To the editor:

We would like to contribute to the useful and practical educational process “Board Review Corner” initiated by the Journal of Clinical Sleep Medicine. In the “Case of the Sleepy Middle-Aged Woman,” the primary complaints are snoring and daytime fatigue. The sleep laboratory study showed very mild sleep-disordered breathing (SDB), whereas the Epworth Sleepiness Scale score was consistent with pathologic sleepiness. The sleepy middle-aged woman has hypertension and denies having depressive symptoms; however, her body mass index suggests that she is in the obese category (body mass index: 31 kg/m²). Although, the use of nasal steroids to improve allergic rhinitis and the mild SDB might be beneficial, we suggest that addressing additionally the issue of obesity might be important for the treatment of the patient’s daytime sleepiness and fatigue and mild SDB.

It has been shown that obesity without sleep apnea is associated with excessive daytime sleepiness, and depression and obesity are strong predictors of excessive daytime sleepiness, even compared with SBD, in the general population. Also, weight loss is the only population evidence-based intervention that improves SDB when considering a number of causal risk factors for SDB, such as obesity, alcohol and tobacco consumption, nasal congestion, and hormone replacement therapy with estrogen in menopausal women.

Furthermore, recent large studies have shown that lack of exercise is associated with an increased severity of SDB, whereas physical activity in obese men with sleep apnea, or in the general population, is a significant beneficial factor for sleepiness, after controlling for body mass index, apnea, age, and other covariates. Thus, in the case of the “Sleepy Middle-Aged Woman,” weight loss and exercise might have been useful recommendations for the treatment of her sleepiness and SDB, as well as her hypertension.

Although obesity and its management were not included in the choices given, thus narrowing the scope of the response by Dr. Phillips, we would like to suggest that, in future similar questions, obesity and its treatment should be considered. Such a consideration is timely, given that sleep and obesity have been at the center of research and clinical interest of the sleep field.

REFERENCES

8. A scientific workshop on sleep loss and obesity: interacting epidemics. Sponsored by the National Sleep Foundation, ISLI North American, and the Atlanta School of Sleep Medicine; March 27 and 28, 2006; Washington, DC.

Disclosure Statement
Drs. Vgontzas and Basta have indicated no financial conflicts of interest.

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