

Obstructive Sleep Apnea, Heart Disease, Stroke and Diabetes

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Adults who suffer from obstructive sleep apnea are three times more likely to also have diabetes, according to study published in the Journal of Oral and Maxillofacial Surgery (1999).

“The blame falls squarely on excess weight gain,” said Dr. Arthur Friedlander, associate professor of oral and maxillofacial surgery at the UCLA School of Dentistry and associate chief of staff at the Veterans Affairs Medical Center in Los Angeles.

Friedlander tested the blood sugar of 54 randomly selected male veterans whom doctors had previously diagnosed with obstructive sleep apnea. He discovered that 17 of the 54 patients, or 31 percent, unknowingly suffered from adult-onset diabetes.

Using the same sample, Friedlander also took panoramic x-rays of the men’s necks and jaws. The x-rays indicated that 12 of the 54 patients, or 22%, revealed calcified plaques in the carotid artery leading to the brain. These plaques block blood flow, significantly increasing patients’ risk for stroke. Seven of the 12, or 58%, were also diagnosed with diabetes.

In dramatic comparison, the 17 patients diagnosed with diabetes showed nearly twice the incidence of blockage. Seven of the 17 men, or 41 percent, had carotid plaques. Only five of the 54 patients who displayed plaques did not also have diabetes.

“This is the first time science has uncovered a link between sleep apnea and diabetes,” Friedlander said. “The data suggest that someone afflicted with both diabetes and sleep apnea is more likely to suffer a stroke in the future.”

My thesis for my Doctor of Integrative Medicine (this is not a dental degree) in 2000 was titled: “Weight Loss through Dietary Changes in the Elimination of Obstructive Sleep Apnea, a Case Report”.

Background indicated that one half to two thirds of sleep apnea type patients have been shown to be to some degree overweight. Obese sleep-deprived patients have poor appetite control and even rely on food as a stimulant. As a result, for those individuals weight loss is particularly difficult. Restoration of sleep has enabled some of these patients to lose weight.

My case report showed how a successful treatment of mild obstructive sleep apnea with an oral appliance can improve a patient’s ability for lifestyle change and weight loss. The patient still required use of the oral appliance to manage their apnea. This facilitated their weight loss and potentially reduced their risk of heart disease, stroke and diabetes.