6-15-2018

Psoriasis is associated with a higher prevalence of obstructive sleep apnea and restless legs syndrome: A possible indication of autonomic activation in psoriasis

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pii: jc-18-00172 http://dx.doi.org/10.5664/jcsm.7194

JCSM
Journal of Clinical Sleep Medicine

LETTERS TO THE EDITOR

Psoriasis Is Associated With a Higher Prevalence of Obstructive Sleep Apnea and Restless Legs Syndrome: A Possible Indication of Autonomic Activation in Psoriasis

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Gabryelska and colleagues[1] have reported an interesting observation that patients with psoriasis are four times as likely to suffer from obstructive sleep apnea (OSA) than the general population, independent of common risk factors such as elevated body mass index. They observed an 8.7% prevalence of psoriasis[1] (versus a 2% prevalence of psoriasis in the general European population) among 245 consecutive patients who underwent a standard night of polysomnography and were diagnosed with OSA (defined as apnea-hypopnea index or AHI > 5 events/h). They attribute this four-fold increase in the prevalence of psoriasis to a possible high proinflammatory state, even though greater OSA severity, which would be expected to be associated with a higher proinflammatory state, was not observed in the psoriasis versus non-psoriasis groups with OSA.[1] Gabryelska and colleagues[1] discuss the work of Papadavid et al.[2] who observed a similar 9.5% prevalence of psoriasis among 253 patients with OSA (versus 2.9% prevalence among non-OSA controls) and also observed that having psoriasis alone was associated with increased OSA risk, independent of OSA severity and other risk factors.[2]

In a recent systematic review of the literature on psoriasis and sleep disorders[3] we observed an overall 36% to 81.8% prevalence of OSA in psoriasis,[3] which supports these findings,[1,2] as prevalence rates of OSA can be high as 24% in men and 9% in women, using only an AHI ≥ 5 events/h criterion.[4] We further observed an increased prevalence[3] of restless legs syndrome (RLS) of 15.1% to 18% (versus 5% to 10% prevalence[4] in European and North American samples). RLS is associated with periodic leg movements in sleep (PLMS) in 70% to 80% of cases.[4] PLMS have been associated with cortical arousals and sympathetic activation (eg, surges in nocturnal blood pressure and heart rate).[5] It is possible that the increased prevalence of OSA and RLS in psoriasis are indications of the possibly increased autonomic activation in psoriasis.[6] OSA, independent of other risk factors, should be screened for in other disorders where autonomic activation is a factor.

CITATION

Gupta MA, Gupta AK. Psoriasis is associated with a higher prevalence of obstructive sleep apnea and restless legs syndrome: a possible indication of autonomic activation in psoriasis. *J Clin Sleep Med*. 2018;14(6):1085.

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SUBMISSION & CORRESPONDENCE INFORMATION

Submitted for publication March 25, 2018
Submitted in final revised form March 25, 2018
Accepted for publication March 29, 2018
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DISCLOSURE STATEMENT

All authors have seen and approve the manuscript. The authors report no conflicts of interest.