

Sleep Apnoea Syndrome in Pakistan?

Sleep apnoea syndrome (SAS), generally characterized by sleep disturbances such as snoring, obstructed breathing during sleep, excessive day-time tiredness and fatigue, is a serious problem. It is potentially a life threatening condition, that is far more common than generally understood. It is associated with a number of diseases¹, including hypertension, cerebrovascular diseases and metabolic syndrome. It is also believed to be associated with high prevalence of psychiatric co-morbid conditions such as depression, anxiety, posttraumatic stress disorder, psychosis, and bipolar disorders. It correlates with day time sleepiness and car crashes (road traffic accidents) involving drivers who fell asleep while driving².

The prevalence studies have shown high prevalence of SAS in the western world. The data from Asia is scarce. However, studies report SAS prevalence range between 2.1-7.5% among Asian populations³. It is important to note that most Asian prevalence studies did not use gold standard overnight Polysomnography for clinical diagnosis.

Following the regional trend, prevalence studies investigating SAS in Pakistani population are lacking. A study done in 2002 reported forty-six percent prevalence of snoring, with seven percent reporting witnessed apnoeas and snoring with witnessed apnea and excessive daytime sleepiness was three percent⁴. Another study published in 2003, reported that many physicians in Pakistan were unaware of clinical features as well as common associations of SAS and as many as eighteen percent physicians were treating sleep disturbances with sedatives⁵.

From cardiovascular diseases to psychiatric illnesses, there are several SAS risk factors that have been

reported to have a high prevalence in our Pakistani population. Also, given the high incidence of road traffic accidents and common dissatisfaction with the quality of sleep it will be meaningful to assess the prevalence of SAS in Pakistani population. This assessment should employ an appropriate screening questionnaire, which has high sensitivity and specificity. The use of polysomnography can help evaluate the aptness of any screening questionnaire; however, it requires technical and financial support. Likewise, it is of paramount importance to increase understanding and responsiveness among physicians towards clinical features and pertinent risk factors for SAS. Research in this relatively unexplored area will help comprehend local relevance. Also it will be a stepping stone that will facilitate prevention, diagnosis and early management of this disorder and help reduce the burden of major chronic illnesses in Pakistan.

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