

Sleep-disordered breathing and resistant hypertension

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TO THE EDITOR: We recently read the article by Dr. Emmanuel Bravo.¹ In his comprehensive paper, he defined a road map for the workup of resistant hypertension. Resistant hypertension is a challenging problem in everyday practice, with multiple pitfalls at each step from diagnosis to treatment.

Although not mentioned in the paper, obstructive sleep apnea is strongly associated with hypertension, and its prevalence in patients with resistant hypertension can be as high as 83%.² The upper airway resistance syndrome is another form of sleep-disordered breathing in which transient increases in upper airway resistance result in repetitive electroencephalographic arousals. Unlike obstructive sleep apnea, upper airway resistance syndrome is not associated with apnea or diminished airflow, although snoring and excessive daytime somnolence are common. Repeated arousals, desaturations, or both during sleep lead to recurrent sympathetic surges with resultant nocturnal hypertension. There are a number of reports in the literature of large blood-pressure reductions after continuous positive airway pressure treatment.³

In conclusion, sleep-disordered breathing syndromes should be sought vigorously in cases of resistant hypertension, and every effort should be taken for proper management.

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