

Obesity More than Obstructive Sleep Apnea Plays a Crucial Role to Increase the Cardiovascular Risk

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Keywords: Obstructive Sleep Apnea; Obesity; C-PAP; Cardiovascular risk; BMI; AHI

Letter to the Editor

Dear Editor, we read with great interest the "Opinion" recently published by Dr. Joshua Marc on this Journal [1]. The author clearly evidences the same concepts expressed by our previous study [2]. Indeed, we found, in a total population of 185 OSA subjects (19 normal weight, 57 overweight, 109 obese), the percentage of cardiovascular risk was related with BMI ($r = 0.33$; $P < .001$), but not with AHI, while the Epworth Questionnaire score and the Charlson Co-morbidity Index were respectively statistically higher in the group of obese individuals ($P = .004$, $P = .0002$) than in the other two subgroups. When AHI values were stratified in tertiles, the percentage cardiovascular risk did not change with increasing AHI values.

The results from this publication shows the lack of a clear relationship between the severity of OSA and the extent of cardiovascular risk. Among our OSA population, we showed that the percentage of cardiovascular risk was related with Body Mass Index (BMI) but not with Apnea/hypopnea index (AHI). Therefore, the severity of OSA

does not seem to increase, per se, the cardiovascular risk.

Further studies are required to better address the crucial role of increased BMI in the systemic inflammation and in the severity of atherosclerosis, which are definitely utmost important to develop the cardiovascular risk.

Funding Sources

None.

Conflict of Interest

The authors have no conflicts of interest to declare that are relevant to the content of this article.

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Received: 03-May-2022, Manuscript No. JOWT-22-62675; **Editor assigned:** 04-May-2022, PreQC No. JOWT-22-62675(PQ); **Reviewed:** 18-May-2022, QC No. JOWT-22-62675; **Revised:** 23-May-2022, Manuscript No. JOWT-22-62675(R); **Published:** 30-May-2022, DOI: 10.4172/2165-7904.1000497

Citation: Carratù P, Portincasa P (2022) Obesity More than Obstructive Sleep Apnea Plays a Crucial Role to Increase the Cardiovascular Risk. *J Obes Weight Loss Ther* 12: 497.

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