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Last Word on Viewpoint: The ongoing need for good physiological investigation: Obstructive sleep apnea in HIV patients as a paradigm

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TO THE EDITOR: We appreciate the comments of our colleagues (see Ref. 6) and agree with many of the assertions made. We support the need for large-scale epidemiology and the value in confirming that HIV is indeed an important risk factor for OSA. We did not focus on diabetes or hypertension as suggested by the comments, because our goal was to discuss integrated respiratory physiology in OSA pathogenesis, but agree with the importance of various other diseases. We doubt the BMI variable in isolation will be as crucial as suggested, because even obese people have highly variable expression of OSA depending on upper airway neuromuscular function (3), arousal threshold, loop gain (ventilatory control instability), etc. (2, 4, 5). Although data on HIV-infected patients treated with newer antiretroviral therapy (ART) regimens do not clearly indicate a relationship between ART and OSA, the overall observed rates of OSA in HIV-infected persons are high. Further research is required to determine whether ART itself is an important risk factor or if other factors discussed in the Viewpoint (1) contribute to OSA risk in HIV patients. Thus we continue to recommend a comprehensive assessment of major pathophysiological variables and their interactions for a complete understanding of OSA to emerge.

DISCLOSURES

No conflicts of interest, financial or otherwise, are declared by the author(s).

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AUTHOR CONTRIBUTIONS

Author contributions: C.D., C.B.H., and A.M. conception and design of research; C.D., C.B.H., and A.M. drafted manuscript; C.D., C.B.H., and A.M. edited and revised manuscript; C.D., C.B.H., and A.M. approved final version of manuscript.

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