

New study links severe hot flashes with greater risk of obstructive sleep apnea

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Many menopausal women complain about poor sleep. Should the problem be blamed simply on menopause or on a more serious underlying sleep disorder such as obstructive sleep apnea (OSA)? What, if any, is the connection between hot flashes, which can also lead to cardiovascular risk, and OSA? New study results being published online today in *Menopause*, the journal of The North American Menopause Society (NAMS), examine that relationship.

Up to 80% of midlife [women](#) experience hot flashes or night sweats. Although there is a known association between hot flashes and sleep disturbances in midlife women, it has proven difficult to distinguish those [sleep disturbances](#) directly related to menopause from those because of OSA and other sleep disorders. Obstructive sleep apnea, which is more common in men than women, occurs more frequently as women age, gain weight, and reach perimenopause and postmenopause status. A sampling of perimenopausal and postmenopausal women who experienced disturbed sleep showed that 53% had a sleep disorder such as OSA, restless leg syndrome, or both.

The diagnosis of OSA in women can be more challenging because their symptoms are different from the more obvious ones that men experience, such as loud snoring. Symptoms for women more often include insomnia, headaches, fatigue, depression, and anxiety. Despite the challenges, the identification of OSA is important because it is associated with a significantly increased risk of heart disease, hypertension, stroke, depression, and death.

As reported in "Association of vasomotor symptoms and sleep apnea risk in midlife women," 1,691 women from the Mayo Clinic completed questionnaires. Of these women, 24.9% were classified in the intermediate and high-risk categories for OSA. These women were likely to

be older and have a higher body mass index and a greater incidence of hypertension, among other findings. More pertinent to the results of this study was the fact that women reporting severe hot flashes in midlife were at a higher risk for OSA—1.87 times higher than in women with mild or no [hot flashes](#).

"Sleep disruption is a common complaint at menopause. It is important to recognize the high number of undiagnosed [sleep disorders](#), including OSA," says Dr. JoAnn Pinkerton, NAMS executive director. "Early morning headaches or excessive daytime sleepiness should raise concern for OSA and signal a possible need for sleep apnea testing."

Provided by The North American Menopause Society

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