

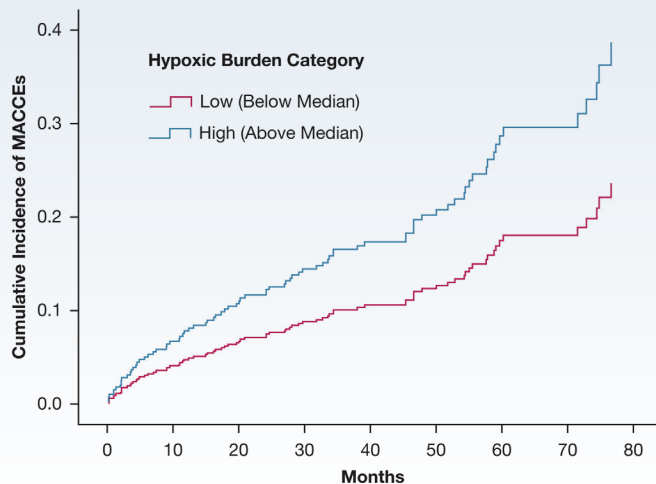
# Is High Hypoxic Burden More Strongly Associated With Major Cardiovascular and Cerebrovascular Events Than AHI $\geq 30$ Events Per Hour?

## STUDY DESIGN

- **Secondary analysis** of RICCADSA observational cohort with OSA, with and without excessive daytime sleepiness, to evaluate **hypoxic burden**
- **Primary outcome:** Incident of first major cardiovascular and cerebrovascular adverse event (MACCE)
- **Exploratory analysis:** Four-group analysis based on apnea-hypopnea index (AHI) and **hypoxic burden** (low/low, low/high, high/low, high/high)

## RESULTS

**↑ Hypoxic burden\*** associated with MACCE  
adjusted HR, 1.87; 95% CI, 1.17 to 2.98



Only **↑ hypoxic burden** was linked to **↑** risk for MACCEs

- Irrespective of AHI level

AHI  $\geq 30$  events/h

**⊘** associated with MACCEs

*\*Notably in patients who are **untreated or nonadherent** & those with **baseline excessive daytime somnolence***

In this study, high hypoxic burden, but not AHI  $\geq 30$  events per hour, was associated with MACCEs in moderate to severe OSA (especially in those with excessive daytime sleepiness).