

Letter to the Editor

Comment on: Comorbidities in coexisting chronic obstructive pulmonary disease and obstructive sleep apnea - overlap syndrome

Dear Editor,

We read with interest the article, by Papachatzakis et al¹, addressing the role of comorbidities that lead to the overall burden of overlap syndrome i.e. coexisting Chronic Obstructive Pulmonary Disease (COPD) and Obstructive Sleep Apnea Syndrome (OSAS). In this study, authors have reported that patients with overlap syndrome, may present multiple comorbidities, more frequently than age- and BMI-matched OSAS patients. Recently, we have addressed the role of mean platelet volume (MPV), as a marker of enhanced cardiovascular risk in patients with overlap syndrome², reporting that these patients exhibit higher MPV values compared with OSAS patients or controls. Unfortunately, COPD patients were not included. Several issues arising from both studies warrant further discussion.

In general, a limitation in most studies of overlap syndrome is the lack of COPD patients as a comparator group versus patients with overlap syndrome and/or OSAS. The use of this group could clarify the exact contribution of COPD in the overall burden of overlap syndrome and may answer several questions. For example, which component of overlap syndrome, COPD or OSAS, is mainly responsible for the cardiovascular morbidity and its related, fatal or non fatal, events; or does the survival of patients with overlap syndrome differ from those with COPD alone, when both conditions are appropriately managed? Moreover, which biomarkers could be applied in order to improve diagnosis and management of overlap syndrome, as it happens in OSAS?³ This concern was also raised by a recent American Thoracic Society statement⁴ in order to improve clinicians' approach to the diagnosis and treatment of overlap syndrome. Thus, research priorities in this field, should include large well-designed studies, together with COPD (and not only OSAS) patients, in order to shed more light on the pathogenetic mechanisms leading to the increased morbidity and mortality especially in untreated overlap syndrome.

Conflict of Interest

The Authors declare that they have no conflict of interests.

References

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A. Voulgaris¹, E. Nena², P. Steiropoulos¹

¹Department of Pneumology, Medical School, Democritus University of Thrace, Alexandroupolis, Greece

²Laboratory of Hygiene and Environmental Protection, Medical School, Democritus University of Thrace, Alexandroupolis, Greece