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LETTERS TO THE EDITOR

Obstructive sleep apnea in patients with idiopathic pulmonary fibrosis: pulmonary hypertension could be the missing link for the diagnosis and different positive airway pressure treatment outcomes

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We read with great interest the article by Papadogiannis et al,[1] in which the authors demonstrated that patients with idiopathic pulmonary fibrosis (IPF) with obstructive sleep apnea (OSA) and ≥ 4 hours positive airway pressure use showed a significant improvement in sleepiness, fatigue, and sleep quality in a 7-year follow-up study. Moreover, longer mean positive airway pressure use (≥ 6 hours) resulted in better survival in those patients. This is a topic of great interest; we believe, though, that there are some points that need to be emphasized.

First, it could be useful to have the information regarding the prevalence of pulmonary hypertension at baseline, since it is known that patients with IPF and more severe nocturnal intermittent hypoxia can exhibit higher right ventricular systolic pressure, a negative prognostic factor associated with worse clinical outcomes.[2,3]

This information on pulmonary hypertension would have been of great help for the clinical suspicion of the presence of OSA, particularly among patients with mild IPF, where pulmonary function tests cannot help in distinguishing OSA. Based on the relatively preserved lung volumes, the mild-to moderate diffusing capacity for carbon monoxide reduction at baseline, the relatively high mean survival time of 64 months, and the fact that approximately two-thirds of patients with IPF required no treatment during the study period, we assume that this study focuses on a patient population with mild IPF.[1]

The effects of positive airway pressure therapy on fatigue, sleep quality, and/or survival might have been different in patients with more severe IPF, and this hypothesis needs further investigation.

Nevertheless, these findings highlight the necessity of early OSA screening in the context of fibrotic lung diseases.[4] Indeed, if all patients with IPF undergo a diagnostic sleep study for suspected OSA at the time of IPF diagnosis, then this may lead to immediate OSA treatment and may balance any negative effects of OSA in the context of IPF.[5]

Further research on the effect of OSA therapy and IPF outcomes, focusing on the early implementation of positive airway pressure in the era of antifibrotic treatment, is needed.

CITATION

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DISCLOSURE STATEMENT

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