

Screen for Depression in Sleep Apnea Patients

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ORLANDO — Obstructive sleep apnea patients with symptoms of excessive sleepiness have the greatest risk of depression, based on data from a prospective study of 107 adults.

Data from previous studies have shown that self-reported depression is more com-

mon among women with obstructive sleep apnea (OSA) compared with men with OSA, but data on the relationship among depression, severity of OSA, and sleepiness are limited, said Dr. Stacey Ishman of Johns Hopkins University, Baltimore.

Dr. Ishman and her colleagues evaluated 56 consecutive OSA patients aged 27-74 years who presented to an otolaryngology clinic and compared them with 51 controls. The average age of patients and

controls alike was 47 years. A total of 61% of the OSA patients were male.

Overall, significantly more OSA patients met the criteria for depression, compared with controls (29% vs. 8%). The severity of OSA (measured using the Respiratory Disturbance Index) was a significant predictor of Beck Depression Inventory (BDI) scores, but BDI scores were not correlated with the severity of OSA.

These findings suggest that “depression

may be significant even in patients with mild OSA,” Dr. Ishman said at the meeting jointly sponsored by the Triological Society and the American College of Surgeons. BDI scores were significantly correlated with higher Epworth Sleepiness Scale (ESS) scores, but the ESS did not correlate with sleep apnea severity. ■

Disclosures: Dr. Ishman had no financial conflicts to disclose.

Indication

Humalog (insulin lispro injection [rDNA origin]) is for use in patients with diabetes mellitus for the control of hyperglycemia. Humalog should be used with longer-acting insulin, except when used in combination with sulfonylureas in patients with type 2 diabetes.

Important Safety Information

Humalog is contraindicated during episodes of hypoglycemia and in patients sensitive to Humalog or one of its excipients.

Humalog differs from regular human insulin by its rapid onset of action as well as a shorter duration of action. Therefore, when used as a mealtime insulin, Humalog should be given within 15 minutes before or immediately after a meal.

Due to the short duration of action of Humalog, patients with type 1 diabetes also require a longer-acting insulin to maintain glucose control (except when using an insulin pump). Glucose monitoring is recommended for all patients with diabetes.

The safety and effectiveness of Humalog in patients less than 3 years of age have not been established. There are no adequate and well-controlled clinical studies of the use of Humalog in pregnant or nursing women.

Starting or changing insulin therapy should be done cautiously and only under medical supervision.

Hypoglycemia

Hypoglycemia is the most common adverse effect associated with insulins, including Humalog. Hypoglycemia can happen suddenly, and symptoms may be different for each person and may change from time to time. Severe hypoglycemia can cause seizures and may be life-threatening.

Other Side Effects

Other potential side effects associated with the use of insulins include: hypokalemia, weight gain, lipodystrophy, and hypersensitivity. Systemic allergy is less common, but may be life-threatening. Because of the difference in action of Humalog, care should be taken in patients in whom hypoglycemia or hypokalemia may be clinically relevant (eg, those who are fasting, have autonomic neuropathy or renal impairment, are using potassium-lowering drugs, or taking drugs sensitive to serum potassium level).

For additional safety profile and other important prescribing considerations, see accompanying Brief Summary of full Prescribing Information.

Please see full user manual that accompanies the pen.

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insulin lispro injection (rDNA origin)