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Serotonin Reuptake Inhibitors in Obstructive Sleep Apnea with Depression: Associations in People With and Without Epilepsy (P1.098)

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Abstract

Objective: To investigate the association between obstructive sleep apnea (OSA) severity and serotonin reuptake inhibitor (SRI) use in people with depression, both with and without epilepsy.

Background: Positive airway pressure remains the gold-standard treatment for OSA, but many are intolerant. The neurotransmitter serotonin is involved in respiratory control. Limited evidence exists for SRIs in reducing OSA severity in people without epilepsy (PWO), and ictal hypoxemia in medically refractory people with epilepsy (PWE) and seizure-induced respiratory arrest. However, the association between SRIs and OSA severity has not been studied in populations consisting of both PWE and PWO.

Design/Methods: A retrospective study of adults with depression and OSA was conducted. Subjects were categorized as PWE or PWO, and for the use (+SRI) or absence (–SRI) of an SRI. The primary outcome was OSA severity relative to SRI status. OSA severity as a function of SRI status was also compared between PWE and PWO, and within each cohort. Secondary outcome measures were REM severity and oxygen saturation nadir. Statistical adjustment of pertinent baseline characteristics was performed.

Results: The total sample consisted of 125 subjects. There were 57 PWE, 68 PWO, 80 –SRI and 45 +SRI. Over the total study sample, reduced OSA severity was associated with +SRI after adjustment (OR 0.452, CI 0.167–0.927, p=0.033), and with reduced REM severity in unadjusted (OR 0.300, CI 0.099–0.913, p=0.034) and adjusted (OR 0.290, CI 0.093–0.909, p=0.034) analysis. There was no significant difference in OSA severity and +SRI between PWE and PWO. However, when analyzed as separate cohorts, only PWE demonstrated reduced OSA severity and +SRI (OR 0.140, CI 0.021–1.116, p=0.042). Oxygen saturation nadir was not significant in any model.

Conclusions: SRIs represent a potential treatment option for OSA in people with depression, both with and without epilepsy, and may demonstrate a more robust association with reduced OSA severity in PWE.

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