Bölüm 6

OBSTRÜKTİF UYKU APNESİ VE KARDİYOVASKÜLER KOMPLİKASYONLARI

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GİRİŞ

Obstrüktif uyku apnesi (OUA), uyku ile ilişkili bir hastalık olup toplumda görülme sıklığı oldukça yüksektir. Karakteristik özellikleri arasında uyku sırasında üst hava yollarının tekrarlayan şekilde kollabe olması ve bunun sonucunda apne/hipopne ataklarının, oksijen saturasyonunda azalmanın, soluk alma çabasında artmanın ve gün içerisinde sık uyuklamanın gözlemlenmesi sayılabilir (Kapur et al., 2017; Myers, Mrkobrada, & Simel, 2013; Ramar et al., 2015). Orta yaşlı popülasyonda erkeklerin %3 ile %7'sinde gözlenirken (Punjabi, 2008), kadınların %2 ile %5'inde gözlenmektedir (Punjabi, 2008). 1993 ile 2013 yılları arasını kapsayan yayınlanmış diğer epidemiyolojik verilere göre ise tüm kadınların %27'sinde, erkeklerin ise %22'sinde değişken düzeylerde OUA gözlenmektedir (Franklin & Lindberg, 2015). Amerika Birleşik Devletleri'nde yaklaşık 15 milyon yetişkin bireyin OUA'dan muzdarip olduğu bilinmekte olup hipertansiyon (HT), strok, atrial fibrilasyon (AF) ve koroner arter hastalığı (KAH) gibi kardiyovasküler hastalıklara (KVH) sahip bireylerin büyük bir çoğunluğunda mevcuttur (Caples, Gami, & Somers, 2005; Lattimore, Celermajer, & Wilcox, 2003; Somers et al., 2008). Özellikle ciddi olduğu durumlarda OUA, tüm nedenlere bağlı ölüm ve kardiyovasküler (KV) ölüm ile yakın ilişkilidir (McNicholas & Bonsigore, 2007). Kesin klinik verilere göre OUA'nın HT'ye neden olduğu bilinmekte olup geçirilmiş strok öyküsünün veya kalp yetmezliği (KY) varlığının santral uyku apnesine neden olabildiği bilinmektedir (Bitter, Ozdemir, Fox, Horstkotte, & Oldenburg, 2018; Javaheri, McKane, Cameron, Germany, & Malhotra, 2019; Lattimore et al., 2003; Silverberg, Oksenberg, & Iaina, 1998; Sjostrom et al., 2002; Somers et al., 2008; Stellbrink, Hansky, Baumann, & Lawin, 2018).

UYKU APNE VE HİPOPNE TİPLERİNİN TANIMLAMALARI

Apne terimi, en az 10 saniye süreyle inspiratuar hava akımının kaybolması şeklinde tanımlanmaktadır. Hipopne ise 10 saniye veya daha uzun bir süre inspi-

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termektedir (Grimm et al., 2000), bu nedenle OUA riski yüksek bireylerde kalıcı pace-maker implantasyonu öncesi polisomnografik değerlendirme düşünülebilir. Benzer şekilde OUA ile ventriküler ve supraventriküler taşikardi arasında ilişki olup CPAP tedavisi ile taşiaritmilerde de gerileme olduğu gösterilmiştir (Harbison, O'Reilly, & McNicholas, 2000).

KY hastalarında, eşlik eden OUA bulunan alt grupta OUA eşlik etmeyen alt gruba kıyasla daha sık AF görülmektedir (Chadda et al., 2018; Kendzerska et al., 2018). Ayrıca, OUA hastalarında kardiyak cerrahisi sonrası AF prevalansı, OUA izlenmeyen hastalara göre daha yüksektir (Feng, White, Ma, Askin, & Pryor, 2019). AF nedeni ile kardiyoversiyon uygulanan OUA hastalarında efektif apne tedavisi uygulanmaması durumunda 12 aylık AF rekürens oranı %82 olup etkin CPAP tedavisi alan hastalarda ise bu oran %42'dir (Caples, Mansukhani, Friedman, & Somers, 2018; Hojo et al., 2018; Kanagala et al., 2003; Wolk & Somers, 2003). 3542 hastanın dâhil 2007 yılında yapılmış olan bir çalışmada 65 yaş altı OUA hastalarında özellikle ciddi nokturnal hipoksemi varlığı ile yeni AF gelişme riski arasında anlamlı ilişki bulunmuştur (Gami et al., 2007).

SONUÇ

OUA'nın KV risk faktörleri ve KV hastalıklar ile ilişkisi her geçen gün daha da netleşmektedir. Apne atakları sırasında meydana gelen patofizyolojik mekanizmalar ve bu mekanizmaların tetiklemesiyle ortaya çıkan komplikasyonlar iyi tanımlanmış olup OUA ile KV hastalıklar arasındaki sebep-sonuç ilişkisini açıklamaktadır. Çok sayıda çalışma, özellikle OUA ile HT arasındaki ilişkiyi net bir şekilde ortaya koymuştur. Dahası, geniş katılımlı kohort çalışmaları ile OUA'nın strok ve KV mortalite ile ilişkisi gösterilmiştir. Özellikle OUA'nın tedavi edilebilir bir hastalık olduğu konusunda farkındalığın arttırılması ile OUA'ya bağlı oluşabilecek kardiyovasküler komplikasyonların kontrol altına alınabileceği akılda tutulmalıdır.

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