To the Editor:
Ohashi et al reported the prevalence of excessive daytime sleepiness (EDS) and its related factors in patients with cardiovascular disease (CVD).\(^1\) EDS was assessed by the Epworth Sleepiness Scale (ESS) and sleep-disordered breathing (SDB) was screened with nocturnal pulse oximetry. Although there was no significant difference in the prevalence of EDS between patients with and without SDB, the risk of depression for EDS increased 14% with significance. I have 2 concerns with their study.

First, the authors cited a reference by Sforza et al\(^2\) on the positive association between EDS and psychological disturbances in healthy elderly with unrecognized obstructive sleep apnea (OSA). In that study, the prevalence of EDS was 14.9% with an increasing trend according to OSA severity. Male sex, depression score, and body mass index (BMI) were significant factors affecting EDS, and there was a weak association between the ESS score and the AHI index. Taken together, subjects without CVD also presented no strong association between EDS and SDB.

Second, Ohashi et al evaluated CVD patients, whose mean value of BMI was 23.5. Although the odds ratio for EDS did not change by stratification of BMI, there was a trend of increase in BMI in subjects with EDS (see table 1 by the authors). I speculate that the relationship between SDB and EDS would be diluted in groups without predominant obesity.

Disclosure Statement
The author has indicated no financial support.

Conflicts of Interest
There is no conflict of interest in this study.

References

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