

Publication

Among middle-aged adults, snoring predicted hypertension independently of sleep apnoea

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Objective While the link between obstructive sleep apnoea (OSA) and hypertension is well established, the relationships between snoring, OSA, and hypertension remain unclear. This study aimed to evaluate the association between hypertension and snoring independently of OSA. **Methods** Adults with sleep difficulties underwent a one-night polysomnographic sleep assessment, including a thorough assessment of apnoea and snoring. Upon waking, blood pressure was measured, the measurement repeated after 15 min, in a resting position. Anthropometric data were recorded. Hypertension was defined as blood pressure $\geq 140/90$ or the use of antihypertensive medications. **Results** The study enrolled 181 adults (mean age 48.8 years; 119 males). Snoring, apnoea, blood pressure and anthropometric dimensions were highly associated. Patients with hypertension had higher levels of snoring and apnoea, as well as indicators of excess weight. Snoring was the most robust predictor of hypertension. **Conclusions** Snoring is a risk factor for hypertension independently of apnoea and anthropometric dimensions. While the presence of snoring is not able to replace a thorough polysomnographic evaluation of the apnoea-hypopnoea index and OSA, snoring as an acoustic signal is easily detectable. The early identification and management of snoring may reduce cardiovascular risk.

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