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Assessing burden of sleep apnoea symptoms in adults with congenital heart disease

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Introduction & Aim: Adult congenital heart disease (ACHD) patients face increased burden of non-cardiac comorbidities. Little is known about ACHD patients with sleep apnoea compared to their counterparts with acquired cardiovascular disease. This study evaluates prevalence of sleep apnoea in ACHD patients using the Epworth Sleepiness Scale questionnaire (ESS).

Methods: One hundred and eight ACHD patients from clinics at a tertiary center completed ESS to assess sleep apnoea symptoms. EMRs were used for demographic and clinical data.

Results: All patients (median age 40, 51% female, median BMI 26Kg/m2) completed the ESS. About 68.5% patients had ACHD of at least moderate complexity (Bethesda class 2 or 3); including 9.2% with Eisenmenger syndrome and 28.7% with unrepaired CHD. Four patients had prior diagnosis of sleep disordered breathing. Patient about 89.8% had at least one symptom of sleep apnoea, 27.8% patients had higher than normal daytime sleepiness and 20.3% patients had excessive daytime sleepiness. Patients with complex CHD had higher sleepiness scores (shown in Table 1). About 70% of patients with Eisenmenger syndrome reported moderate to severe excessive daytime sleepiness.

Discussion: Nearly 50% of ACHD patients reported higher than normal or excessive daytime sleepiness. Patients with complex CHD reported higher burden of sleep apnoea symptoms. Thus, ESS should be an integral part of routine assessment of ACHD patients in order to identify patients for targeted sleep apnoea investigations