypertension, stroke, myocardial infarction, arrhythmias, and preserved and reduced ejection fraction heart failure are needed.





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Journal of Clinical Medicine Editorial
Office
MDPI, St. Alban-Anlage 66
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