Blood Pressure Elevation Associated With Sleep-Related Breathing Disorder in a Community Sample of White and Hispanic Children

The Tucson Children’s Assessment of Sleep Apnea Study

Paul L. Enright, MD; James L. Goodwin, PhD; Duane L. Sherrill, PhD; Jeremy R. Quan; Stuart F. Quan, MD

Background: The Tucson Children’s Assessment of Sleep Apnea study (TuCASA) was designed to investigate the prevalence and correlates of objectively measured sleep-related breathing disorder (SBD) in preadolescent Hispanic and white children.

Objective: To describe the associations of SBD and elevation in resting blood pressure in the first 239 children enrolled in TuCASA.

Design: Children between the ages of 6 and 11 years (45% girls and 51% Hispanic) from elementary schools of the Tucson Unified School District were enrolled in this prospective cohort study. Resting systolic and diastolic blood pressure, sleep symptoms, and parental smoking status were obtained during evening home visits, followed by overnight unattended home polysomnography.

Results: The mean (SD) systolic and diastolic blood pressures were 98.4 (10.6) mm Hg and 62.0 (8.9) mm Hg, respectively. Fifteen children had hypertension. The mean (SD) respiratory disturbance index (2%), defined as the number of apneas and hypopneas per hour of sleep associated with a 2% oxygen desaturation, was 2.3 (3.8) events per hour. Factors independently associated with systolic and diastolic blood pressure elevation were obesity, sleep efficiency, and respiratory disturbance index (2%).

Conclusions: In preadolescent children, elevated blood pressure is associated with SBD and obesity, as previously noted in adults. The control of obesity in childhood may be important to reduce the daytime consequences of SBD and to reduce the risks of life-long hypertension.

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was used for the analyses for this report. We defined BP elevation as a systolic BP level at least 30 seconds elapsed between each of the 3 successive inflations. If this change lasted for more than 6 seconds or 2 breath cycles, events were scored as obstructive. For this analysis, the nasal pressure signal was used to define SBD events. The PSGs with less than 4 hours of a valid oximetry signal were classified as failed studies.

After full scoring, analysis software was used to link each breathing event to data from the oxygen saturation and electroencephalogram channels. Respiratory events were marked independently of concomitant oxygen desaturation; this allowed characterization of events according to differing degrees of associated desaturations and arousals or various combinations of these measures. In this manner, the respiratory disturbance index (RDI) was defined as the number of respiratory events (apneas and hypopneas) per hour of the total sleep time. In addition, scoring software marked respiratory events in terms of associated desaturations (0%, 2%, 3%, or 4%, with or without arousal).

All studies were scored by a single registered PSG technologist, who was required to demonstrate a complete understanding of the study’s scoring rules and to articulate reasons for assigning epoch-by-epoch codes for sleep and respiratory scoring. Approximately 9% of studies were rescoring by the same scorer on a blinded basis to determine consistency in scoring. No systematic differences were observed between initial and rescored studies.

**STATISTICAL ANALYSIS**

All study results were entered or transferred to a computer database for data verification and cleaning. The data for this analysis were transferred to SPSS statistical software version 10 (SPSS Inc, Chicago, III) for statistical analyses. Descriptive statistics (distributions of continuous variables) were reviewed for normality and outliers. Exploratory univariate analyses of the key variables were performed using nominal/logistic regression and χ² analyses. Because RDI distributions were not normal, they were log transformed before analysis. Those variables associated with elevations in systolic or diastolic BP on univariate analyses were then used in multivariate nominal and logistic regression analyses. Diagnostic analyses to detect the presence of collinearity were performed for measures of body size, sleep quality, and indices of RDI.

Results from the first 239 study participants who completed unattended home PSGs between December 12, 2000, and January 14, 2002, are reported herein. Fifty-five percent were boys, 51% were Hispanic, 54% were in the 6-
to 8-year age group, and 12% were obese. A parent of 15% of the children reported hearing the child snoring loudly (frequently or almost always). Fifteen (6%) had hypertension, and 19% had parents who smoked cigarettes. See Table 2 for additional participant characteristics.

Significant univariate associations were noted between elevations in systolic and diastolic BP and indices of body size, sleep fragmentation, and SBD. In exploratory analyses, we found qualitatively similar associations between systolic and diastolic BP elevation and RDI2%, RDI3%, and RDI4% but not RDI0%. However, because the absolute number of desaturation events for RDI2% was larger than for the other definitions of SBD, we elected to present only the data for RDI2% in Table 3 and to use this definition for subsequent multivariate analyses. In addition, we found that sleep efficiency and arousal index were colinear. Inasmuch as the best-fitting multivariate model incorporated sleep efficiency, but not arousal index, data using the former are presented in Table 3. Similarly, collinearity was observed for neck circumference, BMI, weight, and categorical obesity. Obesity was associated with the most parsimonious model and is used in Table 3 as well. For systolic BP elevation, there were significant associations with habitual loud snoring, witnessed apnea, RDI2%, and poorer sleep efficiency. For diastolic BP elevation, relationships were observed with obesity, poorer sleep efficiency, RDI2%, and arousal index. Factors not associated with either systolic or diastolic hypertension were sex, ethnicity, total sleep time, and parental smoking.

As given in Table 3, systolic BP elevation, noted in 15 of the children, was independently associated in the logistic regression model with poorer sleep efficiency and RDI2% desaturation. Diastolic BP elevation, also noted in 15 children, was independently associated with obesity, RDI2%, and poorer sleep efficiency.

### Table 2. Characteristics of the 239 Tucson Children’s Assessment of Sleep Apnea Study Participants

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Mean (95th-95th Percentile)</th>
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<tbody>
<tr>
<td>Age, y</td>
<td>8.70 (6.15-11.24)</td>
</tr>
<tr>
<td>Height, cm</td>
<td>132 (113-152)</td>
</tr>
<tr>
<td>Weight, kg</td>
<td>32.6 (19.4-56.0)</td>
</tr>
<tr>
<td>Body mass index, kg/m²</td>
<td>18.4 (13.5-27.9)</td>
</tr>
<tr>
<td>Neck size, cm</td>
<td>27.0 (22.5-33.0)</td>
</tr>
<tr>
<td>Systolic blood pressure, mm Hg</td>
<td>98.4 (82.0-119.0)</td>
</tr>
<tr>
<td>Diastolic blood pressure, mm Hg</td>
<td>62.0 (48.0-77.3)</td>
</tr>
<tr>
<td>Hours of sleep</td>
<td>8.15 (5.23-9.93)</td>
</tr>
<tr>
<td>RDI2%*</td>
<td>2.3 (0.2-5.5)</td>
</tr>
<tr>
<td>Sleep efficiency, %</td>
<td>90.1 (78.6-96.2)</td>
</tr>
<tr>
<td>Arousal index</td>
<td>3.39 (1.77-5.93)</td>
</tr>
</tbody>
</table>

*The respiratory disturbance index 2% (RDI2%) was defined as the number of apneas and hypopneas associated with a 2% oxygen desaturation per hour of sleep.

### Table 3. Independent Factors Associated With Hypertension Using Logistic Regression

<table>
<thead>
<tr>
<th>Factor</th>
<th>OR (95% CI)</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systolic hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RDI2%</td>
<td>4.57 (1.21-17.3)</td>
<td>.02</td>
</tr>
<tr>
<td>Sleep efficiency</td>
<td>0.92 (0.86-0.99)</td>
<td>.048</td>
</tr>
<tr>
<td>Diastolic hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RDI2%</td>
<td>4.75 (1.22-18.5)</td>
<td>.02</td>
</tr>
<tr>
<td>Sleep efficiency</td>
<td>0.92 (0.87-0.99)</td>
<td>.04</td>
</tr>
<tr>
<td>Obesity</td>
<td>4.57 (1.36-15.4)</td>
<td>.01</td>
</tr>
</tbody>
</table>

Abbreviations: CI, confidence interval; OR, odds ratio; RDI2%, respiratory disturbance index 2% (defined as the number of apneas and hypopneas associated with a 2% oxygen desaturation per hour of sleep).

### COMMENT

Obesity and hypertension are becoming a significant health problem in children. In this study performed in a general population sample, children with elevations in BP were more likely to be obese, have poorer sleep, and have evidence of SBD. These data provide evidence that SBD and obesity contribute to the development of hypertension in children and adults.

Our study provides evidence that SBD may be an important factor in the development of hypertension in children. To our knowledge, the only previous study of hypertension and SBD in children is that of Marcus and coworkers, who studied a cohort of children referred to a sleep disorders center. These investigators found that mean diastolic BP measured automatically during both wakefulness and sleep was higher in young children with obstructive sleep apnea than in children with only snoring. The results of our study extend these findings by demonstrating an association between SBD and daytime hypertension in a large community-based sample of children. These findings may have significant implications for the health of children as they mature into adulthood. It is possible that children with unrecognized SBD and hypertension may eventually be those adults with severe hypertension caused by many years of untreated BP elevation. Furthermore, children without hypertension but with unrecognized SBD may be at increased risk for developing hypertension as an adult.

Elevations in BP during wakefulness were associated only with SBD events that resulted in some degree of oxygen desaturation. This observation is consistent with data from animal models of obstructive sleep apnea. Experimentally induced chronic obstructive sleep apnea results in persistent daytime hypertension in dogs. Moreover, an important factor in the development of hypertension in rats is episodic hypoxia.

We observed that poorer sleep efficiency was independently associated with both systolic and diastolic BP elevation. In many cases, poorer sleep efficiency is a reflection of cortical arousals and sleep fragmentation. This is consistent with our finding that the arousal index and sleep efficiency were colinear in our study population. Acute elevations in BP occur in association with cortical arousals and sleep fragmentation and are believed to be related to an increase in sympathetic nervous system ac-
Sleep-related breathing disorders are associated with BP elevation and obesity in adults. Our study observed this association in elementary school-aged children as well.

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REFERENCES