

# MANAGEMENT OF PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND CORONARY ARTERY DISEASE, ASSOCIATED WITH OBSTRUCTIVE SLEEP APNEA SYNDROME: AN UNANSWERED QUESTIONS

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## *Abstract*

Data on combination of chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD) and obstructive sleep apnea syndrome (OSA) are presented in current report.

CAD is the most prevalent concomitant condition in COPD patients, accounting for 62 % of cases. The 15 year survival in these patients doesn't exceed 25 %. OSA syndrome is observed in part of COPD patients. OSA and COPD are responsible for pulmonary hypertension development. The presence of OSA in patients with COPD and CAD negatively influences the cardiac output, worsening a heart failure. Pulmonary rehabilitation (PR) holds an important place in management of COPD patients and preventing exacerbations. It is reported the effectiveness of PR in COPD and cardiac diseases patients. Recent studies suggest its effectiveness in COPD/CAD patients, suffering from sleep disturbances. PR should be considered as a substantial enhancement for constant positive air pressure (CPAP) therapy, known as a golden standard of OSA therapy. Poor knowledge of the physicians regarding OSA syndrome remains a significant problem. Among other challenges are the absence of sleep laboratories and unavailability of special equipment to the patients due to its high cost.

**Key words:** chronic obstructive pulmonary disease, ischemic heart disease, obstructive sleep apnea syndrome, pulmonary rehabilitation.

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