

THE UNIVERSITY OF WARWICK

## The relationship between Obstructive Sleep Apnoea and Quality of Life in women with Polycystic Ovary Syndrome: A cross-sectional study

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Introduction Obstructive sleep apnoea (OSA) and polycystic ovary syndrome (PCOS) are associated with significant comorbidities and commonly coexist. The primary aim of this study was to examine the relationship between OSA and quality of life (QoL) in women with PCOS.

**Methods** We conducted an observational cross-sectional study. PCOS was diagnosed according to the Rotterdam criteria. Women with increased risk of OSA, based on the Berlin questionnaire and/or the Epworth Sleepiness Scale (ESS), had home-based polysomnography performed (ALICE PDx). Participants were divided into two groups: 1) PCOS only: women with normal ESS and low-risk Berlin questionnaire (no sleep studies performed), or women with normal sleep studies [oxygen desaturation index (ODI) < 5 events/hour]; and 2) PCOS+OSA: women with PCOS and OSA ODI  $\geq$ 5. QoL was assessed using the World Health Organisation QoL questionnaire (WHOQOL-BREF) and the PCOS health-related quality of life questionnaire (PCOSQ).

**Results** 39 women were included and 15 were found to have OSA (38.5%), **Table 1**. ODI was independently associated with impaired QoL, **Table 2**. Excessive daytime sleepiness (EDS) was independently associated with anxiety, depression, and impaired QoL, **Table 2**.

	PCOS OSA	PCOS only	Ρ
	(n=15)	(n=24)	value
Age (years)	33 (26 – 43)	29.5 (27 – 33)	0.43
BMI (kg/m <sup>2</sup> )	37.3 ±7.3	32.2 ±7.8	0.046
Neck circumference (cm)	39.3 ±4.1	36.8 ±3.4	0.053
PCOS phenotype			1.0
Hirsutism/hyperandrogenism	13 (86.7%)	21 (87.5%)	
+ oligomenorrhoea	15 (00.770)	21 (07.370)	
Hirsutism/hyperandrogenism	0	1 (1 70/)	
+ PCO	0	1 (4.2%)	
Oligomenorrhoea + PCO	2 (13.3%)	2 (8.3%)	
Modified Ferriman-Gallwey	16.0 (11.0 –	12.5 (10.0 –	0.35
score	20.0)	17.5)	
Oxygen desaturation index	11.5 (7.3 –	2.6 (1.6 – 3.7)	<0.00
(events/hour)	18.7)		01
ESS	9.1 ±4.9	8.2 ±4.7	0.57
Hormonal contraception			0.13
Combined OCP	0	5 (20.8%)	
Contraceptive implant	2 (13.3%)	1 (4.2%)	
Mirena coil	0	2 (8.3%)	
None	13 (86.7%)	16 (66.7%)	

Outcome measure <sup>+</sup>	Variable	Adjusted	P-value	
		Beta value	Unadjusted	Adjusted
WHOQOL Physical	Age	-0.102	0.36	0.551
health	BMI	0.102	0.98	0.561
$R^2 = 0.343$	ODI	-0.327	0.17	0.063
	ESS	-0.527	0.003	0.003
WHOQOL Psychological	Age	0.264	0.17	0.157
health	BMI	0.125	0.83	0.506
$R^2 = 0.249$	ODI	-0.174	0.80	0.341
	ESS	-0.442	0.009	0.017
WHOQOL Environment	Age	-0.032	0.45	0.862
$R^2 = 0.235$	BMI	0.059	0.09	0.750
	ODI	-0.472	0.006	0.013
	ESS	0.061	0.41	0.727
PCOSQ weight	Age	0.100	0.28	0.564
$R^2 = 0.309$	BMI	-0.243	0.034	0.173
	ODI	-0.090	0.74	0.598
	ESS	-0.440	0.003	0.012
PCOSQ infertility	Age	0.400	0.012	0.014
$R^2 = 0.447$	BMI	-0.225	0.006	0.160
	ODI	-0.446	0.018	0.007
	ESS	-0.086	0.66	0.562
PCOSQ Menstruation	Age	0.109	0.83	0.556
R <sup>2</sup> = 0.208	BMI	0.048	0.58	0.800
	ODI	-0.457	0.021	0.018
	ESS	-0.185	0.46	0.301
HADS anxiety	Age	-0.154	0.28	0.399
$R^2 = 0.230$	BMI	-0.029	0.71	0.877
	ODI	-0.032	0.50	0.857
	ESS	0.443	0.004	0.016
HADS Depression	Age	-0.191	0.24	0.285
$R^2 = 0.271$	BMI	0.013	0.34	0.943
	ODI	0.179	0.64	0.314
	ESS	0.472	0.003	0.009

Table 1. Baseline characteristic for women with PCOS+OSA compared to women with PCOS only. BMI, body mass index; ESS, Epworth sleepiness scale; OCP, oral contraceptive pill; OSA, obstructive sleep apnoea; PCO, polycystic ovaries; PCOS, polycystic ovary syndrome. Normally distributed data were presented as mean ±standard deviation, while non-normally distributed data were presented as median (interquartile range). Frequencies were presented as numbers (percentages).

**Conclusions** In women with PCOS, intermittent hypoxaemia and EDS were associated with lower QoL. EDS was also associated with anxiety and depression. Interventional studies are needed to examine these associations further. aired QoL.

Table 2. Predictors of QoL and psychological health outcomes in women with PCOS using linear regression. ESS, Epworth Sleepiness Scale; HADS, Hospital Anxiety and Depression scale; WHOQOL, World Health Organisation QoL-BREF questionnaire; PCOSQ, PCOS health-related quality of life questionnaire.<sup>†</sup>R<sup>2</sup> given is for the adjusted model.

