

Science, Medicine, and the Anesthesiologist (October 2024): Erratum

In the October 2024 Science, Medicine, and the Anesthesiologist column (page A13), the description of the experimental design in the summary of “Tirzepatide for the treatment of obstructive sleep apnea and obesity” contained errors. Below is the corrected summary:

Obstructive sleep apnea disrupts breathing during sleep and leads to intermittent hypoxemia and increased cardiovascular disease risk. Obesity is a reversible risk factor for obstructive sleep apnea. Glucagon-like peptide-1 receptor agonists such as tirzepatide are effective treatments for obesity and associated comorbidities. This international, multicenter, double-blinded, placebo-controlled trial randomized a total of 469 obese, nondiabetic subjects (106 female/363 male; 49.8 ± 11.5 yr) with moderate to severe sleep apnea in two phase 3 trials (trial 1: subjects without baseline positive airway pressure [PAP]; trial 2: subjects with baseline PAP) to treatment with either tirzepatide (10 or 15 mg; $n = 234$) or placebo ($n = 235$) for 52 weeks to evaluate effects on obstructive sleep apnea symptoms. The primary outcome was change in the apnea-hypopnea index from baseline. A key secondary outcome was change in body weight. The primary outcome was significantly improved with tirzepatide in both trials (trial 1: -25.3 events/h *vs.* -5.3 events/h placebo; trial 2: -29.3 events/h *vs.* -5.5 events/h [$P < 0.001$ for both]). Subjects on tirzepatide lost more body weight (trial 1, baseline body mass index 39.1: -17.7% *vs.* -1.6% ; trial 2, baseline body mass index 38.7: -19.6% *vs.* -2.3%) but experienced more mild-to-moderate gastrointestinal side effects.

Take home message: In this randomized controlled trial of obese, nondiabetic subjects with moderate to severe obstructive sleep apnea, tirzepatide led to clinically meaningful decreases in obstructive sleep apnea symptoms and body weight *versus* placebo.

The editors regret the error. The online version and PDF of the article have been corrected.

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Reference

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