Sleep apnoea in ESRD patients: a review of evidence

Sir,

I read with great interest the article by Sabbatini et al. [1] on the prevalence of insomnia in maintenance haemodialysis patients. I was, however, struck by the absence of patients with a diagnosis of sleep apnoea in the current article. The prevalence of sleep apnoea in chronic renal failure is estimated to be around 50–70% [2]. Conventional haemodialysis does not reduce the prevalence of sleep apnoea, though renal transplantation has been reported to correct obstructive as well as central sleep apnoea [3,4].

In a recent article by Hanly and Pierratos [5], seven patients with sleep apnoea undergoing nocturnal haemodialysis were noted to have a lower apnoea–hypopnoea index compared to conventional haemodialysis.

The aetiology of sleep apnoea in ESRD patients has been thought to be due to central destabilization of ventilatory control and upper-airway obstruction. The 65% of night-time awakenings noted in the paper by Sabbatini et al. [1], as well as 41% of day-time sleepiness (Table 4 in their paper), could be due to undiagnosed sleep apnoea syndrome.

Using the Epworth sleepiness scale [6] as a screening tool one can identify patients at high risk of sleep apnoea and refer to a sleep specialist for a polysomnogram. The Epworth sleepiness scale is a numerical scale (0–3) estimating the chance of dozing with activities like sitting and reading, watching TV, sitting inactive in a public place, lying down to rest in the afternoon when chance permits, sitting and talking to someone, sitting quietly after lunch without drinking alcohol, and sitting in the car while stopped in traffic. A score of 10 should be followed up by referral to a sleep centre.

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6. Johns MW. Sleepiness in different situations measured by the Epworth sleepiness scale. Sleep 1994; 17: 703–710