## WEBVTT

NOTE duration: "00:54:54.2400000"

NOTE language:en-us

NOTE Confidence: 0.86057943

00:00:16.190 --> 00:00:17.470 All right, welcome everybody.

NOTE Confidence: 0.86057943

 $00:00:17.470 \longrightarrow 00:00:19.070$  We're going to get started.

NOTE Confidence: 0.86057943

00:00:19.070 --> 00:00:20.774 I am Lauren Tobias and I'd

NOTE Confidence: 0.86057943

 $00{:}00{:}20.774 \dashrightarrow 00{:}00{:}23.061$  like to welcome you to our Yale

NOTE Confidence: 0.86057943

00:00:23.061 --> 00:00:24.509 Sleep Seminar this afternoon.

NOTE Confidence: 0.86057943

 $00:00:24.510 \longrightarrow 00:00:26.085$  A few brief announcements before

NOTE Confidence: 0.86057943

 $00{:}00{:}26.085 \dashrightarrow 00{:}00{:}28.030$  we introduce the speaker for today,

NOTE Confidence: 0.86057943

 $00{:}00{:}28.030 \dashrightarrow 00{:}00{:}29.765$  please first take a moment

NOTE Confidence: 0.86057943

 $00:00:29.765 \longrightarrow 00:00:31.500$  to ensure that you're muted.

NOTE Confidence: 0.86057943

 $00:00:31.500 \longrightarrow 00:00:32.960$  In order to receive CME

NOTE Confidence: 0.86057943

 $00:00:32.960 \longrightarrow 00:00:33.836$  credit for attendance,

NOTE Confidence: 0.86057943

 $00:00:33.840 \longrightarrow 00:00:35.898$  please see the chat room for instructions.

NOTE Confidence: 0.86057943

 $00:00:35.900 \longrightarrow 00:00:36.617$  You can chat.

NOTE Confidence: 0.86057943

00:00:36.617 --> 00:00:38.679 You can text the unique ID for this

 $00:00:38.679 \longrightarrow 00:00:40.641$  conference anytime until 3:15 and if

NOTE Confidence: 0.86057943

 $00{:}00{:}40.641 \dashrightarrow 00{:}00{:}42.929$  you're not already registered with DLC Me,

NOTE Confidence: 0.86057943

 $00:00:42.930 \longrightarrow 00:00:44.974$  you will need to do that first.

NOTE Confidence: 0.86057943

 $00:00:44.980 \longrightarrow 00:00:46.440$  If you have any questions

NOTE Confidence: 0.86057943

00:00:46.440 --> 00:00:47.316 during the presentation,

NOTE Confidence: 0.86057943

 $00{:}00{:}47.320 \dashrightarrow 00{:}00{:}49.248$  I encourage you to make use of the

NOTE Confidence: 0.86057943

00:00:49.248 --> 00:00:50.985 chat rooms throughout the hour and

NOTE Confidence: 0.86057943

00:00:50.985 --> 00:00:52.785 we will also encourage people to

NOTE Confidence: 0.86057943

 $00:00:52.841 \longrightarrow 00:00:54.471$  unmute themselves and ask their

NOTE Confidence: 0.86057943

00:00:54.471 --> 00:00:56.101 questions allowed at the end.

NOTE Confidence: 0.86057943

 $00:00:56.110 \longrightarrow 00:00:57.660$  We do have recorded versions

NOTE Confidence: 0.86057943

 $00{:}00{:}57.660 \dashrightarrow 00{:}00{:}59.601$  of these lectures that are made

NOTE Confidence: 0.86057943

 $00{:}00{:}59.601 \dashrightarrow 00{:}01{:}01{:}261$  available online within two weeks

NOTE Confidence: 0.86057943

 $00:01:01.261 \longrightarrow 00:01:03.328$  at the link provided in the chat.

NOTE Confidence: 0.86057943

00:01:03.330 --> 00:01:04.074 And finally,

 $00:01:04.074 \longrightarrow 00:01:05.934$  feel free to share announcements

NOTE Confidence: 0.86057943

 $00:01:05.934 \longrightarrow 00:01:08.099$  for weekly lecture series to anyone

NOTE Confidence: 0.86057943

00:01:08.099 --> 00:01:10.073 who you think might be interested.

NOTE Confidence: 0.86057943

00:01:10.080 --> 00:01:11.820 Or contact Debbie Lovejoy to

NOTE Confidence: 0.86057943

 $00:01:11.820 \longrightarrow 00:01:13.980$  be added to our email list.

NOTE Confidence: 0.86057943

00:01:13.980 --> 00:01:16.284 And before I turn it over to Janet

NOTE Confidence: 0.86057943

 $00:01:16.284 \longrightarrow 00:01:18.600$  Hilbert to introduce today's speaker,

NOTE Confidence: 0.86057943

00:01:18.600 --> 00:01:21.057 I just want to let everybody know

NOTE Confidence: 0.86057943

 $00:01:21.057 \longrightarrow 00:01:23.209$  about the talk for next week.

NOTE Confidence: 0.86057943

00:01:23.210 --> 00:01:25.520 It's one of our joint Yale Harvard

NOTE Confidence: 0.86057943

 $00{:}01{:}25.520 \dashrightarrow 00{:}01{:}26.972$  conferences and the Speaker

NOTE Confidence: 0.86057943

00:01:26.972 --> 00:01:28.540 will be Jonathan Lipton,

NOTE Confidence: 0.86057943

 $00:01:28.540 \longrightarrow 00:01:30.694$  who is a persistent professor of

NOTE Confidence: 0.86057943

 $00:01:30.694 \longrightarrow 00:01:32.130$  neurology at Boston Children's

NOTE Confidence: 0.86057943

 $00:01:32.194 \longrightarrow 00:01:34.249$  Hospital and Harvard Medical School.

NOTE Confidence: 0.86057943

 $00:01:34.250 \longrightarrow 00:01:36.462$  And his talk is entitled exploring the

 $00{:}01{:}36.462 \dashrightarrow 00{:}01{:}38.376$ cross talk between neuro development

NOTE Confidence: 0.86057943

 $00:01:38.376 \longrightarrow 00:01:40.188$  disorders and circadian clocks,

NOTE Confidence: 0.86057943

 $00:01:40.190 \longrightarrow 00:01:43.900$  so please plan to join us for that next week.

NOTE Confidence: 0.86057943

00:01:43.900 --> 00:01:45.013 And with that,

NOTE Confidence: 0.86057943

00:01:45.013 --> 00:01:47.610 I'll turn it over to Doctor Hilbert.

NOTE Confidence: 0.86057943

 $00:01:47.610 \longrightarrow 00:01:49.460$  OK, thank you doctor Tobias.

NOTE Confidence: 0.86057943

 $00:01:49.460 \longrightarrow 00:01:51.686$  So it is my pleasure to

NOTE Confidence: 0.86057943

 $00{:}01{:}51.686 \to 00{:}01{:}53.170$ introduce Doctor Yvonne Chu,

NOTE Confidence: 0.86057943

00:01:53.170 --> 00:01:54.698 our speaker for today.

NOTE Confidence: 0.86057943

 $00{:}01{:}54.698 \to 00{:}01{:}56.990$  Doctor Chu is a postdoctoral fellow

NOTE Confidence: 0.86057943

 $00{:}01{:}57.064 \dashrightarrow 00{:}01{:}59.110$  in Sleep Medicine here at Yale.

NOTE Confidence: 0.86057943

 $00{:}01{:}59.110 \dashrightarrow 00{:}02{:}01.230$  She did her undergraduate work

NOTE Confidence: 0.86057943

 $00{:}02{:}01.230 \dashrightarrow 00{:}02{:}03.350$  at Cornell University and she

NOTE Confidence: 0.86057943

 $00{:}02{:}03.424 \dashrightarrow 00{:}02{:}05.895$  received her MD degree from U Conn.

NOTE Confidence: 0.86057943

 $00:02:05.900 \longrightarrow 00:02:07.950$  She completed her internal medicine

 $00:02:07.950 \longrightarrow 00:02:09.590$  residency at Boston Medical

NOTE Confidence: 0.86057943

 $00{:}02{:}09.590 \dashrightarrow 00{:}02{:}11.750$  Center and then she stayed on in

NOTE Confidence: 0.86057943

 $00{:}02{:}11.750 \dashrightarrow 00{:}02{:}13.618$  Boston for another two years at

NOTE Confidence: 0.86057943

 $00:02:13.618 \longrightarrow 00:02:15.658$  BOS at Brigham and Women's where

NOTE Confidence: 0.86057943

 $00:02:15.658 \longrightarrow 00:02:17.963$  she investigated the genetic and

NOTE Confidence: 0.86057943

 $00:02:17.963 \longrightarrow 00:02:20.668$  molecular aspects of cell migration.

NOTE Confidence: 0.86057943

 $00:02:20.670 \longrightarrow 00:02:23.015$  She then came back to Connecticut Ann.

NOTE Confidence: 0.86057943

 $00:02:23.020 \longrightarrow 00:02:25.030$  She wasn't attending hospitalist at Yale.

NOTE Confidence: 0.86057943

 $00{:}02{:}25.030 \dashrightarrow 00{:}02{:}27.710$  New Haven Hospital for the next few years.

NOTE Confidence: 0.86057943

 $00:02:27.710 \longrightarrow 00:02:29.957$  We were very fortunate to have her

NOTE Confidence: 0.86057943

 $00:02:29.957 \longrightarrow 00:02:32.463$  match with us and sleep and not only

NOTE Confidence: 0.86057943

00:02:32.463 --> 00:02:35.080 has she been a superb clinical fellow,

NOTE Confidence: 0.86057943

 $00{:}02{:}35.080 \dashrightarrow 00{:}02{:}36.530$  she's really contributed to the

NOTE Confidence: 0.86057943

 $00{:}02{:}36.530 \dashrightarrow 00{:}02{:}37.980$  sleep program and she's been

NOTE Confidence: 0.86057943

 $00:02:38.028 \longrightarrow 00:02:39.429$  very productive academically.

NOTE Confidence: 0.86057943

 $00:02:39.430 \longrightarrow 00:02:41.440$  She leads a quality improvement team,

 $00:02:41.440 \longrightarrow 00:02:43.228$  really focused on improving the process

NOTE Confidence: 0.86057943

 $00{:}02{:}43.228 \dashrightarrow 00{:}02{:}45.460$  of care for our pregnant patients,

NOTE Confidence: 0.86057943

 $00:02:45.460 \longrightarrow 00:02:47.826$  who will refer to us at the

NOTE Confidence: 0.86057943

 $00:02:47.826 \longrightarrow 00:02:50.148$  sleep center and as part of that,

NOTE Confidence: 0.86057943

 $00{:}02{:}50.150 \dashrightarrow 00{:}02{:}51.830$  she surveyed Obi-wan practitioners.

NOTE Confidence: 0.86057943

 $00{:}02{:}51.830 \to 00{:}02{:}53.510$  Throughout the region regarding

NOTE Confidence: 0.86057943

 $00:02:53.510 \longrightarrow 00:02:55.310$  their screening practices in their

NOTE Confidence: 0.86057943

 $00{:}02{:}55.310 \dashrightarrow 00{:}02{:}56.825$  knowledge base and that work,

NOTE Confidence: 0.86057943

 $00:02:56.830 \longrightarrow 00:02:59.434$  she's going to be presenting at the

NOTE Confidence: 0.86057943

 $00{:}02{:}59.434 \dashrightarrow 00{:}03{:}01.551$  research meeting in April as well

NOTE Confidence: 0.86057943

 $00{:}03{:}01.551 \dashrightarrow 00{:}03{:}03.728$  as at the sleep Meeting in June.

NOTE Confidence: 0.86057943

 $00{:}03{:}03.730 \dashrightarrow 00{:}03{:}05.285$  She also authored a manuscript

NOTE Confidence: 0.86057943

 $00{:}03{:}05.285 \dashrightarrow 00{:}03{:}06.840$  on obstructive sleep apnea and

NOTE Confidence: 0.86057943

 $00:03:06.893 \longrightarrow 00:03:08.219$  polycystic ovary syndrome.

NOTE Confidence: 0.8456684

 $00:03:08.220 \longrightarrow 00:03:09.940$  That's been very well received.

 $00:03:09.940 \longrightarrow 00:03:11.728$  So today she's going to be

NOTE Confidence: 0.8456684

 $00{:}03{:}11.728 \dashrightarrow 00{:}03{:}12.920$  discussing understanding the link

NOTE Confidence: 0.8456684

 $00{:}03{:}12.970 \dashrightarrow 00{:}03{:}14.558$  between obstructive sleep apnea

NOTE Confidence: 0.8456684

 $00:03:14.558 \longrightarrow 00:03:16.146$  and polycystic ovarian syndrome.

NOTE Confidence: 0.8456684

00:03:16.150 --> 00:03:17.530 So welcome Doctor Chu.

NOTE Confidence: 0.83983445

 $00{:}03{:}18.760 \dashrightarrow 00{:}03{:}20.650$  Thank you for that introduction.

NOTE Confidence: 0.83983445

 $00:03:20.650 \longrightarrow 00:03:22.150$  Doctor Helbert welcome and

NOTE Confidence: 0.83983445

00:03:22.150 --> 00:03:23.275 good afternoon everyone.

NOTE Confidence: 0.83983445

 $00{:}03{:}23.280 \dashrightarrow 00{:}03{:}26.150$  My talk today is on understanding the

NOTE Confidence: 0.83983445

 $00:03:26.150 \longrightarrow 00:03:28.426$  link between obstructive sleep apnea

NOTE Confidence: 0.83983445

 $00{:}03{:}28.426 \dashrightarrow 00{:}03{:}30.370$  and polycystic ovarian syndrome.

NOTE Confidence: 0.83983445

 $00:03:30.370 \longrightarrow 00:03:31.228$  Before we begin,

NOTE Confidence: 0.83983445

 $00:03:31.228 \longrightarrow 00:03:32.944$  just a couple of housekeeping flies.

NOTE Confidence: 0.83983445

 $00:03:32.950 \longrightarrow 00:03:35.278$  I have no disclosures to make.

NOTE Confidence: 0.83983445

 $00:03:35.280 \longrightarrow 00:03:36.900$  And agree Cordier attendance

NOTE Confidence: 0.83983445

 $00{:}03{:}36.900 \dashrightarrow 00{:}03{:}38.925$  and receive CME credit please.

 $00:03:38.930 \longrightarrow 00:03:40.898$  Texas ID number 21618.

NOTE Confidence: 0.83983445

 $00:03:40.898 \longrightarrow 00:03:43.850$  It will also appear in the

NOTE Confidence: 0.83983445

 $00:03:43.958 \longrightarrow 00:03:46.068$  in the text chat box.

NOTE Confidence: 0.83983445

00:03:46.070 --> 00:03:47.918 So here are the learning objectives.

NOTE Confidence: 0.83983445

 $00:03:47.920 \longrightarrow 00:03:49.780$  By the end of this hour,

NOTE Confidence: 0.83983445

 $00:03:49.780 \longrightarrow 00:03:51.823$  my hope is for the audience to be able

NOTE Confidence: 0.83983445

 $00:03:51.823 \longrightarrow 00:03:54.098$  to recognize the clinical presentation,

NOTE Confidence: 0.83983445

 $00:03:54.100 \longrightarrow 00:03:56.250$  diagnosis and complications of PCOS.

NOTE Confidence: 0.83983445

 $00{:}03{:}56.250 \dashrightarrow 00{:}03{:}57.351$  Describe the prevalence

NOTE Confidence: 0.83983445

00:03:57.351 --> 00:03:59.186 of comorbid OSA and PCOS.

NOTE Confidence: 0.83983445

00:03:59.190 --> 00:04:01.020 Discuss the role of \*\*\*

NOTE Confidence: 0.83983445

00:04:01.020 --> 00:04:02.457 hormones in regulating,

NOTE Confidence: 0.83983445

00:04:02.457 --> 00:04:02.936 breathing,

NOTE Confidence: 0.83983445

 $00{:}04{:}02.936 \dashrightarrow 00{:}04{:}05.810$  and to understand how this regulation

NOTE Confidence: 0.83983445

 $00:04:05.885 \longrightarrow 00:04:08.709$  of these hormones may play a role in

 $00:04:08.709 \longrightarrow 00:04:10.548$  the pathogenesis of OSA and PCOS.

NOTE Confidence: 0.83983445

 $00{:}04{:}10.550 \dashrightarrow 00{:}04{:}12.800$  To understand how insulin resistance

NOTE Confidence: 0.83983445

 $00:04:12.800 \longrightarrow 00:04:16.086$  is a shared feature of these two

NOTE Confidence: 0.83983445

 $00:04:16.086 \longrightarrow 00:04:18.486$  disorders and finally to understand

NOTE Confidence: 0.83983445

00:04:18.486 --> 00:04:20.411 how treatment may modulate

NOTE Confidence: 0.83983445

 $00:04:20.411 \longrightarrow 00:04:22.829$  the outcomes of OSA in PCOS.

NOTE Confidence: 0.83983445

 $00:04:22.830 \longrightarrow 00:04:24.814$  So I want us to think back and

NOTE Confidence: 0.83983445

 $00{:}04{:}24.814 \dashrightarrow 00{:}04{:}26.910$  I'm sure we can all recall a case

NOTE Confidence: 0.83983445

 $00:04:26.910 \longrightarrow 00:04:29.044$  in which we saw a young woman

NOTE Confidence: 0.83983445

00:04:29.044 --> 00:04:30.794 with PCOS present for evaluation

NOTE Confidence: 0.83983445

 $00{:}04{:}30.794 \dashrightarrow 00{:}04{:}32.212$  of sleep disordered breathing.

NOTE Confidence: 0.83983445

 $00:04:32.212 \longrightarrow 00:04:35.060$  I will share with you a case I

NOTE Confidence: 0.83983445

 $00:04:35.136 \longrightarrow 00:04:37.356$  saw during the first couple of

NOTE Confidence: 0.83983445

 $00:04:37.356 \longrightarrow 00:04:38.836$  weeks of my fellowship.

NOTE Confidence: 0.83983445

00:04:38.840 --> 00:04:41.745 Let's give our patient the name SK.

NOTE Confidence: 0.83983445

 $00:04:41.750 \longrightarrow 00:04:44.585$  She's a 38 year old woman who

00:04:44.585 --> 00:04:47.538 presented with snoring for 20 years and

NOTE Confidence: 0.83983445

 $00{:}04{:}47.538 \dashrightarrow 00{:}04{:}50.490$  recently worsened after a £15 weight gain.

NOTE Confidence: 0.83983445

00:04:50.490 --> 00:04:52.980 Also with symptoms of gassing awakenings,

NOTE Confidence: 0.83983445

 $00:04:52.980 \longrightarrow 00:04:54.644$  excessive daytime sleepiness with

NOTE Confidence: 0.83983445

 $00:04:54.644 \longrightarrow 00:04:57.140$  an effort score of 10 nocturia,

NOTE Confidence: 0.83983445

 $00:04:57.140 \longrightarrow 00:04:58.388$  and morning headaches.

NOTE Confidence: 0.83983445

00:04:58.388 --> 00:05:00.468 Her past medical history includes

NOTE Confidence: 0.83983445

00:05:00.468 --> 00:05:01.890 class 3 obesity,

NOTE Confidence: 0.83983445

 $00:05:01.890 \longrightarrow 00:05:05.066$  PCOS that was diagnosed at age 15 and

NOTE Confidence: 0.83983445

 $00:05:05.066 \longrightarrow 00:05:08.707$  has been untreated as well as depression.

NOTE Confidence: 0.83983445

 $00{:}05{:}08.710 \dashrightarrow 00{:}05{:}11.489$ Esskay physical exam was notable for an

NOTE Confidence: 0.83983445

00:05:11.489 --> 00:05:13.569 elevated systolic blood pressure 131,

NOTE Confidence: 0.83983445

 $00{:}05{:}13.570 \dashrightarrow 00{:}05{:}16.594$  elevated BMI of 46.5 and in large

NOTE Confidence: 0.83983445

 $00:05:16.594 \longrightarrow 00:05:19.081$  neck circumference of 19 1/2 inches

NOTE Confidence: 0.83983445

00:05:19.081 --> 00:05:21.664 as well as amount party of three.

 $00:05:21.670 \longrightarrow 00:05:26.087$  The remainder of her exam was unremarkable.

NOTE Confidence: 0.83983445

 $00{:}05{:}26.090 \dashrightarrow 00{:}05{:}29.576$  Eskape Labs were notable for mild

NOTE Confidence: 0.83983445

 $00:05:29.576 \longrightarrow 00:05:31.900$  transaminated elevated total cholesterol.

NOTE Confidence: 0.83983445

00:05:31.900 --> 00:05:33.295 Would decrease HDL,

NOTE Confidence: 0.83983445

 $00{:}05{:}33.295 \dashrightarrow 00{:}05{:}35.155$  increases LDL and increase

NOTE Confidence: 0.83983445

 $00:05:35.155 \longrightarrow 00:05:38.115$  triglycerides her a one see was also

NOTE Confidence: 0.83983445

 $00:05:38.115 \longrightarrow 00:05:40.353$  increased in the pre diabetic range.

NOTE Confidence: 0.83983445

 $00:05:40.360 \longrightarrow 00:05:43.648$  The rest of her labs including

NOTE Confidence: 0.83983445

 $00:05:43.648 \longrightarrow 00:05:46.610$  her serum bicarbonate were normal.

NOTE Confidence: 0.83983445

 $00:05:46.610 \longrightarrow 00:05:48.385$  Given the high pretest probability

NOTE Confidence: 0.83983445

 $00:05:48.385 \longrightarrow 00:05:50.904$  for OSA SK underwent home sleep apnea

NOTE Confidence: 0.83983445

 $00{:}05{:}50.904 \dashrightarrow 00{:}05{:}52.944$  testing and this is her hypnogram.

NOTE Confidence: 0.83983445

 $00:05:52.950 \longrightarrow 00:05:53.952$  At the bottom,

NOTE Confidence: 0.83983445

 $00:05:53.952 \longrightarrow 00:05:56.290$  we can see she slept mostly on

NOTE Confidence: 0.83983445

 $00:05:56.371 \longrightarrow 00:05:58.226$  her right and left sides.

NOTE Confidence: 0.83983445

 $00:05:58.230 \longrightarrow 00:06:00.370$  This is consistent with her

 $00{:}06{:}00.370 \dashrightarrow 00{:}06{:}02.510$  preference to avoid back sleeping.

NOTE Confidence: 0.83983445

 $00:06:02.510 \longrightarrow 00:06:04.625$  There were clusters of obstructive

NOTE Confidence: 0.83983445

 $00:06:04.625 \longrightarrow 00:06:06.317$  apneas in red here.

NOTE Confidence: 0.83983445

 $00:06:06.320 \longrightarrow 00:06:09.184$  As well as Hypotony is here in pink.

NOTE Confidence: 0.83983445

 $00:06:09.190 \longrightarrow 00:06:12.319$  On the top we can see associated

NOTE Confidence: 0.83983445

 $00:06:12.319 \longrightarrow 00:06:13.213$  the saturation.

NOTE Confidence: 0.83983445

 $00:06:13.220 \longrightarrow 00:06:14.708$  Her respiratory event Index

NOTE Confidence: 0.83983445

00:06:14.708 --> 00:06:17.410 came out to be 66 an hour,

NOTE Confidence: 0.83983445

 $00:06:17.410 \longrightarrow 00:06:19.455$  which is consistent with severe

NOTE Confidence: 0.83983445

 $00{:}06{:}19.455 \dashrightarrow 00{:}06{:}22.101$  OSA along with a mean sad of

NOTE Confidence: 0.83983445

 $00:06:22.101 \longrightarrow 00:06:25.420$  92% and nature of 73%.

NOTE Confidence: 0.83983445

 $00:06:25.420 \longrightarrow 00:06:27.667$  Here's a closer view in a four

NOTE Confidence: 0.83983445

 $00{:}06{:}27.667 \dashrightarrow 00{:}06{:}30.159$  minute window we see classic back

NOTE Confidence: 0.83983445

 $00:06:30.159 \longrightarrow 00:06:32.099$  to back obstructive respiratory

NOTE Confidence: 0.83983445

 $00:06:32.099 \longrightarrow 00:06:34.110$  events with associated cyclic.

 $00:06:34.110 \longrightarrow 00:06:37.566$  See saturation and heart rate variability.

NOTE Confidence: 0.83983445

 $00{:}06{:}37.570 \dashrightarrow 00{:}06{:}39.796$  There is snoring scene in between

NOTE Confidence: 0.83983445

 $00:06:39.796 \longrightarrow 00:06:42.245$  the apneas and hypoxemia and during

NOTE Confidence: 0.83983445

00:06:42.245 --> 00:06:44.485 her recovery breath her oxygen

NOTE Confidence: 0.83983445

00:06:44.485 --> 00:06:45.829 saturation largely recovered

NOTE Confidence: 0.8190977

 $00:06:45.897 \longrightarrow 00:06:47.367$  back up to the mid 90s.

NOTE Confidence: 0.8023731

 $00:06:50.020 \longrightarrow 00:06:52.519$  Our impression was that SK at 38

NOTE Confidence: 0.8023731

00:06:52.519 --> 00:06:55.346 year old woman has severe OSA as

NOTE Confidence: 0.8023731

 $00{:}06{:}55.346 \dashrightarrow 00{:}06{:}57.854$  supported by her symptoms of snoring,

NOTE Confidence: 0.8023731

 $00:06:57.860 \longrightarrow 00:06:58.644$  gasping awakenings,

NOTE Confidence: 0.8023731

 $00{:}06{:}58.644 \dashrightarrow 00{:}06{:}59.820$  nocturia morning headaches,

NOTE Confidence: 0.8023731

 $00:06:59.820 \longrightarrow 00:07:01.948$  and excessive daytime sleepiness.

NOTE Confidence: 0.8023731

00:07:01.948 --> 00:07:04.076 Along with comorbid depression,

NOTE Confidence: 0.8023731

 $00:07:04.080 \longrightarrow 00:07:05.892$  an elevated blood pressure.

NOTE Confidence: 0.8023731

 $00:07:05.892 \longrightarrow 00:07:08.610$  And supported by her physical exam.

NOTE Confidence: 0.8023731

 $00{:}07{:}08.610 \dashrightarrow 00{:}07{:}11.361$  Findings of the increased BMI in large

 $00:07:11.361 \longrightarrow 00:07:13.719$  neck circumference in a crowded airway.

NOTE Confidence: 0.8023731

 $00{:}07{:}13.720 \dashrightarrow 00{:}07{:}15.545$  Anne supported by laboratory findings

NOTE Confidence: 0.8023731

 $00:07:15.545 \longrightarrow 00:07:17.370$  of insulin resistance and metabolic

NOTE Confidence: 0.8023731

 $00:07:17.427 \longrightarrow 00:07:19.077$  syndrome and then trans ammonite.

NOTE Confidence: 0.8023731

 $00{:}07{:}19.080 \dashrightarrow 00{:}07{:}21.120$  If that was suggestive of possible

NOTE Confidence: 0.8023731

00:07:21.120 --> 00:07:23.000 non alcoholic fatty liver disease.

NOTE Confidence: 0.8023731

 $00:07:23.000 \longrightarrow 00:07:25.779$  And finally this is confirmed with the

NOTE Confidence: 0.8023731

 $00:07:25.779 \longrightarrow 00:07:28.710$  home sleep apnea test with an REI of 66.

NOTE Confidence: 0.7868535

00:07:33.330 --> 00:07:36.042 Now, being a new fellow in training at

NOTE Confidence: 0.7868535

00:07:36.042 --> 00:07:38.916 the time, I didn't think much about the

NOTE Confidence: 0.7868535

 $00:07:38.916 \longrightarrow 00:07:41.343$  patients PCOS that ending I was working

NOTE Confidence: 0.7868535

 $00:07:41.343 \longrightarrow 00:07:43.840$  with ask me what role does PCOS play?

NOTE Confidence: 0.7868535

 $00:07:43.840 \longrightarrow 00:07:45.898$  How does this support the diagnosis

NOTE Confidence: 0.7868535

 $00:07:45.898 \longrightarrow 00:07:48.982$  of OSA and how do we explain her

NOTE Confidence: 0.7868535

 $00:07:48.982 \longrightarrow 00:07:50.215$  various metabolic derangements

 $00:07:50.215 \longrightarrow 00:07:52.618$  in light of her PCOS an OSA?

NOTE Confidence: 0.7868535

 $00{:}07{:}52.620 \to 00{:}07{:}57.356$  This led me to consider what is the

NOTE Confidence: 0.7868535

 $00:07:57.356 \longrightarrow 00:08:00.028$  relationship between OSA and PCOS.

NOTE Confidence: 0.7868535

 $00:08:00.030 \longrightarrow 00:08:02.190$  We will begin by discussing

NOTE Confidence: 0.7868535

 $00:08:02.190 \longrightarrow 00:08:03.486$  the clinical presentation,

NOTE Confidence: 0.7868535

 $00:08:03.490 \longrightarrow 00:08:07.010$  diagnosis and comorbidities of PCOS.

NOTE Confidence: 0.7868535

00:08:07.010 --> 00:08:09.626 PCOS is common with a strong

NOTE Confidence: 0.7868535

 $00:08:09.626 \longrightarrow 00:08:10.498$  genetic predisposition.

NOTE Confidence: 0.7868535

 $00:08:10.500 \longrightarrow 00:08:13.412$  It was first described in 1935 by

NOTE Confidence: 0.7868535

 $00:08:13.412 \longrightarrow 00:08:16.991$  sign in Leventhal as a condition of

NOTE Confidence: 0.7868535

 $00{:}08{:}16.991 \dashrightarrow 00{:}08{:}19.235$  oligo operation and hyperandrogenism.

NOTE Confidence: 0.7868535

 $00:08:19.240 \longrightarrow 00:08:23.230$  Most it is the most common endocrinopathy

NOTE Confidence: 0.7868535

 $00:08:23.230 \longrightarrow 00:08:28.230$  affecting 7 to 13% of women internationally.

NOTE Confidence: 0.7868535

 $00{:}08{:}28.230 \dashrightarrow 00{:}08{:}30.505$  Twin studies suggest strong familial

NOTE Confidence: 0.7868535

 $00:08:30.505 \longrightarrow 00:08:33.179$  contribution in PCOS development and this

NOTE Confidence: 0.7868535

00:08:33.179 --> 00:08:35.489 comes from data in over 1300 identical

 $00:08:35.489 \longrightarrow 00:08:37.780$  Twins and their Singleton siblings.

NOTE Confidence: 0.7868535

00:08:37.780 --> 00:08:38.248 Essentially,

NOTE Confidence: 0.7868535

 $00:08:38.248 \longrightarrow 00:08:41.524$  it's one of the identical Twins has

NOTE Confidence: 0.7868535

 $00:08:41.524 \longrightarrow 00:08:44.552$  PCOS or other twin is about twice

NOTE Confidence: 0.7868535

00:08:44.552 --> 00:08:47.264 as likely to have PCOS compared

NOTE Confidence: 0.7868535

 $00:08:47.264 \longrightarrow 00:08:49.740$  to their Singleton siblings.

NOTE Confidence: 0.7868535

00:08:49.740 --> 00:08:52.134 I'm going genetic studies are examining

NOTE Confidence: 0.7868535

 $00{:}08{:}52.134 \dashrightarrow 00{:}08{:}54.615$  the specific genes involved in the

NOTE Confidence: 0.7868535

 $00:08:54.615 \longrightarrow 00:08:56.660$  biosynthesis and metabolism of androgens,

NOTE Confidence: 0.7868535

00:08:56.660 --> 00:08:59.288 pelicula, Genesis and secretion,

NOTE Confidence: 0.7868535

 $00:08:59.288 \longrightarrow 00:09:01.916$  and action of insulin.

NOTE Confidence: 0.7868535

 $00{:}09{:}01.920 \dashrightarrow 00{:}09{:}04.218$  The broader dam criteria is the

NOTE Confidence: 0.7868535

 $00{:}09{:}04.218 \mathrel{--}{>} 00{:}09{:}05.750$  most inclusive and preferred

NOTE Confidence: 0.7868535

 $00{:}09{:}05.817 \dashrightarrow 00{:}09{:}07.669$  diagnostic criteria for PCOS.

NOTE Confidence: 0.7868535

00:09:07.670 --> 00:09:10.575 This chart here shows the three most

 $00:09:10.575 \longrightarrow 00:09:13.091$  popular criteria used in the diagnosis

NOTE Confidence: 0.7868535

 $00:09:13.091 \longrightarrow 00:09:15.479$  of PCOS and they're to Rotterdam,

NOTE Confidence: 0.7868535

 $00{:}09{:}15.480 \dashrightarrow 00{:}09{:}18.890$  NIH and androgen access criteria.

NOTE Confidence: 0.7868535

 $00:09:18.890 \longrightarrow 00:09:22.226$  The main features of PCOS are outlined here.

NOTE Confidence: 0.7868535

 $00:09:22.230 \longrightarrow 00:09:24.320$  They are clinical or biochemical

NOTE Confidence: 0.7868535

00:09:24.320 --> 00:09:25.574 evidence of hyperandrogenism,

NOTE Confidence: 0.7868535

 $00:09:25.580 \longrightarrow 00:09:26.722$  oligo, menorrhea,

NOTE Confidence: 0.7868535

 $00:09:26.722 \longrightarrow 00:09:29.577$  and polycystic ovaries on ultrasound.

NOTE Confidence: 0.7868535

 $00{:}09{:}29.580 \dashrightarrow 00{:}09{:}31.372$  I will go through each of these in

NOTE Confidence: 0.7868535

 $00:09:31.372 \longrightarrow 00:09:33.260$  detail in the subsequent slides here.

NOTE Confidence: 0.7868535

00:09:33.260 --> 00:09:35.092 I just want you to know that you

NOTE Confidence: 0.7868535

 $00:09:35.092 \longrightarrow 00:09:36.840$  can have a combination of any two

NOTE Confidence: 0.7868535

 $00{:}09{:}36.840 \dashrightarrow 00{:}09{:}38.732$  of two out of these three features

NOTE Confidence: 0.7868535

 $00{:}09{:}38.732 \dashrightarrow 00{:}09{:}40.544$  to make the diagnosis of PCOS

NOTE Confidence: 0.7868535

 $00:09:40.544 \longrightarrow 00:09:43.440$  using the Rotterdam criteria.

NOTE Confidence: 0.7868535

 $00:09:43.440 \longrightarrow 00:09:45.435$  Now several of my upcoming slides will

 $00:09:45.435 \longrightarrow 00:09:47.667$  be referring to recommendations based on

NOTE Confidence: 0.7868535

 $00:09:47.667 \longrightarrow 00:09:49.423$  international evidence based guidelines

NOTE Confidence: 0.7868535

 $00:09:49.423 \longrightarrow 00:09:52.009$  for the assessment and management of PCOS.

NOTE Confidence: 0.7868535

00:09:52.010 --> 00:09:54.968 It was published in 1920 eighteen.

NOTE Confidence: 0.7868535

 $00:09:54.970 \longrightarrow 00:09:56.895$  Among the experts is that on this

NOTE Confidence: 0.7868535

 $00:09:56.895 \longrightarrow 00:09:58.681$  committee are the American Society

NOTE Confidence: 0.7868535

 $00:09:58.681 \longrightarrow 00:10:00.926$  for Reproductive Medicine and American

NOTE Confidence: 0.7868535

 $00{:}10{:}00.926 \dashrightarrow 00{:}10{:}02.760$  Pediatric Society Endocrine Society.

NOTE Confidence: 0.7868535

00:10:02.760 --> 00:10:03.118 Now,

NOTE Confidence: 0.7868535

 $00:10:03.118 \longrightarrow 00:10:05.266$  here are their standardized goods used

NOTE Confidence: 0.7868535

 $00{:}10{:}05.266 \rightarrow 00{:}10{:}07.917$  to indicate the societies grade for the

NOTE Confidence: 0.7868535

 $00:10:07.917 \longrightarrow 00:10:10.179$  recommendations here from one to four,

NOTE Confidence: 0.7868535

 $00{:}10{:}10{:}10{:}180 \dashrightarrow 00{:}10{:}12.502$  with four being a strong recommendation

NOTE Confidence: 0.7868535

 $00:10:12.502 \longrightarrow 00:10:15.393$  in terms of the quality of evidence we

NOTE Confidence: 0.7868535

00:10:15.393 --> 00:10:18.547 see from 4 to one here with four here

00:10:18.547 --> 00:10:20.517 up there indicating very confident

NOTE Confidence: 0.7868535

 $00:10:20.517 \longrightarrow 00:10:25.040$  in the level of of the evidence.

NOTE Confidence: 0.7868535

 $00:10:25.040 \longrightarrow 00:10:27.749$  The first of the three key features

NOTE Confidence: 0.7868535

00:10:27.749 --> 00:10:28.910 of PCOS hyperandrogenism,

NOTE Confidence: 0.7868535

 $00:10:28.910 \longrightarrow 00:10:30.845$  which can be determined clinically

NOTE Confidence: 0.7868535

 $00:10:30.845 \longrightarrow 00:10:32.006$  or biochemically clinically.

NOTE Confidence: 0.7868535

 $00:10:32.010 \longrightarrow 00:10:33.940$  We can look for hirsutism,

NOTE Confidence: 0.7868535

00:10:33.940 --> 00:10:35.880 acne, male pattern, hair log,

NOTE Confidence: 0.7868535

 $00{:}10{:}35.880 {\:{\mbox{--}}\!>\:} 00{:}10{:}38.880$  and this is the strong recommendation.

NOTE Confidence: 0.7868535

00:10:38.880 --> 00:10:40.810 Biochemically, we can use Calculator,

NOTE Confidence: 0.7868535

 $00:10:40.810 \longrightarrow 00:10:43.498$  free testosterone or the free androgen index,

NOTE Confidence: 0.7868535

 $00:10:43.500 \longrightarrow 00:10:45.425$  which is the total testosterone

NOTE Confidence: 0.7868535

 $00:10:45.425 \longrightarrow 00:10:46.965$  levels divided by this,

NOTE Confidence: 0.7868535

00:10:46.970 --> 00:10:48.890 the \*\*\* hormone binding globulin,

NOTE Confidence: 0.7868535

 $00:10:48.890 \longrightarrow 00:10:51.585$  and this also has a strong recommendation,

NOTE Confidence: 0.7868535

 $00:10:51.590 \longrightarrow 00:10:55.097$  but limited competence is level of evidence.

 $00:10:55.100 \longrightarrow 00:10:56.564$  Standardized visual scales are

NOTE Confidence: 0.7868535

 $00:10:56.564 \longrightarrow 00:10:58.028$  preferred when assessing hirsutism,

NOTE Confidence: 0.7868535

 $00:10:58.030 \longrightarrow 00:11:00.220$  and this is what a strong

NOTE Confidence: 0.7868535

 $00:11:00.220 \longrightarrow 00:11:01.315$  recommendation here is.

NOTE Confidence: 0.7868535

00:11:01.320 --> 00:11:02.784 The Fehrman Galway score,

NOTE Confidence: 0.7868535

 $00:11:02.784 \longrightarrow 00:11:04.980$  which was first introduced in 1961.

NOTE Confidence: 0.8191623

 $00:11:04.980 \longrightarrow 00:11:06.978$  Each of the nine body areas

NOTE Confidence: 0.8191623

00:11:06.978 --> 00:11:09.010 is most sensitive to androgen,

NOTE Confidence: 0.8191623

 $00{:}11{:}09.010 \dashrightarrow 00{:}11{:}11.778$  is assigned a score from 0 being know

NOTE Confidence: 0.8191623

00:11:11.778 --> 00:11:14.066 her to floor, being lost, a pair,

NOTE Confidence: 0.8191623

 $00:11:14.066 \longrightarrow 00:11:16.710$  a score of 1 to 7 indicates focal

NOTE Confidence: 0.8191623

 $00{:}11{:}16.710 \dashrightarrow 00{:}11{:}19.260$  hirsutism and is considered normal.

NOTE Confidence: 0.8191623

 $00:11:19.260 \longrightarrow 00:11:21.822$  Ace score of eight or more is

NOTE Confidence: 0.8191623

 $00:11:21.822 \longrightarrow 00:11:22.920$  considered generalized hirsutism.

NOTE Confidence: 0.8191623

 $00:11:22.920 \longrightarrow 00:11:24.388$  Ann is considered abnormal.

 $00:11:24.388 \longrightarrow 00:11:27.539$  It is important to note there are racial

NOTE Confidence: 0.8191623

 $00{:}11{:}27.539 \dashrightarrow 00{:}11{:}29.744$  considerations when using this score.

NOTE Confidence: 0.8191623

00:11:29.750 --> 00:11:32.004 East Asian women have lower her citizen

NOTE Confidence: 0.8191623

00:11:32.004 --> 00:11:33.829 score cutoff whereas Middle Eastern,

NOTE Confidence: 0.8191623

 $00:11:33.830 \longrightarrow 00:11:36.475$  Hispanic and Mediterranean women have

NOTE Confidence: 0.8191623

 $00{:}11{:}36.475 \dashrightarrow 00{:}11{:}39.120$  slightly higher hir sutism score cutoff.

NOTE Confidence: 0.8191623

 $00:11:39.120 \longrightarrow 00:11:41.460$  The next key feature is a

NOTE Confidence: 0.8191623

00:11:41.460 --> 00:11:43.020 legal menorrhea or amenorrhea.

NOTE Confidence: 0.8191623

00:11:43.020 --> 00:11:44.855 All common area is irregular

NOTE Confidence: 0.8191623

 $00:11:44.855 \longrightarrow 00:11:46.690$  menstrual cycle and an International

NOTE Confidence: 0.8191623

 $00{:}11{:}46.749 \dashrightarrow 00{:}11{:}48.285$  Society most strongly recommends

NOTE Confidence: 0.8191623

 $00:11:48.285 \longrightarrow 00:11:50.589$  the use of this following criteria.

NOTE Confidence: 0.8191623

 $00:11:50.590 \longrightarrow 00:11:52.265$  A regular menstrual cycles are

NOTE Confidence: 0.8191623

 $00:11:52.265 \longrightarrow 00:11:53.940$  considered normal in the first

NOTE Confidence: 0.8191623

00:11:54.000 --> 00:11:56.156 year post monarchy as part of the

NOTE Confidence: 0.8191623

 $00{:}11{:}56.156 {\:\dashrightarrow\:} 00{:}11{:}57.457$  pooper role transition between

 $00:11:57.457 \longrightarrow 00:11:59.389$  one to three years post monarchy.

NOTE Confidence: 0.8191623

 $00:11:59.390 \longrightarrow 00:12:01.301$  Less than 21 days or greater than

NOTE Confidence: 0.8191623

 $00:12:01.301 \longrightarrow 00:12:03.291$  45 days is consider a regular

NOTE Confidence: 0.8191623

 $00{:}12{:}03.291 \dashrightarrow 00{:}12{:}05.126$  beyond three years post menarche

NOTE Confidence: 0.8191623

 $00{:}12{:}05.126 \dashrightarrow 00{:}12{:}07.537$  all the way up to Perry Menopause.

NOTE Confidence: 0.8191623

 $00:12:07.540 \longrightarrow 00:12:09.724$  Less than 21 days or prison 35 days

NOTE Confidence: 0.8191623

 $00:12:09.724 \longrightarrow 00:12:12.049$  or less than eight cycles per year

NOTE Confidence: 0.8191623

 $00:12:12.049 \longrightarrow 00:12:14.176$  is considered a regular and then

NOTE Confidence: 0.8191623

 $00:12:14.176 \longrightarrow 00:12:16.619$  beyond the first year post meta arkie

NOTE Confidence: 0.8191623

00:12:16.619 --> 00:12:18.824 greater than 90 days for anyone

NOTE Confidence: 0.8191623

00:12:18.824 --> 00:12:20.704 cycle considering regular and then.

NOTE Confidence: 0.8191623

 $00{:}12{:}20.710 \dashrightarrow 00{:}12{:}23.706$  Primary amenorrhea by age 15 or no

NOTE Confidence: 0.8191623

 $00{:}12{:}23.706 \dashrightarrow 00{:}12{:}27.428$  menses by beyond three years post the Larkey,

NOTE Confidence: 0.8191623

 $00:12:27.430 \longrightarrow 00:12:28.876$  is considered amenorrhea.

NOTE Confidence: 0.8191623

 $00:12:28.876 \longrightarrow 00:12:31.768$  And when menstrual cycles are irregular,

00:12:31.770 --> 00:12:34.598 a diagnosis of PCOS should be considered,

NOTE Confidence: 0.8191623

 $00{:}12{:}34.600 \dashrightarrow 00{:}12{:}38.989$  and this is what is strong recommendation.

NOTE Confidence: 0.8191623

 $00:12:38.990 \longrightarrow 00:12:41.080$  The last core feature here

NOTE Confidence: 0.8191623

00:12:41.080 --> 00:12:42.334 is polycystic ovaries.

NOTE Confidence: 0.8191623

 $00:12:42.340 \longrightarrow 00:12:45.580$  Which on ultrasound can support

NOTE Confidence: 0.8191623

 $00:12:45.580 \longrightarrow 00:12:47.524$  diagnosis of PCOS.

NOTE Confidence: 0.8191623

 $00:12:47.530 \longrightarrow 00:12:49.906$  In patients already with a legal

NOTE Confidence: 0.8191623

00:12:49.906 --> 00:12:51.094 memory and hyperandrogenism,

NOTE Confidence: 0.8191623

 $00{:}12{:}51.100 \dashrightarrow 00{:}12{:}54.280$  an ovarian ultrasound is not necessary.

NOTE Confidence: 0.8191623

 $00{:}12{:}54.280 \dashrightarrow 00{:}12{:}56.405$  Ultrasound should not be used

NOTE Confidence: 0.8191623

 $00:12:56.405 \longrightarrow 00:12:57.680$  for PCOS diagnosis.

NOTE Confidence: 0.8191623

 $00:12:57.680 \longrightarrow 00:12:59.805$  If lesson 8 years have

NOTE Confidence: 0.8191623

 $00:12:59.805 \longrightarrow 00:13:01.930$  elapsed after men are key.

NOTE Confidence: 0.8191623

 $00{:}13{:}01.930 \dashrightarrow 00{:}13{:}04.640$  When typically the ovaries can

NOTE Confidence: 0.8191623

00:13:04.640 --> 00:13:07.350 demonstrate multi Poly tools and

NOTE Confidence: 0.8191623

 $00:13:07.445 \longrightarrow 00:13:10.030$  that that's common and normal.

00:13:10.030 --> 00:13:12.207 To make the diagnosis of polycystic ovaries,

NOTE Confidence: 0.8191623

 $00{:}13{:}12.210 \dashrightarrow 00{:}13{:}14.754$  ultrasound will show bears and 20

NOTE Confidence: 0.8191623

00:13:14.754 --> 00:13:17.260 follicles or an ovarian volume gear

NOTE Confidence: 0.8191623

 $00:13:17.260 \longrightarrow 00:13:20.180$  is greater than or equal to 10 Mills.

NOTE Confidence: 0.8191623

 $00{:}13{:}20.180 \dashrightarrow 00{:}13{:}22.007$  Here are pictures of what Paula cystic

NOTE Confidence: 0.8191623

00:13:22.007 --> 00:13:23.738 ovaries may look like on ultrasound.

NOTE Confidence: 0.8191623

 $00:13:23.740 \longrightarrow 00:13:25.721$  Some of us may remember from medical

NOTE Confidence: 0.8191623

 $00:13:25.721 \longrightarrow 00:13:27.649$  school that is sometimes referred to

NOTE Confidence: 0.8191623

 $00{:}13{:}27.649 \dashrightarrow 00{:}13{:}29.683$  as a string of pearls appearance.

NOTE Confidence: 0.8191623

 $00:13:29.690 \longrightarrow 00:13:30.572$  And for comparison,

NOTE Confidence: 0.8191623

 $00:13:30.572 \longrightarrow 00:13:32.630$  we have here a cystic ovary and

NOTE Confidence: 0.8191623

 $00{:}13{:}32.694 \dashrightarrow 00{:}13{:}34.569$  normal ovary with two antral

NOTE Confidence: 0.8191623

 $00:13:34.569 \longrightarrow 00:13:36.444$  follicles and one dominant follicle.

NOTE Confidence: 0.8174612

 $00:13:38.960 \longrightarrow 00:13:40.253$  Now, numerous comorbidities

NOTE Confidence: 0.8174612

 $00:13:40.253 \longrightarrow 00:13:42.408$  have been identified and PCOS,

 $00:13:42.410 \longrightarrow 00:13:44.565$  but the following ones recognized

NOTE Confidence: 0.8174612

00:13:44.565 --> 00:13:46.289 by the International Society.

NOTE Confidence: 0.8174612

 $00:13:46.290 \longrightarrow 00:13:48.440$  They include type 2 diabetes,

NOTE Confidence: 0.8174612

 $00:13:48.440 \longrightarrow 00:13:49.302$  gestational diabetes,

NOTE Confidence: 0.8174612

 $00:13:49.302 \longrightarrow 00:13:51.026$  and impaired fasting glucose

NOTE Confidence: 0.8174612

00:13:51.026 --> 00:13:52.750 will be city depression,

NOTE Confidence: 0.8174612

00:13:52.750 --> 00:13:54.474 anxiety, body image distress,

NOTE Confidence: 0.8174612

 $00:13:54.474 \longrightarrow 00:13:56.629$  a question of cardiovascular disease,

NOTE Confidence: 0.8174612

 $00:13:56.630 \longrightarrow 00:14:00.214$  as this is supported by limited data.

NOTE Confidence: 0.8174612

 $00:14:00.220 \longrightarrow 00:14:02.240$  OSA an enemy treil cancer.

NOTE Confidence: 0.8174612

 $00{:}14{:}02.240 --> 00{:}14{:}04.669$  As you can see, some of these

NOTE Confidence: 0.8174612

 $00:14:04.669 \longrightarrow 00:14:06.680$  disorders are considered comorbidities.

NOTE Confidence: 0.8174612

 $00:14:06.680 \longrightarrow 00:14:10.270$  As with OSA as well.

NOTE Confidence: 0.8174612

 $00:14:10.270 \longrightarrow 00:14:13.259$  We now move on to discuss the

NOTE Confidence: 0.8174612

 $00:14:13.259 \longrightarrow 00:14:15.608$  prevalence of comorbid OSA in PCOS.

NOTE Confidence: 0.8174612

00:14:15.610 --> 00:14:17.234 Just to remind everyone,

 $00:14:17.234 \longrightarrow 00:14:19.264$  the prevalence of OSA increases

NOTE Confidence: 0.8174612

 $00:14:19.264 \longrightarrow 00:14:21.667$  as women get older and heavier,

NOTE Confidence: 0.8174612

 $00:14:21.670 \longrightarrow 00:14:25.174$  and this is supported by data from the

NOTE Confidence: 0.8174612

 $00:14:25.174 \longrightarrow 00:14:27.395$  famous Wisconsin Sleep Cohort from

NOTE Confidence: 0.8174612

 $00:14:27.395 \longrightarrow 00:14:30.349$  between the years of 1988 and 2011.

NOTE Confidence: 0.8174612

 $00:14:30.350 \longrightarrow 00:14:33.638$  This is the logic tunele study of over

NOTE Confidence: 0.8174612

00:14:33.638 --> 00:14:35.858 1500 participants between the ages of

NOTE Confidence: 0.8174612

 $00:14:35.858 \longrightarrow 00:14:39.019$  30 to 60s selected from a Mail in survey.

NOTE Confidence: 0.8174612

 $00:14:39.020 \dashrightarrow 00:14:41.276$  45% of the participants were females.

NOTE Confidence: 0.8174612

 $00{:}14{:}41.280 \dashrightarrow 00{:}14{:}43.625$  The table here shows modeling data on

NOTE Confidence: 0.8174612

 $00{:}14{:}43.625 \dashrightarrow 00{:}14{:}45.809$  aging and weight increase overtime.

NOTE Confidence: 0.8174612

 $00:14:45.810 \longrightarrow 00:14:48.526$  OSA is defined by an hi greater

NOTE Confidence: 0.8174612

 $00:14:48.526 \longrightarrow 00:14:49.950$  than equal to 5.

NOTE Confidence: 0.85611427

 $00:14:52.220 \longrightarrow 00:14:54.936$  In the 30 to 49 age group,

NOTE Confidence: 0.85611427

 $00{:}14{:}54.940 \dashrightarrow 00{:}14{:}56.870$  estimated prevalence of OSA is

00:14:56.870 --> 00:14:59.510 1.4% in women with normal BMI and

NOTE Confidence: 0.85611427

 $00{:}14{:}59.510 \dashrightarrow 00{:}15{:}01.487$  we see this estimated prevalence

NOTE Confidence: 0.85611427

00:15:01.487 --> 00:15:04.245 increase all the way up to 43%.

NOTE Confidence: 0.85611427

 $00:15:04.250 \longrightarrow 00:15:06.959$  In those who have class 3 obesity,

NOTE Confidence: 0.85611427

 $00:15:06.960 \longrightarrow 00:15:10.064$  and among the 50 to 70 age group,

NOTE Confidence: 0.85611427

 $00{:}15{:}10.070 \dashrightarrow 00{:}15{:}11.622$  estimated prevalence range from

NOTE Confidence: 0.85611427

00:15:11.622 --> 00:15:14.344 9% in those are normal BMI all

NOTE Confidence: 0.85611427

 $00:15:14.344 \longrightarrow 00:15:17.441$  the way up to 68% in those women

NOTE Confidence: 0.85611427

 $00{:}15{:}17.441 --> 00{:}15{:}19.376$  with the Class 3 obesity.

NOTE Confidence: 0.8353128

 $00:15:22.100 \longrightarrow 00:15:24.452$  Now we look at women with PCOS

NOTE Confidence: 0.8353128

 $00:15:24.452 \longrightarrow 00:15:27.647$  in a meta analysis of 17 studies

NOTE Confidence: 0.8353128

 $00:15:27.647 \longrightarrow 00:15:29.747$  with over 600 participants.

NOTE Confidence: 0.8353128

00:15:29.750 --> 00:15:33.150 The prevalence bull essay in PCOS is 35%

NOTE Confidence: 0.8353128

 $00:15:33.150 \longrightarrow 00:15:37.230$  with a confidence interval of 22 to 49%.

NOTE Confidence: 0.8353128

 $00:15:37.230 \longrightarrow 00:15:39.890$  Now it's important to remember that these

NOTE Confidence: 0.8353128

 $00:15:39.890 \longrightarrow 00:15:41.511$  studies typically included teenagers

 $00:15:41.511 \longrightarrow 00:15:43.606$  and excluded post menopausal women.

NOTE Confidence: 0.8353128

 $00{:}15{:}43.610 \dashrightarrow 00{:}15{:}46.028$  Therefore the prevalence may seem lower

NOTE Confidence: 0.8353128

 $00{:}15{:}46.028 \dashrightarrow 00{:}15{:}48.000$  compared to Wisconsin cohort data,

NOTE Confidence: 0.8353128

00:15:48.000 --> 00:15:50.068 which represents women across

NOTE Confidence: 0.8353128

00:15:50.068 --> 00:15:51.619 the entire lifespan.

NOTE Confidence: 0.8353128

00:15:51.620 --> 00:15:54.614 Problem OSA is higher in obese

NOTE Confidence: 0.8353128

00:15:54.614 --> 00:15:57.583 women compared to lean women with

NOTE Confidence: 0.8353128

 $00:15:57.583 \longrightarrow 00:16:00.656$  PCOS and the odds ratio is 3.8.

NOTE Confidence: 0.8353128

00:16:00.660 --> 00:16:03.362 Now what is very important to know

NOTE Confidence: 0.8353128

 $00{:}16{:}03.362 \dashrightarrow 00{:}16{:}06.219$  is that after controlling for BMI.

NOTE Confidence: 0.8353128

 $00:16:06.220 \longrightarrow 00:16:08.892$  The risk for OSA is 5 to 10

NOTE Confidence: 0.8353128

 $00{:}16{:}08.892 \dashrightarrow 00{:}16{:}11.548$  times higher in a dults with PCOS

NOTE Confidence: 0.8353128

00:16:11.548 --> 00:16:13.918 compared to those without PCOS.

NOTE Confidence: 0.8322795

00:16:16.410 --> 00:16:18.966 Again, I cannot emphasize enough that

NOTE Confidence: 0.8322795

 $00:16:18.966 \longrightarrow 00:16:22.638$  obesity is not the sole driver in the

00:16:22.638 --> 00:16:25.470 pathophysiology of OSA and PCOS population.

NOTE Confidence: 0.8322795

00:16:25.470 --> 00:16:28.134 Now, this study here actually found

NOTE Confidence: 0.8322795

 $00:16:28.134 \longrightarrow 00:16:31.414$  that HIV is higher in PCOS after

NOTE Confidence: 0.8322795

 $00:16:31.414 \longrightarrow 00:16:33.779$  controlling for age and obesity.

NOTE Confidence: 0.8322795

 $00:16:33.780 \longrightarrow 00:16:36.840$  It's a case control study and there were 36

NOTE Confidence: 0.8322795

 $00:16:36.840 \longrightarrow 00:16:39.066$  participants have had PCOS and half do not.

NOTE Confidence: 0.8322795

 $00:16:39.070 \longrightarrow 00:16:41.392$  Table one shows that they were

NOTE Confidence: 0.8322795

 $00:16:41.392 \longrightarrow 00:16:44.160$  of similar age in the early 30s.

NOTE Confidence: 0.8322795

 $00:16:44.160 \longrightarrow 00:16:49.160$  And have exact same mean BMI of 36.9.

NOTE Confidence: 0.8322795

 $00:16:49.160 \longrightarrow 00:16:51.302$  Now obviously the waist to hip

NOTE Confidence: 0.8322795

 $00{:}16{:}51.302 \mathrel{--}{>} 00{:}16{:}53.156$  ratio and test osterone levels are

NOTE Confidence: 0.8322795

00:16:53.156 --> 00:16:55.346 significantly higher in the PCOS Group,

NOTE Confidence: 0.8322795

 $00:16:55.350 \longrightarrow 00:16:56.798$  as we would expect.

NOTE Confidence: 0.78464663

 $00:16:59.740 \longrightarrow 00:17:01.488$  Table 2 here summarizes

NOTE Confidence: 0.78464663

00:17:01.488 --> 00:17:03.236 sleepiness and PSG data.

NOTE Confidence: 0.78464663

00:17:03.240 --> 00:17:06.614 It shows that the PCOS PCOS group

 $00:17:06.614 \longrightarrow 00:17:08.571$  has significantly higher mean

NOTE Confidence: 0.78464663

 $00{:}17{:}08.571 \dashrightarrow 00{:}17{:}11.115$  upward score of 9.5 would arrange

NOTE Confidence: 0.78464663

 $00:17:11.115 \longrightarrow 00:17:14.031$  between 4 to 18 compared to an

NOTE Confidence: 0.78464663

 $00:17:14.031 \longrightarrow 00:17:16.917$  average of 5.8 in the control group.

NOTE Confidence: 0.78464663

00:17:16.917 --> 00:17:19.602 The overall HI is significantly

NOTE Confidence: 0.78464663

00:17:19.602 --> 00:17:21.750 high under PCOS Group.

NOTE Confidence: 0.78464663

 $00:17:21.750 \longrightarrow 00:17:25.539$  With the average age of 22 range of 1

NOTE Confidence: 0.78464663

 $00:17:25.539 \longrightarrow 00:17:29.658$  to 102 compared to an average of 6.7.

NOTE Confidence: 0.78464663

 $00:17:29.660 \longrightarrow 00:17:31.004$  In the control group,

NOTE Confidence: 0.78464663

00:17:31.004 --> 00:17:32.684 this is a remarkable finding,

NOTE Confidence: 0.78464663

00:17:32.690 --> 00:17:35.154 considering that none of these women had

NOTE Confidence: 0.78464663

 $00:17:35.154 \longrightarrow 00:17:37.407$  been diagnosis OSA prior to the study.

NOTE Confidence: 0.8095056

 $00:17:39.560 \longrightarrow 00:17:41.088$  These next two slides,

NOTE Confidence: 0.8095056

 $00:17:41.088 \longrightarrow 00:17:43.380$  or these next two studies here,

NOTE Confidence: 0.8095056

 $00:17:43.380 \longrightarrow 00:17:45.977$  are highlighted to show that common sleep

 $00:17:45.977 \longrightarrow 00:17:48.193$  complaints in PCOS include insomnia

NOTE Confidence: 0.8095056

 $00:17:48.193 \longrightarrow 00:17:50.257$  and excessive daytime sleepiness.

NOTE Confidence: 0.8095056

00:17:50.260 --> 00:17:53.068 Both are community based studies comparing

NOTE Confidence: 0.8095056

 $00:17:53.068 \longrightarrow 00:17:56.460$  women with PCOS and women without PCOS.

NOTE Confidence: 0.8095056

 $00:17:56.460 \longrightarrow 00:17:58.734$  Women with PCOS had increased difficulty

NOTE Confidence: 0.8095056

00:17:58.734 --> 00:18:01.411 falling asleep with an odds ratio close

NOTE Confidence: 0.8095056

 $00:18:01.411 \longrightarrow 00:18:03.613$  to two increase awakening without causing

NOTE Confidence: 0.8095056

 $00:18:03.613 \longrightarrow 00:18:06.206$  an inability to resume sleep for greater

NOTE Confidence: 0.8095056

 $00{:}18{:}06.206 \dashrightarrow 00{:}18{:}08.650$  than 15 minutes within office ratio.

NOTE Confidence: 0.8095056

 $00:18:08.650 \longrightarrow 00:18:10.650$  Also close to two.

NOTE Confidence: 0.8095056

 $00{:}18{:}10.650 \dashrightarrow 00{:}18{:}12.915$  Increased severe tiredness with their

NOTE Confidence: 0.8095056

00:18:12.915 --> 00:18:15.680 relative risk ratio 11.5 and increases

NOTE Confidence: 0.8095056

00:18:15.680 --> 00:18:18.236 sleep difficulties within the last 12

NOTE Confidence: 0.8095056

 $00:18:18.236 \longrightarrow 00:18:21.297$  months when an author show close to 1.3.

NOTE Confidence: 0.8095056

 $00:18:21.300 \longrightarrow 00:18:23.790$  The authors concluded that targeted

NOTE Confidence: 0.8095056

 $00:18:23.790 \longrightarrow 00:18:26.280$  screening and management of sleep

 $00:18:26.355 \longrightarrow 00:18:28.810$  disturbances is warranted in PCOS.

NOTE Confidence: 0.8095056

00:18:28.810 --> 00:18:30.438 Now, according to the

NOTE Confidence: 0.8095056

00:18:30.438 --> 00:18:32.066 International Committee on PCOS,

NOTE Confidence: 0.8095056

00:18:32.070 --> 00:18:35.584 creating for OSA in PCOS is recommended.

NOTE Confidence: 0.8095056

 $00:18:35.590 \longrightarrow 00:18:37.828$  Their statements are US outlined here.

NOTE Confidence: 0.8095056

 $00:18:37.830 \longrightarrow 00:18:39.302$  Screening should only be

NOTE Confidence: 0.8095056

 $00:18:39.302 \longrightarrow 00:18:41.930$  considered for all I stay in PCOS.

NOTE Confidence: 0.8095056

00:18:41.930 --> 00:18:43.422 Identify and alleviate related

NOTE Confidence: 0.8095056

 $00:18:43.422 \longrightarrow 00:18:44.914$  symptoms such as snoring,

NOTE Confidence: 0.8095056

00:18:44.920 --> 00:18:45.309 waking,

NOTE Confidence: 0.8095056

00:18:45.309 --> 00:18:46.087 unrefreshing sleep,

NOTE Confidence: 0.8095056

 $00:18:46.087 \longrightarrow 00:18:48.421$  daytime sleepiness and the potential for

NOTE Confidence: 0.8095056

 $00{:}18{:}48.421 \dashrightarrow 00{:}18{:}50.509$  fatigue to contribute to mood disorders.

NOTE Confidence: 0.8095056

 $00:18:50.510 \longrightarrow 00:18:53.114$  And this is with a strong recommendation.

NOTE Confidence: 0.8095056

 $00:18:53.120 \longrightarrow 00:18:55.256$  Screening should not be considered with

 $00:18:55.256 \longrightarrow 00:18:57.154$  the intention of improving cardiometabolic

NOTE Confidence: 0.8095056

 $00:18:57.154 \longrightarrow 00:18:59.644$  risk with the with inadequate evidence

NOTE Confidence: 0.8095056

 $00{:}18{:}59.644 \dashrightarrow 00{:}19{:}01.330$  for metabolic benefits of OSA.

NOTE Confidence: 0.8095056

00:19:01.330 --> 00:19:02.446 Treatment in PCOS.

NOTE Confidence: 0.8095056

 $00:19:02.446 \longrightarrow 00:19:04.306$  Also, with a strong recommendation.

NOTE Confidence: 0.8095056

00:19:04.310 --> 00:19:06.180 Lastly, a simple screening questionnaire.

NOTE Confidence: 0.8095056

00:19:06.180 --> 00:19:07.704 Preferably, the Berlin tool,

NOTE Confidence: 0.8095056

 $00:19:07.704 \longrightarrow 00:19:08.847$  could be applied.

NOTE Confidence: 0.8095056

 $00{:}19{:}08.850 \dashrightarrow 00{:}19{:}10.560$  It is positive referral to

NOTE Confidence: 0.8095056

 $00:19:10.560 \longrightarrow 00:19:11.586$  a specialist considered,

NOTE Confidence: 0.8095056

 $00:19:11.590 \longrightarrow 00:19:13.636$  and that's with a conditional recommendation,

NOTE Confidence: 0.8095056

 $00:19:13.640 \longrightarrow 00:19:16.734$  as currently there is not yet a

NOTE Confidence: 0.8095056

 $00:19:16.734 \longrightarrow 00:19:18.979$  screening tool validated in young

NOTE Confidence: 0.8095056

00:19:18.979 --> 00:19:21.064 women with and without PCOS.

NOTE Confidence: 0.8095056

00:19:21.070 --> 00:19:22.741 Disappointingly, in practice,

NOTE Confidence: 0.8095056

 $00:19:22.741 \longrightarrow 00:19:24.969$  screening rate is low.

 $00:19:24.970 \longrightarrow 00:19:26.685$  Perhaps this is due to the fact

NOTE Confidence: 0.8095056

 $00{:}19{:}26.685 \dashrightarrow 00{:}19{:}28.691$  that there is little or no research

NOTE Confidence: 0.8095056

00:19:28.691 --> 00:19:30.211 on specific screening tools in

NOTE Confidence: 0.8095056

 $00:19:30.211 \longrightarrow 00:19:31.449$  the PCOS population.

NOTE Confidence: 0.8095056

00:19:31.450 --> 00:19:34.066 And this is the only study I found

NOTE Confidence: 0.8095056

 $00:19:34.066 \longrightarrow 00:19:36.332$  in regards to screening in the

NOTE Confidence: 0.8095056

 $00:19:36.332 \longrightarrow 00:19:38.642$  study of 50OBGYN and 29 endocrine

NOTE Confidence: 0.8095056

 $00:19:38.716 \longrightarrow 00:19:41.546$  practitioners caring for PCOS patients.

NOTE Confidence: 0.8095056

 $00:19:41.550 \longrightarrow 00:19:43.974$  37% reported that most of their

NOTE Confidence: 0.8095056

 $00:19:43.974 \longrightarrow 00:19:46.399$  patients had that Class 3 obesity.

NOTE Confidence: 0.8095056

00:19:46.400 --> 00:19:48.818 86% felt that their patients Nordin

NOTE Confidence: 0.8095056

 $00{:}19{:}48.818 \dashrightarrow 00{:}19{:}51.242$  frequently and 92% refers less than

NOTE Confidence: 0.8095056

 $00{:}19{:}51.242 \dashrightarrow 00{:}19{:}54.070$  25% of their patients for sleep study,

NOTE Confidence: 0.8095056

00:19:54.070 --> 00:19:56.560 and so to summarize and minority

NOTE Confidence: 0.8095056

00:19:56.560 --> 00:19:58.220 applied practitioners who treat

00:19:58.290 --> 00:20:00.510 PCOS are referring a minority of

NOTE Confidence: 0.8095056

 $00{:}20{:}00.510 \dashrightarrow 00{:}20{:}02.770$  their patients for sleep evaluation.

NOTE Confidence: 0.8095056

 $00:20:02.770 \longrightarrow 00:20:04.415$  Despite the high prevalence of

NOTE Confidence: 0.8095056

00:20:04.415 --> 00:20:06.060 OSA in patients with PCOS,

NOTE Confidence: 0.8095056

 $00:20:06.060 \longrightarrow 00:20:08.064$  the lack of awareness of the

NOTE Confidence: 0.8095056

00:20:08.064 --> 00:20:10.010 link between PCOS and OSA may.

NOTE Confidence: 0.8095056

 $00{:}20{:}10.010 \dashrightarrow 00{:}20{:}12.110$  It may also be a potential reason

NOTE Confidence: 0.8095056

 $00:20:12.110 \longrightarrow 00:20:14.289$  for the low rates of referral.

NOTE Confidence: 0.7319053

 $00{:}20{:}16.810 \dashrightarrow 00{:}20{:}19.346$  We now move on to the key theories

NOTE Confidence: 0.7319053

00:20:19.346 --> 00:20:22.309 on the pathogenesis of OSA and PCOS.

NOTE Confidence: 0.7319053

 $00:20:22.310 \longrightarrow 00:20:25.217$  The purpose of this slide is to show what

NOTE Confidence: 0.7319053

00:20:25.217 --> 00:20:28.337 is known about the pathogenesis of PCOS.

NOTE Confidence: 0.7319053

 $00:20:28.340 \longrightarrow 00:20:30.892$  The main theory is that there is a

NOTE Confidence: 0.7319053

 $00:20:30.892 \longrightarrow 00:20:33.328$  disruption in GNRH release from the

NOTE Confidence: 0.7319053

 $00:20:33.328 \longrightarrow 00:20:35.920$  hypothalamus which leads to hyper secretion

NOTE Confidence: 0.7319053

 $00:20:35.991 \longrightarrow 00:20:38.546$  of LH from the pituitary gland resulting

 $00:20:38.546 \longrightarrow 00:20:41.540$  in an increase in the LH FSH ratio.

NOTE Confidence: 0.7319053

 $00{:}20{:}41.540 \dashrightarrow 00{:}20{:}44.280$  This induces a bula Tori dysfunction.

NOTE Confidence: 0.7319053

 $00:20:44.280 \longrightarrow 00:20:46.112$  Repeat a follicular arrested.

NOTE Confidence: 0.7319053

00:20:46.112 --> 00:20:48.860 What results in the polycystic ovary

NOTE Confidence: 0.7319053

00:20:48.929 --> 00:20:51.149 morphology we see on ultrasound?

NOTE Confidence: 0.7319053

 $00:20:51.150 \longrightarrow 00:20:55.218$  The increase in LH to FSH also promotes the

NOTE Confidence: 0.7319053

 $00:20:55.218 \longrightarrow 00:20:58.016$  hypersecretion of androgens and theca cells,

NOTE Confidence: 0.7319053

 $00:20:58.020 \longrightarrow 00:21:00.648$  which in turn reduces the inhibition

NOTE Confidence: 0.7319053

00:21:00.648 --> 00:21:03.605 of normal GNRH pulse frequency by

NOTE Confidence: 0.7319053

 $00:21:03.605 \longrightarrow 00:21:05.849$  progesterone and further promoting

NOTE Confidence: 0.7319053

00:21:05.849 --> 00:21:08.093 this development of PCOS.

NOTE Confidence: 0.7319053

 $00{:}21{:}08.100 \dashrightarrow 00{:}21{:}10.572$  What is not shown here is that there's

NOTE Confidence: 0.7319053

 $00:21:10.572 \longrightarrow 00:21:13.483$  also an increased level of anti malarian

NOTE Confidence: 0.7319053

00:21:13.483 --> 00:21:16.310 hormone released in the follicles of PCOS,

NOTE Confidence: 0.7319053

 $00:21:16.310 \longrightarrow 00:21:18.290$  and that leads to reduce FSH

 $00:21:18.290 \longrightarrow 00:21:20.120$  sensitivity and blocks the conversion

NOTE Confidence: 0.7319053

 $00:21:20.120 \longrightarrow 00:21:21.896$  of androgens to estrogens,

NOTE Confidence: 0.7319053

 $00:21:21.900 \longrightarrow 00:21:25.668$  resulting in reduced overall estrogen levels.

NOTE Confidence: 0.7319053

 $00:21:25.670 \longrightarrow 00:21:28.226$  It will resistance arising from separate

NOTE Confidence: 0.7319053

 $00:21:28.226 \longrightarrow 00:21:31.168$  pathways that we will discuss later on.

NOTE Confidence: 0.7319053

00:21:31.170 --> 00:21:33.708 Also contribute to Abula Tori dysfunction.

NOTE Confidence: 0.81340754

00:21:36.460 --> 00:21:38.500 We will now segue into discussing

NOTE Confidence: 0.81340754

 $00:21:38.500 \longrightarrow 00:21:40.540$  the role of \*\*\* hormones in

NOTE Confidence: 0.81340754

 $00{:}21{:}40.540 \dashrightarrow 00{:}21{:}42.240$  controlling breathing in normal women.

NOTE Confidence: 0.81340754

00:21:42.240 --> 00:21:44.145 Without PCOS, there's a balance

NOTE Confidence: 0.81340754

 $00{:}21{:}44.145 \dashrightarrow 00{:}21{:}46.050$  between female hormones and male

NOTE Confidence: 0.81340754

 $00:21:46.113 \longrightarrow 00:21:48.017$  hormones on the one side we are.

NOTE Confidence: 0.81340754

 $00:21:48.020 \longrightarrow 00:21:49.720$  We have the female hormones

NOTE Confidence: 0.81340754

00:21:49.720 --> 00:21:50.740 estrogen and progesterone,

NOTE Confidence: 0.81340754

 $00:21:50.740 \longrightarrow 00:21:52.100$  which are protective in

NOTE Confidence: 0.81340754

 $00:21:52.100 \longrightarrow 00:21:53.460$  the development of OSA.

 $00:21:53.460 \longrightarrow 00:21:55.500$  On the other side are male

NOTE Confidence: 0.81340754

 $00:21:55.500 \longrightarrow 00:21:56.520$  hormones or androgens,

NOTE Confidence: 0.81340754

00:21:56.520 --> 00:21:58.308 among which include testosterone,

NOTE Confidence: 0.81340754

 $00:21:58.308 \longrightarrow 00:22:01.310$  which may promote the development of OSA.

NOTE Confidence: 0.81340754

00:22:01.310 --> 00:22:03.445 In PCOS we have a deficiency of

NOTE Confidence: 0.81340754

 $00:22:03.445 \longrightarrow 00:22:05.502$  female hormones and an excess of

NOTE Confidence: 0.81340754

 $00:22:05.502 \longrightarrow 00:22:07.297$  male hormones causing an imbalance.

NOTE Confidence: 0.81340754

 $00:22:07.300 \longrightarrow 00:22:09.478$  We no longer have the protective

NOTE Confidence: 0.81340754

00:22:09.478 --> 00:22:11.518 effects of female hormones and at

NOTE Confidence: 0.81340754

 $00{:}22{:}11.518 \dashrightarrow 00{:}22{:}13.331$  the same time there is an excess

NOTE Confidence: 0.81340754

00:22:13.331 --> 00:22:15.467 of androgens when they which may

NOTE Confidence: 0.81340754

 $00:22:15.467 \longrightarrow 00:22:18.184$  promote development of OFA in the next

NOTE Confidence: 0.81340754

 $00{:}22{:}18.184 \dashrightarrow 00{:}22{:}21.313$  several slides we will dive into the

NOTE Confidence: 0.81340754

 $00:22:21.313 \longrightarrow 00:22:23.929$  implications of this hormonal imbalance.

NOTE Confidence: 0.81340754

 $00:22:23.930 \longrightarrow 00:22:26.625$  We will start by talking about progesterone.

00:22:26.630 --> 00:22:28.874 Much of the research comes from

NOTE Confidence: 0.81340754

 $00:22:28.874 \longrightarrow 00:22:31.029$  studying the normal luteal phase in

NOTE Confidence: 0.81340754

 $00:22:31.029 \longrightarrow 00:22:33.397$  women where there is a surge and peak

NOTE Confidence: 0.81340754

 $00{:}22{:}33.470 \dashrightarrow 00{:}22{:}35.825$  of progesterone activity which is

NOTE Confidence: 0.81340754

 $00:22:35.825 \longrightarrow 00:22:38.180$  associated with increased upper airway.

NOTE Confidence: 0.81340754

 $00{:}22{:}38.180 \longrightarrow 00{:}22{:}39.972$  Dilatory muscle activity reduce

NOTE Confidence: 0.81340754

00:22:39.972 --> 00:22:41.764 upper airway resistance and

NOTE Confidence: 0.81340754

 $00:22:41.764 \longrightarrow 00:22:43.410$  improved nocturnal ventilation.

NOTE Confidence: 0.81340754

 $00{:}22{:}43.410 \dashrightarrow 00{:}22{:}45.190$  And just as a reminder,

NOTE Confidence: 0.81340754

 $00:22:45.190 \longrightarrow 00:22:47.668$  as you see here in the diagram,

NOTE Confidence: 0.81340754

 $00:22:47.670 \longrightarrow 00:22:48.380$  the normal,

NOTE Confidence: 0.81340754

00:22:48.380 --> 00:22:50.510 normal luteal phase occurs after ovulation,

NOTE Confidence: 0.81340754

 $00{:}22{:}50.510 \dashrightarrow 00{:}22{:}52.640$  or the rupture of the follicules.

NOTE Confidence: 0.81340754

 $00:22:52.640 \longrightarrow 00:22:54.770$  What's left behind at the follicules

NOTE Confidence: 0.81340754

 $00:22:54.770 \longrightarrow 00:22:56.190$  becomes the corpus luteum.

NOTE Confidence: 0.81340754

 $00:22:56.190 \longrightarrow 00:22:57.965$  The corpus luteum is responsible

00:22:57.965 --> 00:22:59.740 for the release of progesterone,

NOTE Confidence: 0.81340754

 $00:22:59.740 \longrightarrow 00:23:02.442$  which will then stick in the lining

NOTE Confidence: 0.81340754

 $00:23:02.442 \longrightarrow 00:23:04.454$  of endometrium preparing for the

NOTE Confidence: 0.81340754

 $00:23:04.454 \longrightarrow 00:23:06.429$  implantation of the fertilized egg.

NOTE Confidence: 0.81340754

 $00{:}23{:}06.430 \dashrightarrow 00{:}23{:}08.776$  Because operation is impaired in PCOS,

NOTE Confidence: 0.81340754

 $00:23:08.780 \longrightarrow 00:23:11.325$  the surge of progesterone does

NOTE Confidence: 0.81340754

00:23:11.325 --> 00:23:14.462 not occur and overall levels of

NOTE Confidence: 0.81340754

00:23:14.462 --> 00:23:16.977 progesterone remain low in PCOS.

NOTE Confidence: 0.81340754

 $00:23:16.980 \longrightarrow 00:23:18.291$  Four decades ago,

NOTE Confidence: 0.81340754

00:23:18.291 --> 00:23:20.913 this study came out in Java.

NOTE Confidence: 0.81340754

 $00{:}23{:}20.920 \dashrightarrow 00{:}23{:}22.736$  Exogenous progesterone led to

NOTE Confidence: 0.81340754

 $00{:}23{:}22.736 \dashrightarrow 00{:}23{:}24.552$  reduce obstructive apneas and

NOTE Confidence: 0.81340754

 $00{:}23{:}24.552 \dashrightarrow 00{:}23{:}26.618$  improve day time sleepiness in OSA.

NOTE Confidence: 0.81340754

00:23:26.620 --> 00:23:29.616 It was a small study with nine

NOTE Confidence: 0.81340754

00:23:29.616 --> 00:23:31.869 subjects with only one woman,

 $00:23:31.870 \longrightarrow 00:23:34.936$  an 8 of the subjects had obesity.

NOTE Confidence: 0.81340754

00:23:34.940 --> 00:23:38.450 Their average age is between 4070.

NOTE Confidence: 0.81340754

 $00:23:38.450 \longrightarrow 00:23:40.798$  The intervention was medroxyprogesterone,

NOTE Confidence: 0.81340754

 $00:23:40.798 \longrightarrow 00:23:43.733$  60 to 120 milligrams given

NOTE Confidence: 0.81340754

 $00:23:43.733 \longrightarrow 00:23:45.748$  daily in divided doses.

NOTE Confidence: 0.81340754

 $00:23:45.750 \longrightarrow 00:23:47.415$  The results here showed that

NOTE Confidence: 0.81340754

00:23:47.415 --> 00:23:49.080 there were four responders for

NOTE Confidence: 0.81340754

 $00:23:49.142 \longrightarrow 00:23:51.287$  represented by these building circles.

NOTE Confidence: 0.81340754

 $00{:}23{:}51.290 \dashrightarrow 00{:}23{:}53.365$  Among the responders was the

NOTE Confidence: 0.81340754

 $00:23:53.365 \longrightarrow 00:23:55.960$  single woman enrolled in the study.

NOTE Confidence: 0.81340754

 $00{:}23{:}55.960 \dashrightarrow 00{:}23{:}57.364$  Now the responder shows

NOTE Confidence: 0.81340754

 $00:23:57.364 \longrightarrow 00:23:58.066$  significant reduction.

NOTE Confidence: 0.81340754

 $00{:}23{:}58.070 --> 00{:}23{:}58.422 \ \mathrm{Hi},$ 

NOTE Confidence: 0.81340754

00:23:58.422 --> 00:24:00.886 as well as improvement in daytime sleepiness,

NOTE Confidence: 0.81340754

 $00:24:00.890 \longrightarrow 00:24:03.480$  but that isn't shown here.

NOTE Confidence: 0.81340754

 $00:24:03.480 \longrightarrow 00:24:05.778$  The improvement in hi a curd

00:24:05.778 --> 00:24:07.888 during the intervention where they

NOTE Confidence: 0.81340754

 $00{:}24{:}07.888 \dashrightarrow 00{:}24{:}09.900$  received madocks is progesterone.

NOTE Confidence: 0.81340754

 $00:24:09.900 \longrightarrow 00:24:12.625$  This is comparative before they

NOTE Confidence: 0.81340754

 $00:24:12.625 \longrightarrow 00:24:15.350$  receive this medication and compared

NOTE Confidence: 0.81340754

 $00:24:15.440 \longrightarrow 00:24:18.410$  to after they stopped the medication.

NOTE Confidence: 0.81340754

 $00:24:18.410 \longrightarrow 00:24:20.050$  Interesting Lee of note.

NOTE Confidence: 0.81340754

 $00:24:20.050 \longrightarrow 00:24:22.510$  The responders at baseline were also

NOTE Confidence: 0.81340754

 $00{:}24{:}22.579 \dashrightarrow 00{:}24{:}24.997$  more hypoxemic on their wakeful ABG.

NOTE Confidence: 0.81340754

 $00:24:25.000 \longrightarrow 00:24:26.644$  The difference in PA.

NOTE Confidence: 0.81340754

00:24:26.644 --> 00:24:27.953 CO2 was, however,

NOTE Confidence: 0.81340754

 $00:24:27.953 \longrightarrow 00:24:30.851$  NASA tips to assist the Statistique

NOTE Confidence: 0.81340754

 $00:24:30.851 \longrightarrow 00:24:31.817$  Lee significant.

NOTE Confidence: 0.81340754

 $00{:}24{:}31.820 \dashrightarrow 00{:}24{:}33.902$  The authors also noted that both

NOTE Confidence: 0.81340754

 $00{:}24{:}33.902 \dashrightarrow 00{:}24{:}35.666$  responders and non responders showed

NOTE Confidence: 0.81340754

 $00{:}24{:}35.666 \rightarrow 00{:}24{:}37.580$  improvements in their CO2 and O2

 $00:24:37.580 \longrightarrow 00:24:40.049$  levels during mid Roxy progesterone therapy.

NOTE Confidence: 0.81340754

 $00:24:40.050 \longrightarrow 00:24:43.392$  This speaks to the theory that

NOTE Confidence: 0.81340754

 $00:24:43.392 \longrightarrow 00:24:45.620$  progesterone may improve ventilation.

NOTE Confidence: 0.81340754

 $00:24:45.620 \longrightarrow 00:24:47.725$  We talked about normal menstrual

NOTE Confidence: 0.81340754

 $00:24:47.725 \longrightarrow 00:24:50.392$  cycle now will touch touch on

NOTE Confidence: 0.81340754

00:24:50.392 --> 00:24:51.838 pregnancy and pregnancy.

NOTE Confidence: 0.81340754

 $00{:}24{:}51.840 \dashrightarrow 00{:}24{:}53.346$  Progesterone positively correlated

NOTE Confidence: 0.81340754

 $00:24:53.346 \longrightarrow 00:24:55.354$  suggest stational age negatively

NOTE Confidence: 0.81340754

 $00{:}24{:}55.354 \dashrightarrow 00{:}24{:}57.623$  correlated with maternal weight and

NOTE Confidence: 0.81340754

00:24:57.623 --> 00:24:59.378 when adjusted for gestational age,

NOTE Confidence: 0.81340754

00:24:59.380 --> 00:25:01.261 maternal weight bearing,

NOTE Confidence: 0.81340754

 $00:25:01.261 \longrightarrow 00:25:03.769$  professional level is significantly

NOTE Confidence: 0.81340754

00:25:03.769 --> 00:25:05.650 lower in women

NOTE Confidence: 0.7786045

 $00:25:05.737 \longrightarrow 00:25:07.190$  with OSA. In menopause,

NOTE Confidence: 0.7786045

00:25:07.190 --> 00:25:09.640 there's a lot of progesterone and estrogen,

NOTE Confidence: 0.7786045

 $00:25:09.640 \longrightarrow 00:25:11.887$  and we all know that the prevalence

00:25:11.887 --> 00:25:13.840 of OSA increases post menopause.

NOTE Confidence: 0.7786045

 $00:25:13.840 \longrightarrow 00:25:16.180$  This is, however, impacted by other

NOTE Confidence: 0.7786045

 $00:25:16.180 \longrightarrow 00:25:18.670$  factors such as age and obesity.

NOTE Confidence: 0.7786045

 $00:25:18.670 \longrightarrow 00:25:20.378$  And to perhaps illustrate

NOTE Confidence: 0.7786045

 $00:25:20.378 \longrightarrow 00:25:22.513$  this point in one study,

NOTE Confidence: 0.7786045

 $00:25:22.520 \longrightarrow 00:25:25.166$  the administration of Luke Bronan healthy

NOTE Confidence: 0.7786045

00:25:25.166 --> 00:25:28.218 non obese young women to induce medical

NOTE Confidence: 0.7786045

 $00:25:28.218 \longrightarrow 00:25:30.642$  menopause did not result in sleep,

NOTE Confidence: 0.7786045

 $00{:}25{:}30.650 \dashrightarrow 00{:}25{:}32.540$  fragmentation or clinically

NOTE Confidence: 0.7786045

 $00:25:32.540 \longrightarrow 00:25:35.060$  significant sleep disorder breathing.

NOTE Confidence: 0.7786045

 $00{:}25{:}35.060 \dashrightarrow 00{:}25{:}37.352$  When we apply when we know

NOTE Confidence: 0.7786045

00:25:37.352 --> 00:25:38.880 about normal luteal phase.

NOTE Confidence: 0.7786045

 $00:25:38.880 \longrightarrow 00:25:40.068$  Pregnancy and menopause.

NOTE Confidence: 0.7786045

 $00:25:40.068 \longrightarrow 00:25:42.835$  The PCOS. We know that there are

NOTE Confidence: 0.7786045

00:25:42.835 --> 00:25:44.415 reduced levels of progesterone,

 $00:25:44.420 \longrightarrow 00:25:45.746$  estrogen, and PCOS.

NOTE Confidence: 0.7786045

 $00:25:45.746 \longrightarrow 00:25:48.398$  Therefore, this may predispose women to

NOTE Confidence: 0.7786045

 $00:25:48.398 \longrightarrow 00:25:50.881$  have increased upper airway collapsibility

NOTE Confidence: 0.7786045

00:25:50.881 --> 00:25:53.827 an reduce ventilla Tori drive and

NOTE Confidence: 0.7786045

 $00:25:53.899 \longrightarrow 00:25:56.389$  therefore increase the risk for OSA.

NOTE Confidence: 0.7786045

 $00:25:56.390 \longrightarrow 00:25:59.186$  We will now discuss and region.

NOTE Confidence: 0.7786045

 $00{:}25{:}59.190 \dashrightarrow 00{:}26{:}01.320$  Androgen access is linked to central

NOTE Confidence: 0.7786045

00:26:01.320 --> 00:26:03.369 adiposity or Apple shaped body type.

NOTE Confidence: 0.7786045

 $00:26:03.370 \longrightarrow 00:26:05.419$  We see here.

NOTE Confidence: 0.7786045

 $00:26:05.420 \longrightarrow 00:26:07.905$  Studies have shown that 50 to 60%

NOTE Confidence: 0.7786045

 $00{:}26{:}07.910 \dashrightarrow 00{:}26{:}10.395$  of women with PCOS have a nap.

NOTE Confidence: 0.7786045

 $00:26:10.400 \longrightarrow 00:26:11.824$  Dot abdominal distribution of

NOTE Confidence: 0.7786045

 $00:26:11.824 \longrightarrow 00:26:13.604$  body fat or central obesity.

NOTE Confidence: 0.7786045

 $00:26:13.610 \longrightarrow 00:26:16.578$  Regardless of their BMI.

NOTE Confidence: 0.7786045

 $00:26:16.580 \longrightarrow 00:26:18.400$  Central adiposity contributes to the

NOTE Confidence: 0.7786045

 $00:26:18.400 \longrightarrow 00:26:20.220$  pathogenesis and severity of OSA.

 $00:26:20.220 \longrightarrow 00:26:22.040$  Here, in this perspective study,

NOTE Confidence: 0.7786045

 $00:26:22.040 \longrightarrow 00:26:23.860$  looking at 36 women recruited

NOTE Confidence: 0.7786045

 $00:26:23.860 \longrightarrow 00:26:25.316$  from the sleep setting,

NOTE Confidence: 0.7786045

 $00:26:25.320 \longrightarrow 00:26:27.140$  the baseline age was 50s.

NOTE Confidence: 0.7786045

 $00:26:27.140 \longrightarrow 00:26:29.318$  BMI is in the low 30s.

NOTE Confidence: 0.7786045

 $00:26:29.320 \longrightarrow 00:26:31.868$  In the mean age I was 15.

NOTE Confidence: 0.7786045

 $00:26:31.870 \longrightarrow 00:26:34.180$  What was measured was the percentage

NOTE Confidence: 0.7786045

00:26:34.180 --> 00:26:37.398 of fat and lean body mass in different

NOTE Confidence: 0.7786045

 $00{:}26{:}37.398 \dashrightarrow 00{:}26{:}39.798$  regions of the body using dexa.

NOTE Confidence: 0.7786045

 $00:26:39.800 \longrightarrow 00:26:42.866$  What was found was that Android or

NOTE Confidence: 0.7786045

 $00:26:42.866 \longrightarrow 00:26:45.437$  central distribution of fat was the

NOTE Confidence: 0.7786045

 $00{:}26{:}45.437 \dashrightarrow 00{:}26{:}47.795$  best univariate predictor of hi in

NOTE Confidence: 0.7786045

 $00:26:47.795 \longrightarrow 00:26:50.524$  women with an R square value of 26%.

NOTE Confidence: 0.7786045

 $00:26:50.530 \longrightarrow 00:26:52.917$  These images here were taken from the

NOTE Confidence: 0.7786045

 $00:26:52.917 \longrightarrow 00:26:54.705$  publication to demonstrate what was

00:26:54.705 --> 00:26:56.460 considered Android versus gynoid fat.

NOTE Confidence: 0.81137085

00:26:59.640 --> 00:27:00.580 Furthermore, androgens,

NOTE Confidence: 0.81137085

 $00:27:00.580 \longrightarrow 00:27:03.870$  androgens and waist to hip ratio positively

NOTE Confidence: 0.81137085

 $00:27:03.870 \longrightarrow 00:27:05.869$  correlate with hi women with PCOS.

NOTE Confidence: 0.81137085

 $00:27:05.870 \longrightarrow 00:27:07.904$  This data is from this same

NOTE Confidence: 0.81137085

 $00:27:07.904 \longrightarrow 00:27:09.884$  case control study I referenced

NOTE Confidence: 0.81137085

 $00:27:09.884 \longrightarrow 00:27:12.088$  earlier in the presentation.

NOTE Confidence: 0.81137085

 $00:27:12.090 \longrightarrow 00:27:15.219$  Here we're looking at the 18 women

NOTE Confidence: 0.81137085

00:27:15.219 --> 00:27:18.338 with PCOS and not their control.

NOTE Confidence: 0.81137085

 $00:27:18.340 \longrightarrow 00:27:21.064$  The first figure shows a correlation

NOTE Confidence: 0.81137085

 $00{:}27{:}21.064 \dashrightarrow 00{:}27{:}23.526$  between waist to hip ratio on

NOTE Confidence: 0.81137085

 $00:27:23.526 \longrightarrow 00:27:26.240$  the X axis and hi in the Y axis.

NOTE Confidence: 0.81137085

 $00{:}27{:}26.240 \dashrightarrow 00{:}27{:}28.690$  We see a positive correlation

NOTE Confidence: 0.81137085

 $00:27:28.690 \longrightarrow 00:27:30.650$  within R = 0.51.

NOTE Confidence: 0.81137085

 $00:27:30.650 \longrightarrow 00:27:32.505$  The second figure shows a

NOTE Confidence: 0.81137085

 $00:27:32.505 \longrightarrow 00:27:33.618$  positive correlation between

00:27:33.618 --> 00:27:35.440 serum total cholesterol serum,

NOTE Confidence: 0.81137085

 $00:27:35.440 \longrightarrow 00:27:36.236$  total testosterone,

NOTE Confidence: 0.81137085

00:27:36.236 --> 00:27:38.624 an AHI with a positive correlation,

NOTE Confidence: 0.81137085

 $00:27:38.630 \longrightarrow 00:27:40.198 R = 0.52$ . Again,

NOTE Confidence: 0.81137085

 $00:27:40.198 \longrightarrow 00:27:43.020$  these graphs only show women with PCOS.

NOTE Confidence: 0.81137085

 $00:27:43.020 \longrightarrow 00:27:45.010$  For those of you wondering,

NOTE Confidence: 0.81137085

 $00:27:45.010 \longrightarrow 00:27:47.010$  what about the control group?

NOTE Confidence: 0.81137085

 $00:27:47.010 \longrightarrow 00:27:48.264$  In this study,

NOTE Confidence: 0.81137085

00:27:48.264 --> 00:27:51.642 the women without PCOS but but control for

NOTE Confidence: 0.81137085

 $00:27:51.642 \longrightarrow 00:27:54.586$  age and BMI well in the control group.

NOTE Confidence: 0.81137085

00:27:54.590 --> 00:27:56.170 Hi was positively correlated

NOTE Confidence: 0.81137085

 $00:27:56.170 \longrightarrow 00:27:58.980$  with waist to hip ratio as well,

NOTE Confidence: 0.81137085

 $00{:}27{:}58.980 --> 00{:}28{:}02.550$  and the R value was 0.5.

NOTE Confidence: 0.81137085

 $00:28:02.550 \longrightarrow 00:28:04.728$  Which arguably is a stronger correlation,

NOTE Confidence: 0.81137085

 $00:28:04.730 \longrightarrow 00:28:07.264$  and we see in the PCOS group.

00:28:07.270 --> 00:28:07.732 However,

NOTE Confidence: 0.81137085

 $00{:}28{:}07.732 \dashrightarrow 00{:}28{:}10.042$  there was no significant correlation

NOTE Confidence: 0.81137085

 $00:28:10.042 \longrightarrow 00:28:11.428$  between serum testosterone

NOTE Confidence: 0.81137085

 $00:28:11.428 \longrightarrow 00:28:13.406$  and hi in the control group.

NOTE Confidence: 0.81137085

 $00:28:13.410 \longrightarrow 00:28:15.552$  This suggests that there are other

NOTE Confidence: 0.81137085

 $00:28:15.552 \longrightarrow 00:28:16.980$  factors contributing to central

NOTE Confidence: 0.81137085

 $00:28:17.041 \longrightarrow 00:28:19.096$  obesity besides androgen levels alone,

NOTE Confidence: 0.81137085

 $00:28:19.100 \longrightarrow 00:28:21.386$  and one of these factors is

NOTE Confidence: 0.81137085

 $00{:}28{:}21.386 \dashrightarrow 00{:}28{:}23.572$  thought to be insulin resistance

NOTE Confidence: 0.81137085

 $00:28:23.572 \longrightarrow 00:28:26.487$  and elevated serum glucose levels.

NOTE Confidence: 0.81137085

 $00:28:26.490 \longrightarrow 00:28:28.884$  And that is segue into the next

NOTE Confidence: 0.81137085

00:28:28.884 --> 00:28:30.366 section on metabolic syndrome

NOTE Confidence: 0.81137085

 $00{:}28{:}30.366 \dashrightarrow 00{:}28{:}32.306$  and insulin resistance in women

NOTE Confidence: 0.81137085

 $00:28:32.306 \longrightarrow 00:28:33.858$  with PCOS and OSA.

NOTE Confidence: 0.81137085

 $00:28:33.860 \longrightarrow 00:28:36.578$  Here's a visual to remind us

NOTE Confidence: 0.81137085

 $00:28:36.578 \longrightarrow 00:28:38.390$  what metabolic syndrome is.

00:28:38.390 --> 00:28:40.660 It consists of high triglycerides,

NOTE Confidence: 0.81137085

00:28:40.660 --> 00:28:43.304 low HDL, visceral obesity,

NOTE Confidence: 0.81137085

 $00:28:43.304 \longrightarrow 00:28:45.948$  insulin resistance and hypertension.

NOTE Confidence: 0.81137085

00:28:45.950 --> 00:28:49.658 When it was both PCOS and OSA have worse

NOTE Confidence: 0.81137085

 $00:28:49.658 \longrightarrow 00:28:52.970$  metabolic profile than women with only PCOS.

NOTE Confidence: 0.81137085

 $00:28:52.970 \longrightarrow 00:28:55.060$  In an observation ULL study

NOTE Confidence: 0.81137085

 $00:28:55.060 \longrightarrow 00:28:57.670$  of 28 Teen Agers with PCOS.

NOTE Confidence: 0.81137085

00:28:57.670 --> 00:28:59.805 Those with OSA had increased

NOTE Confidence: 0.81137085

00:28:59.805 --> 00:29:00.659 metabolic syndrome,

NOTE Confidence: 0.81137085

00:29:00.660 --> 00:29:01.938 increase insulin resistance,

NOTE Confidence: 0.81137085

 $00{:}29{:}01.938 \dashrightarrow 00{:}29{:}04.494$  reduce HDL in increase in trigly cerides.

NOTE Confidence: 0.81137085

 $00:29:04.500 \longrightarrow 00:29:05.781$  In another observation,

NOTE Confidence: 0.81137085

 $00{:}29{:}05.781 \dashrightarrow 00{:}29{:}08.770$  ULL study of 103 teenagers with PCOS.

NOTE Confidence: 0.81137085

 $00:29:08.770 \longrightarrow 00:29:10.905$  Those with OSA hat increase

NOTE Confidence: 0.81137085

00:29:10.905 --> 00:29:12.186 homeostatic model assessment,

 $00:29:12.190 \longrightarrow 00:29:14.722$  which is essentially a method used

NOTE Confidence: 0.81137085

 $00{:}29{:}14.722 \dashrightarrow 00{:}29{:}16.905$  to quantify insulin resistance as

NOTE Confidence: 0.81137085

 $00{:}29{:}16.905 \dashrightarrow 00{:}29{:}19.015$  well as increase metabolic syndrome.

NOTE Confidence: 0.81137085

00:29:19.020 --> 00:29:19.445 Now,

NOTE Confidence: 0.81137085

 $00:29:19.445 \longrightarrow 00:29:21.570$  both of these studies did

NOTE Confidence: 0.81137085

 $00:29:21.570 \longrightarrow 00:29:23.710$  control her BMI an age.

NOTE Confidence: 0.8056642

 $00:29:26.590 \longrightarrow 00:29:28.525$  Insulin resistance is a key

NOTE Confidence: 0.8056642

 $00:29:28.525 \longrightarrow 00:29:30.840$  feature in both PCOS and OSA.

NOTE Confidence: 0.8056642

 $00:29:30.840 \longrightarrow 00:29:31.920$  In this diagram,

NOTE Confidence: 0.8056642

 $00:29:31.920 \longrightarrow 00:29:33.720$  we're looking at the pathogenesis

NOTE Confidence: 0.8056642

 $00:29:33.720 \longrightarrow 00:29:35.850$  from OSA to insulin resistance.

NOTE Confidence: 0.8056642

 $00:29:35.850 \longrightarrow 00:29:37.046$  In Type 2 diabetes,

NOTE Confidence: 0.8056642

 $00:29:37.046 \longrightarrow 00:29:39.428$  the two key elements of OSA are

NOTE Confidence: 0.8056642

 $00{:}29{:}39.428 \dashrightarrow 00{:}29{:}42.028$  intermittent hypoxia and sleep fragmentation,

NOTE Confidence: 0.8056642

 $00:29:42.030 \longrightarrow 00:29:44.669$  and they have been linked to an

NOTE Confidence: 0.8056642

00:29:44.669 --> 00:29:46.280 increase in inflammatory aside,

 $00:29:46.280 \longrightarrow 00:29:48.542$  a time oxidative stress and the

NOTE Confidence: 0.8056642

 $00{:}29{:}48.542 \dashrightarrow 00{:}29{:}50.520$  activation of sympathetic nervous system,

NOTE Confidence: 0.8056642

 $00:29:50.520 \longrightarrow 00:29:53.446$  and that all in turn leads to

NOTE Confidence: 0.8056642

 $00:29:53.446 \longrightarrow 00:29:55.128$  reduce insulin sensitivity at

NOTE Confidence: 0.8056642

00:29:55.128 --> 00:29:57.240 the target tissues as well as.

NOTE Confidence: 0.8056642

 $00:29:57.240 \longrightarrow 00:29:59.195$  Pancreatic beta cell dysfunction in

NOTE Confidence: 0.8056642

00:29:59.195 --> 00:30:01.781 the adipose tissue we see increased

NOTE Confidence: 0.8056642

00:30:01.781 --> 00:30:04.037 by policies increase inflammation,

NOTE Confidence: 0.8056642

 $00:30:04.040 \longrightarrow 00:30:05.387$  reduce insulin sensitivity.

NOTE Confidence: 0.8056642

00:30:05.387 --> 00:30:08.081 In the liver we see increased

NOTE Confidence: 0.8056642

 $00:30:08.081 \longrightarrow 00:30:09.360$  glucose production.

NOTE Confidence: 0.8056642

 $00:30:09.360 \longrightarrow 00:30:11.796$  The phenotype of non alcoholic fatty

NOTE Confidence: 0.8056642

 $00{:}30{:}11.796 \dashrightarrow 00{:}30{:}14.463$  liver disease as well as increased

NOTE Confidence: 0.8056642

 $00{:}30{:}14.463 \dashrightarrow 00{:}30{:}16.878$  inflammation in the muscles that

NOTE Confidence: 0.8056642

 $00:30:16.878 \longrightarrow 00:30:19.090$  decreases in efficiency of glucose

 $00:30:19.090 \longrightarrow 00:30:21.148$  uptake and then in the pancreas

NOTE Confidence: 0.8056642

00:30:21.148 --> 00:30:22.998 we see increased beta cells.

NOTE Confidence: 0.8056642

 $00:30:22.998 \dashrightarrow 00:30:25.314$  Def Simple operation reduces one content

NOTE Confidence: 0.8056642

 $00:30:25.314 \longrightarrow 00:30:27.657$  reduce glucose induced insulin secretion.

NOTE Confidence: 0.8056642

00:30:27.660 --> 00:30:30.565 All of this results in insulin resistance,

NOTE Confidence: 0.8056642

 $00{:}30{:}30{:}570 \dashrightarrow 00{:}30{:}32.650$  glucose intolerance and can potentially

NOTE Confidence: 0.8056642

 $00:30:32.650 \longrightarrow 00:30:34.730$  progressed to type 2 diabetes.

NOTE Confidence: 0.7736004

 $00:30:37.290 \longrightarrow 00:30:40.139$  Now I move the OSA figure aside

NOTE Confidence: 0.7736004

 $00:30:40.139 \dashrightarrow 00:30:43.270$  and make room for the PCOS figure.

NOTE Confidence: 0.7736004

00:30:43.270 --> 00:30:44.706 We talked about earlier.

NOTE Confidence: 0.7736004

 $00{:}30{:}44.706 \dashrightarrow 00{:}30{:}46.860$  We can see how untreated OSA

NOTE Confidence: 0.7736004

 $00{:}30{:}46.936 \dashrightarrow 00{:}30{:}49.211$  may potentially feed into this

NOTE Confidence: 0.7736004

 $00:30:49.211 \longrightarrow 00:30:51.031$  insulin resistance pathway here

NOTE Confidence: 0.7736004

 $00:30:51.031 \longrightarrow 00:30:52.928$  that can further perpetuate

NOTE Confidence: 0.7736004

00:30:52.928 --> 00:30:55.218 abula Tori dysfunction in PCOS.

NOTE Confidence: 0.7566038

 $00:30:58.960 \longrightarrow 00:31:00.452$  All right, moving on,

 $00:31:00.452 \longrightarrow 00:31:03.161$  we're going to next talk about the

NOTE Confidence: 0.7566038

 $00{:}31{:}03.161 \dashrightarrow 00{:}31{:}05.555$  treatment outcomes of OSA and PCOS.

NOTE Confidence: 0.7566038

00:31:05.560 --> 00:31:08.520 First, we're going to talk about this study

NOTE Confidence: 0.7566038

 $00:31:08.520 \longrightarrow 00:31:11.178$  that tries to answer the question what

NOTE Confidence: 0.7566038

 $00{:}31{:}11.178 \dashrightarrow 00{:}31{:}13.968$  are the short term impacts of metform in

NOTE Confidence: 0.7566038

 $00:31:13.968 \longrightarrow 00:31:16.584$  on the metabolic and sleep parameters?

NOTE Confidence: 0.7566038

 $00:31:16.590 \longrightarrow 00:31:18.785$  This study included 90 adolescent

NOTE Confidence: 0.7566038

 $00:31:18.785 \longrightarrow 00:31:21.709$  females between the ages of 12 to 18,

NOTE Confidence: 0.7566038

 $00{:}31{:}21.710 \dashrightarrow 00{:}31{:}23.286$  randomized into three groups.

NOTE Confidence: 0.7566038

00:31:23.286 --> 00:31:24.865 Control, untreated PCOS and

NOTE Confidence: 0.7566038

 $00:31:24.865 \longrightarrow 00:31:26.050$  PCOS plus metformin.

NOTE Confidence: 0.7566038

00:31:26.050 --> 00:31:28.400 The treatment was metformin 850

NOTE Confidence: 0.7566038

 $00:31:28.400 \longrightarrow 00:31:31.340$  milligrams twice daily for three months.

NOTE Confidence: 0.7566038

 $00:31:31.340 \longrightarrow 00:31:33.326$  Table one here shows the baseline

NOTE Confidence: 0.7566038

 $00:31:33.326 \longrightarrow 00:31:35.080$  characteristics of the three groups.

 $00:31:35.080 \longrightarrow 00:31:38.559$  The mean age is similar or about

NOTE Confidence: 0.7566038

 $00:31:38.559 \longrightarrow 00:31:40.810$  16 across the board.

NOTE Confidence: 0.7566038

00:31:40.810 --> 00:31:43.897 The mean BMI was normal at 21 in the

NOTE Confidence: 0.7566038

00:31:43.897 --> 00:31:46.624 control group and this is significantly

NOTE Confidence: 0.7566038

 $00:31:46.624 \longrightarrow 00:31:49.360$  different from the two PCOS group

NOTE Confidence: 0.7566038

 $00:31:49.360 \longrightarrow 00:31:51.817$  with the mean BMI of about 35.

NOTE Confidence: 0.7566038

 $00:31:51.820 \longrightarrow 00:31:55.500$  Here in here the BMI was not significantly

NOTE Confidence: 0.7566038

00:31:55.500 --> 00:31:58.109 different between the two PC LF groups.

NOTE Confidence: 0.7566038

 $00{:}31{:}58.110 \dashrightarrow 00{:}32{:}00.126$  Now the fasting blood Glucose Tahoma

NOTE Confidence: 0.7566038

 $00:32:00.126 \longrightarrow 00:32:01.936$  index again that's the measurement

NOTE Confidence: 0.7566038

 $00{:}32{:}01.936 \dashrightarrow 00{:}32{:}03.931$  of insulin resistance and hir sutism

NOTE Confidence: 0.7566038

00:32:03.931 --> 00:32:06.488 scores were all higher in two PCOS

NOTE Confidence: 0.7566038

 $00:32:06.488 \longrightarrow 00:32:07.983$  group compared to the control.

NOTE Confidence: 0.7566038

00:32:07.990 --> 00:32:10.275 But they were not significantly

NOTE Confidence: 0.7566038

 $00:32:10.275 \longrightarrow 00:32:13.150$  different between the two PCOS groups.

NOTE Confidence: 0.7566038

 $00{:}32{:}13.150 \dashrightarrow 00{:}32{:}15.118$ Sleep disturbance Scale is a scale

00:32:15.118 --> 00:32:16.960 validated in adolescence and children,

NOTE Confidence: 0.7566038

 $00:32:16.960 \longrightarrow 00:32:19.054$  and it consists of 26 items

NOTE Confidence: 0.7566038

 $00:32:19.054 \longrightarrow 00:32:21.110$  with a score greater than 52,

NOTE Confidence: 0.7566038

00:32:21.110 --> 00:32:22.840 considered positive for sleep disorders,

NOTE Confidence: 0.7566038

 $00:32:22.840 \longrightarrow 00:32:26.566$  the mean score was 48 in the control group.

NOTE Confidence: 0.7566038

 $00:32:26.570 \longrightarrow 00:32:29.524$  Alright here and there were 75 in

NOTE Confidence: 0.7566038

00:32:29.524 --> 00:32:32.390 untreated PCOS soup and 78 in the PCOS.

NOTE Confidence: 0.7566038

00:32:32.390 --> 00:32:34.330 Plus plus metformin group again.

NOTE Confidence: 0.7566038

 $00:32:34.330 \longrightarrow 00:32:36.022$  No significant difference between

NOTE Confidence: 0.7566038

 $00:32:36.022 \longrightarrow 00:32:39.072$  the two PCOS groups and both of

NOTE Confidence: 0.7566038

 $00:32:39.072 \longrightarrow 00:32:41.287$  these groups have pathologic scores.

NOTE Confidence: 0.7566038

00:32:41.290 --> 00:32:41.978 And Lastly,

NOTE Confidence: 0.7566038

 $00{:}32{:}41.978 \dashrightarrow 00{:}32{:}44.042$  the mean upwards of eight in

NOTE Confidence: 0.7566038

 $00:32:44.042 \longrightarrow 00:32:46.128$  the control group and very high,

NOTE Confidence: 0.7566038

 $00:32:46.130 \longrightarrow 00:32:49.244$  about 16 in each of the two PCOS group.

00:32:49.250 --> 00:32:49.797 Again,

NOTE Confidence: 0.7566038

 $00:32:49.797 \longrightarrow 00:32:53.626$  no difference between the two PCOS group.

NOTE Confidence: 0.7566038

00:32:53.630 --> 00:32:55.810 The results of metformin therapy

NOTE Confidence: 0.7566038

 $00:32:55.810 \longrightarrow 00:32:57.118$  were quite remarkable.

NOTE Confidence: 0.7566038

00:32:57.120 --> 00:33:00.296 Here we see in Table 2 the mean

NOTE Confidence: 0.7566038

 $00:33:00.296 \longrightarrow 00:33:03.334$  BMI in the PCOS plus metformin

NOTE Confidence: 0.7566038

 $00:33:03.334 \longrightarrow 00:33:06.532$  group decrease in 34 to 26.

NOTE Confidence: 0.7566038

00:33:06.540 --> 00:33:09.348 After just three months of metformin,

NOTE Confidence: 0.7566038

 $00{:}33{:}09.350 \dashrightarrow 00{:}33{:}12.050$ mean body weight was 75 kilograms

NOTE Confidence: 0.7566038

00:33:12.050 --> 00:33:14.959 pretreatment and is now 57 kilograms,

NOTE Confidence: 0.7566038

 $00:33:14.960 \longrightarrow 00:33:18.706$  which is about £40 or 24% weight reduction.

NOTE Confidence: 0.7566038

00:33:18.706 --> 00:33:20.110 And for comparison,

NOTE Confidence: 0.7566038

 $00:33:20.110 \longrightarrow 00:33:23.582$  the untreated PCOS went up slightly from

NOTE Confidence: 0.7566038

 $00:33:23.582 \longrightarrow 00:33:28.508$  35 to 36 in their BMI and the control

NOTE Confidence: 0.7566038

 $00:33:28.508 \longrightarrow 00:33:31.550$  group BMI basically stayed normal.

NOTE Confidence: 0.7566038

00:33:31.550 --> 00:33:33.060 The fasting and postprandial glucose,

 $00:33:33.060 \longrightarrow 00:33:35.812$  as well as the home and index all

NOTE Confidence: 0.7566038

 $00:33:35.812 \longrightarrow 00:33:38.827$  decreased in the PCOS plus metformin group.

NOTE Confidence: 0.7566038

 $00:33:38.830 \longrightarrow 00:33:40.306$  Which was significantly different

NOTE Confidence: 0.7566038

 $00:33:40.306 \longrightarrow 00:33:42.520$  compared to the untreated PCOS group.

NOTE Confidence: 0.7566038

 $00:33:42.520 \longrightarrow 00:33:43.242$  Hirsutism score.

NOTE Confidence: 0.7566038

00:33:43.242 --> 00:33:45.047 Also decreasing the PCOS plasma

NOTE Confidence: 0.7566038

 $00:33:45.047 \longrightarrow 00:33:47.319$  form a group and download chart.

NOTE Confidence: 0.7566038

 $00:33:47.320 \longrightarrow 00:33:49.540$  All these fees here indicates significant

NOTE Confidence: 0.7566038

 $00{:}33{:}49.540 \dashrightarrow 00{:}33{:}51.380$  difference compared to untreated group,

NOTE Confidence: 0.7566038

 $00:33:51.380 \longrightarrow 00:33:53.195$  whereas at baseline prior to

NOTE Confidence: 0.7566038

 $00:33:53.195 \longrightarrow 00:33:55.010$  treatment there was no difference

NOTE Confidence: 0.7566038

00:33:55.074 --> 00:33:56.538 between these two groups.

NOTE Confidence: 0.8007394

 $00:33:59.100 \longrightarrow 00:34:01.989$  Here in table three we see there is a

NOTE Confidence: 0.8007394

 $00:34:01.989 \longrightarrow 00:34:04.281$  significant decrease in Epworth score in

NOTE Confidence: 0.8007394

 $00:34:04.281 \longrightarrow 00:34:07.155$  the PCOS plus Metformin Group from 16 prior

 $00:34:07.155 \longrightarrow 00:34:10.120$  to treatment to all the way down to 12.

NOTE Confidence: 0.8007394

 $00{:}34{:}10.120 \dashrightarrow 00{:}34{:}12.670$  The Edwards is now significantly different

NOTE Confidence: 0.8007394

 $00:34:12.670 \longrightarrow 00:34:14.990$  compared to the untreated group.

NOTE Confidence: 0.8007394

 $00:34:14.990 \longrightarrow 00:34:17.216$  The sleep disturbance core also decrease,

NOTE Confidence: 0.8007394

 $00:34:17.220 \longrightarrow 00:34:21.196$  but it does remain pathologic at above 52.

NOTE Confidence: 0.8007394

00:34:21.200 --> 00:34:22.973 So, to summarize,

NOTE Confidence: 0.8007394

00:34:22.973 --> 00:34:26.519 metformin therapy in PCOS reduces BMI,

NOTE Confidence: 0.8007394

00:34:26.520 --> 00:34:28.293 insulin resistance, hirsutism,

NOTE Confidence: 0.8007394

 $00{:}34{:}28.293 \dashrightarrow 00{:}34{:}30.657$  and the Epworth score.

NOTE Confidence: 0.83903766

 $00:34:32.960 \longrightarrow 00:34:34.348$  In the prior study,

NOTE Confidence: 0.83903766

 $00{:}34{:}34.348 \dashrightarrow 00{:}34{:}36.720$  we saw a weight reduction of 24%

NOTE Confidence: 0.83903766

 $00:34:36.720 \longrightarrow 00:34:38.430$  in the metformin treatment arm,

NOTE Confidence: 0.83903766

 $00:34:38.430 \longrightarrow 00:34:40.140$  which is a massive change.

NOTE Confidence: 0.83903766

 $00:34:40.140 \longrightarrow 00:34:43.124$  What we know is that a weight reduction

NOTE Confidence: 0.83903766

 $00:34:43.124 \longrightarrow 00:34:45.560$  of only 5 to 10% have beneficial

NOTE Confidence: 0.83903766

 $00:34:45.560 \longrightarrow 00:34:48.470$  results in both OSA and PCOS.

 $00:34:48.470 \longrightarrow 00:34:50.204$  We lost as a primary treatment

NOTE Confidence: 0.83903766

 $00:34:50.204 \longrightarrow 00:34:52.100$  in both of these conditions.

NOTE Confidence: 0.83903766

 $00:34:52.100 \longrightarrow 00:34:54.212$  In the general population and average

NOTE Confidence: 0.83903766

 $00:34:54.212 \longrightarrow 00:34:57.072$  weight loss of 10% of body weight can

NOTE Confidence: 0.83903766

 $00{:}34{:}57.072 \dashrightarrow 00{:}35{:}00.177$  result in a modest reduction in Hi Ann

NOTE Confidence: 0.83903766

 $00:35:00.177 \longrightarrow 00:35:02.733$  and overall improvement in OSA severity.

NOTE Confidence: 0.83903766

00:35:02.740 --> 00:35:05.290 And PCOS a weight reduction of

NOTE Confidence: 0.83903766

00:35:05.290 --> 00:35:07.728 5% can restore regular menstrual

NOTE Confidence: 0.83903766

 $00{:}35{:}07.728 \dashrightarrow 00{:}35{:}09.736$  cycles and improve fertility.

NOTE Confidence: 0.83903766

 $00:35:09.740 \longrightarrow 00:35:12.332$  Other benefits of weight loss include

NOTE Confidence: 0.83903766

 $00:35:12.332 \longrightarrow 00:35:14.570$  decreased adipose and androgen levels,

NOTE Confidence: 0.83903766

00:35:14.570 --> 00:35:17.910 as well as an improvement

NOTE Confidence: 0.83903766

 $00{:}35{:}17.910 \dashrightarrow 00{:}35{:}19.914$  in insulin resistance.

NOTE Confidence: 0.83903766

 $00:35:19.920 \longrightarrow 00:35:22.060$  Now let's review the current

NOTE Confidence: 0.83903766

 $00:35:22.060 \longrightarrow 00:35:23.344$  weight reduction recommendation.

 $00:35:23.350 \longrightarrow 00:35:25.735$  The American Thoracic Fest societies

NOTE Confidence: 0.83903766

 $00{:}35{:}25.735 \dashrightarrow 00{:}35{:}28.120$  clinical practice guidelines recommend a

NOTE Confidence: 0.83903766

 $00:35:28.186 \longrightarrow 00:35:30.790$  comprehensive weight loss program for OSA.

NOTE Confidence: 0.83903766

 $00:35:30.790 \longrightarrow 00:35:33.905$  In all comers with OSA with a

NOTE Confidence: 0.83903766

 $00:35:33.905 \longrightarrow 00:35:36.798$  BMI greater than or equal to 25,

NOTE Confidence: 0.83903766

 $00:35:36.800 \longrightarrow 00:35:38.512$  a comprehensive lifestyle intervention

NOTE Confidence: 0.83903766

00:35:38.512 --> 00:35:40.652 program that includes a weight,

NOTE Confidence: 0.83903766

 $00:35:40.660 \longrightarrow 00:35:41.944$  reduced calorie diet,

NOTE Confidence: 0.83903766

00:35:41.944 --> 00:35:43.228 increase physical activity,

NOTE Confidence: 0.83903766

 $00:35:43.230 \longrightarrow 00:35:44.838$  and behavioral counseling

NOTE Confidence: 0.83903766

 $00:35:44.838 \longrightarrow 00:35:46.446$  is strongly recommended.

NOTE Confidence: 0.83903766

 $00:35:46.450 \longrightarrow 00:35:47.734$  And those of OSA,

NOTE Confidence: 0.83903766

 $00:35:47.734 \longrightarrow 00:35:50.465$  would it be in my greater than or

NOTE Confidence: 0.83903766

 $00{:}35{:}50.465 \dashrightarrow 00{:}35{:}53.020$  equal to 27 but with no improvement?

NOTE Confidence: 0.83903766

 $00:35:53.020 \longrightarrow 00:35:54.508$  After a comprehensive weight

NOTE Confidence: 0.83903766

 $00{:}35{:}54.508 \dashrightarrow 00{:}35{:}55.996$  loss program and antiobesity

00:35:55.996 --> 00:35:57.730 pharmacotherapy is recommended with

NOTE Confidence: 0.83903766

 $00:35:57.730 \longrightarrow 00:35:59.140$  the conditional recommendation.

NOTE Confidence: 0.83903766

 $00:35:59.140 \dashrightarrow 00:36:02.020$  Those with OSA in a BMI greater than

NOTE Confidence: 0.83903766

 $00:36:02.020 \longrightarrow 00:36:05.940$  or equal to 35 but no improvement after

NOTE Confidence: 0.83903766

 $00{:}36{:}05.940 \dashrightarrow 00{:}36{:}08.020$  comprehensive weight loss program.

NOTE Confidence: 0.83903766

00:36:08.020 --> 00:36:10.668 Referral for bariatric surgery

NOTE Confidence: 0.83903766

 $00:36:10.668 \longrightarrow 00:36:13.316$  evaluation is recommended conditionally.

NOTE Confidence: 0.83903766

 $00:36:13.320 \longrightarrow 00:36:15.140$  The international evidence based

NOTE Confidence: 0.83903766

 $00{:}36{:}15.140 \dashrightarrow 00{:}36{:}17.415$  guidelines also recommend a comprehensive

NOTE Confidence: 0.83903766

00:36:17.415 --> 00:36:19.169 weight loss program for PCOS.

NOTE Confidence: 0.83903766

00:36:19.170 --> 00:36:21.230 Here third, two statements,

NOTE Confidence: 0.83903766

00:36:21.230 --> 00:36:22.775 healthy lifestyle behaviors

NOTE Confidence: 0.83903766

 $00{:}36{:}22.775 \dashrightarrow 00{:}36{:}24.788$  encompassing healthy eating and

NOTE Confidence: 0.83903766

 $00:36:24.788 \longrightarrow 00:36:26.803$  regular physical activity should be

NOTE Confidence: 0.83903766

 $00:36:26.803 \longrightarrow 00:36:29.126$  recommended in those with PCOS to

00:36:29.126 --> 00:36:31.058 achieve an or maintain healthy weight

NOTE Confidence: 0.83903766

 $00{:}36{:}31.058 \dashrightarrow 00{:}36{:}33.096$  and to optimize hormonal outcomes.

NOTE Confidence: 0.83903766

00:36:33.096 --> 00:36:35.406 General Health and quality of

NOTE Confidence: 0.83903766

 $00:36:35.406 \longrightarrow 00:36:38.127$  life across the life course with

NOTE Confidence: 0.83903766

 $00:36:38.127 \longrightarrow 00:36:39.420$  a strong recommendation.

NOTE Confidence: 0.83903766

 $00:36:39.420 \longrightarrow 00:36:40.308$  Lifestyle intervention,

NOTE Confidence: 0.83903766

00:36:40.308 --> 00:36:41.640 preferably including diet,

NOTE Confidence: 0.83903766

 $00:36:41.640 \longrightarrow 00:36:43.520$  exercise and behavioral strategies

NOTE Confidence: 0.83903766

 $00:36:43.520 \longrightarrow 00:36:45.870$  should be recommended in those

NOTE Confidence: 0.83903766

 $00:36:45.870 \longrightarrow 00:36:48.015$  with PCOS and excess weight

NOTE Confidence: 0.83903766

 $00:36:48.015 \longrightarrow 00:36:49.623$  for reductions in weight,

NOTE Confidence: 0.83903766

00:36:49.630 --> 00:36:51.850 central obesity and insulin resistance,

NOTE Confidence: 0.83903766

 $00:36:51.850 \longrightarrow 00:36:54.070$  and this has limited confidence

NOTE Confidence: 0.83903766

 $00:36:54.070 \longrightarrow 00:36:56.290$  in the level of evidence.

NOTE Confidence: 0.8140758

 $00:36:59.350 \longrightarrow 00:37:01.230$  They don't effective CPAP in

NOTE Confidence: 0.8140758

 $00:37:01.230 \longrightarrow 00:37:02.734$  PCOS are extremely limited.

 $00:37:02.740 \longrightarrow 00:37:06.133$  This is one of the only studies to date.

NOTE Confidence: 0.8140758

 $00:37:06.140 \longrightarrow 00:37:08.440$  It addresses the question what

NOTE Confidence: 0.8140758

 $00:37:08.440 \longrightarrow 00:37:10.740$  are the cardiometabolic effects of

NOTE Confidence: 0.8140758

00:37:10.820 --> 00:37:13.158 short term C pap therapy in PCOS?

NOTE Confidence: 0.8140758

 $00:37:13.160 \longrightarrow 00:37:14.776$  Here the intervention is

NOTE Confidence: 0.8140758

 $00:37:14.776 \longrightarrow 00:37:16.796$  8 weeks of CPAP therapy.

NOTE Confidence: 0.8140758

00:37:16.800 --> 00:37:18.940 The measures include metabolic, hormonal,

NOTE Confidence: 0.8140758

 $00:37:18.940 \longrightarrow 00:37:20.592$  and cardiovascular assessments at

NOTE Confidence: 0.8140758

 $00:37:20.592 \longrightarrow 00:37:23.630$  baseline and after eight weeks of therapy.

NOTE Confidence: 0.8140758

00:37:23.630 --> 00:37:26.186 The subjects are 56 young women,

NOTE Confidence: 0.8140758

 $00:37:26.190 \longrightarrow 00:37:28.698$  young obese women with PCOS recruited

NOTE Confidence: 0.8140758

 $00{:}37{:}28.698 \dashrightarrow 00{:}37{:}30.890$  from a University endocrine clinic.

NOTE Confidence: 0.8140758

 $00{:}37{:}30.890 \dashrightarrow 00{:}37{:}33.446$  They were excluded if there was

NOTE Confidence: 0.8140758

00:37:33.446 --> 00:37:35.158 presence of diabetes, hypertension,

NOTE Confidence: 0.8140758

 $00:37:35.158 \longrightarrow 00:37:36.870$  or significant cardiovascular disease,

00:37:36.870 --> 00:37:40.765 and they must have been off any \*\*\* steroids,

NOTE Confidence: 0.8140758

 $00{:}37{:}40.765 \dashrightarrow 00{:}37{:}43.140$  anti androgens or insulin lowering

NOTE Confidence: 0.8140758

 $00:37:43.140 \longrightarrow 00:37:45.040$  medications for eight weeks

NOTE Confidence: 0.8140758

00:37:45.112 --> 00:37:46.828 prior to the intervention.

NOTE Confidence: 0.8140758

 $00:37:46.830 \longrightarrow 00:37:48.382$  26 of them met,

NOTE Confidence: 0.8140758

 $00:37:48.382 \longrightarrow 00:37:49.546$  including criteria which

NOTE Confidence: 0.8140758

00:37:49.546 --> 00:37:51.219 includes a diagnosis of OSA.

NOTE Confidence: 0.8140758

 $00:37:51.220 \longrightarrow 00:37:53.698$  7 dropped out among the 19 who

NOTE Confidence: 0.8140758

 $00{:}37{:}53.698 \dashrightarrow 00{:}37{:}55.250$  completed this study study.

NOTE Confidence: 0.8140758

 $00:37:55.250 \longrightarrow 00:37:57.440$  Only nine were Papa here and.

NOTE Confidence: 0.776644770000001

 $00{:}37{:}59.510 \dashrightarrow 00{:}38{:}01.526$  When we look at just those who

NOTE Confidence: 0.776644770000001

 $00:38:01.526 \longrightarrow 00:38:03.783$  were Papa here and graph A here

NOTE Confidence: 0.776644770000001

 $00:38:03.783 \longrightarrow 00:38:05.775$  shows a fitted regression values of

NOTE Confidence: 0.776644770000001

 $00:38:05.847 \longrightarrow 00:38:07.702$  the change in insulin sensitivity

NOTE Confidence: 0.776644770000001

 $00:38:07.702 \longrightarrow 00:38:10.490$  after CPAP as a function of BMI.

NOTE Confidence: 0.776644770000001

 $00:38:10.490 \longrightarrow 00:38:13.280$  There's a function that CPAP use.

 $00:38:13.280 \longrightarrow 00:38:15.696$  The dark line here represents a line of

NOTE Confidence: 0.776644770000001

 $00{:}38{:}15.696 \dashrightarrow 00{:}38{:}18.720$  fit and the dotted lines represent the

NOTE Confidence: 0.776644770000001

 $00:38:18.720 \longrightarrow 00:38:21.070$  95th percentile constant confidence bands.

NOTE Confidence: 0.776644770000001

00:38:21.070 --> 00:38:22.830 Improvement in insulin sensitivity

NOTE Confidence: 0.776644770000001

00:38:22.830 --> 00:38:25.470 after C pap is greatest among

NOTE Confidence: 0.776644770000001

00:38:25.547 --> 00:38:27.815 women with lower BMI assist here.

NOTE Confidence: 0.776644770000001

 $00:38:27.820 \longrightarrow 00:38:30.232$  Anne was greater with more hours

NOTE Confidence: 0.776644770000001

 $00:38:30.232 \longrightarrow 00:38:32.938$  of CPAP used as we see here.

NOTE Confidence: 0.776644770000001

 $00{:}38{:}32.940 \dashrightarrow 00{:}38{:}34.986$  Graph B shows modeling of change

NOTE Confidence: 0.776644770000001

 $00:38:34.986 \longrightarrow 00:38:36.350$  in insulin sensitivity expected

NOTE Confidence: 0.776644770000001

 $00:38:36.404 \longrightarrow 00:38:37.310$  after four hours,

NOTE Confidence: 0.776644770000001

 $00{:}38{:}37.310 \dashrightarrow 00{:}38{:}40.208$ 6 hours and 8 hours of sleep apneas per

NOTE Confidence: 0.776644770000001

 $00{:}38{:}40.208 \dashrightarrow 00{:}38{:}42.576$  night in an overly weight patient here

NOTE Confidence: 0.776644770000001

 $00:38:42.576 \longrightarrow 00:38:46.035$  with a BMI of 28 and an obese patient here.

NOTE Confidence: 0.776644770000001

 $00:38:46.040 \longrightarrow 00:38:48.287$  Would it be in my 35 predicted

 $00:38:48.287 \longrightarrow 00:38:50.107$  improvement in insulin sensitivity after

NOTE Confidence: 0.776644770000001

 $00{:}38{:}50.107 \dashrightarrow 00{:}38{:}52.471$  treatment of OSA is more pronounced

NOTE Confidence: 0.776644770000001

00:38:52.471 --> 00:38:55.001 with longer hours of C pap used in

NOTE Confidence: 0.776644770000001

00:38:55.001 --> 00:38:57.128 a dose dependent manner and is of

NOTE Confidence: 0.776644770000001

 $00:38:57.128 \longrightarrow 00:38:59.480$  lesser magnitude in patients with higher BMI.

NOTE Confidence: 0.776644770000001 00:38:59.480 --> 00:39:00.015 Again, NOTE Confidence: 0.776644770000001

 $00:39:00.015 \longrightarrow 00:39:04.830$  this is all modeling data here on the bottom.

NOTE Confidence: 0.776644770000001

00:39:04.830 --> 00:39:06.222 Another significant finding in

NOTE Confidence: 0.776644770000001

 $00:39:06.222 \dashrightarrow 00:39:08.837$  this study was that short term pap

NOTE Confidence: 0.776644770000001

 $00:39:08.837 \longrightarrow 00:39:10.709$  therapy reduce norepinephrine levels.

NOTE Confidence: 0.776644770000001

 $00:39:10.710 \longrightarrow 00:39:12.630$  Here we see norepine phrine levels

NOTE Confidence: 0.776644770000001

00:39:12.630 --> 00:39:15.894 on the Y axis and the 24 hour day

NOTE Confidence: 0.776644770000001

00:39:15.894 --> 00:39:18.331 on the X axis potted along this

NOTE Confidence: 0.776644770000001

 $00:39:18.331 \longrightarrow 00:39:21.085$  continuum is the mean levels of

NOTE Confidence: 0.776644770000001

 $00:39:21.085 \longrightarrow 00:39:23.252$  norepinephrine before an after eight

NOTE Confidence: 0.776644770000001

 $00:39:23.252 \longrightarrow 00:39:25.207$  weeks to see pap therapy.

00:39:25.210 --> 00:39:27.898 The Gray bars indicate meals and the

NOTE Confidence: 0.776644770000001

 $00:39:27.898 \dashrightarrow 00:39:31.090$  black bar here indicates that I'm in bed.

NOTE Confidence: 0.776644770000001

00:39:31.090 --> 00:39:32.658 See PAP treatment resulted

NOTE Confidence: 0.776644770000001

 $00:39:32.658 \longrightarrow 00:39:34.305$  in a 25% reduction.

NOTE Confidence: 0.776644770000001

00:39:34.305 --> 00:39:37.095 In the mean 24 hour plasma

NOTE Confidence: 0.776644770000001

 $00:39:37.095 \longrightarrow 00:39:38.025$  norepinephrine levels,

NOTE Confidence: 0.776644770000001

 $00:39:38.030 \longrightarrow 00:39:41.408$  it's interesting to note that affects

NOTE Confidence: 0.776644770000001

 $00{:}39{:}41.408 \dashrightarrow 00{:}39{:}44.570$  extended beyond hours of CPAP use.

NOTE Confidence: 0.776644770000001

 $00:39:44.570 \longrightarrow 00:39:46.376$  I will mention that the authors

NOTE Confidence: 0.776644770000001

 $00:39:46.376 \longrightarrow 00:39:48.210$  did also look at cortisol,

NOTE Confidence: 0.776644770000001

00:39:48.210 --> 00:39:49.870 epinephrine, an left in levels,

NOTE Confidence: 0.776644770000001

 $00{:}39{:}49.870 \dashrightarrow 00{:}39{:}51.525$  but there was no significant

NOTE Confidence: 0.776644770000001

 $00{:}39{:}51.525 \dashrightarrow 00{:}39{:}53.180$  changes detected in those levels.

NOTE Confidence: 0.78457415

 $00:39:55.520 \longrightarrow 00:39:58.495$  Here the authors show the reduction in

NOTE Confidence: 0.78457415

 $00:39:58.495 \longrightarrow 00:40:00.429$  sympathetic activity after CPAP use.

 $00:40:00.430 \longrightarrow 00:40:02.878$  Segments of ECG recordings at these

NOTE Confidence: 0.78457415

 $00{:}40{:}02.878 \dashrightarrow 00{:}40{:}04.908$  four time points, dinner, bed time,

NOTE Confidence: 0.78457415

 $00:40:04.908 \longrightarrow 00:40:07.302$  breakfast and lunch or uses markers

NOTE Confidence: 0.78457415

 $00:40:07.302 \longrightarrow 00:40:08.995$  of cardiac autonomic function

NOTE Confidence: 0.78457415

 $00{:}40{:}08.995 \dashrightarrow 00{:}40{:}11.467$  before and after C PAP treatment.

NOTE Confidence: 0.78457415

 $00:40:11.470 \longrightarrow 00:40:13.310$  The authors used spectral analysis

NOTE Confidence: 0.78457415

 $00:40:13.310 \longrightarrow 00:40:15.150$  of heart rate variability to

NOTE Confidence: 0.78457415

00:40:15.212 --> 00:40:16.790 measure autonomic activity.

NOTE Confidence: 0.78457415

00:40:16.790 --> 00:40:19.046 Here, the high frequency HF means

NOTE Confidence: 0.78457415

 $00:40:19.046 \longrightarrow 00:40:21.050$  normalized high frequency band is

NOTE Confidence: 0.78457415

 $00{:}40{:}21.050 \dashrightarrow 00{:}40{:}23.225$  essentially a surrogate for vagal

NOTE Confidence: 0.78457415

00:40:23.225 --> 00:40:24.965 activity or parasympathetic activity.

NOTE Confidence: 0.78457415

 $00:40:24.970 \longrightarrow 00:40:27.130$  Bagel activity appears increased faster.

NOTE Confidence: 0.78457415

 $00:40:27.130 \longrightarrow 00:40:30.066$  The past few years, as you see here,

NOTE Confidence: 0.78457415

00:40:30.070 --> 00:40:32.646 the LM is normalized low frequency band,

NOTE Confidence: 0.78457415

 $00:40:32.650 \longrightarrow 00:40:34.485$  which is essentially a marker

 $00{:}40{:}34.485 \dashrightarrow 00{:}40{:}35.586$  for sympathetic activity,

NOTE Confidence: 0.78457415

 $00{:}40{:}35.590 \dashrightarrow 00{:}40{:}39.550$  and you see that decrease after CPAP use.

NOTE Confidence: 0.78457415

 $00:40:39.550 \longrightarrow 00:40:43.600$  The last chart here the L F2 HF ratios

NOTE Confidence: 0.78457415

 $00:40:43.600 \longrightarrow 00:40:46.307$  essentially index of cardio symptom.

NOTE Confidence: 0.78457415

 $00:40:46.310 \longrightarrow 00:40:50.174$  They go activity and that is

NOTE Confidence: 0.78457415

 $00:40:50.174 \longrightarrow 00:40:53.370$  also reduced after CPAP use.

NOTE Confidence: 0.78457415

 $00:40:53.370 \longrightarrow 00:40:54.008$  So again,

NOTE Confidence: 0.78457415

 $00{:}40{:}54.008 \mathrel{--}{>} 00{:}40{:}55.922$  the pickle method this year is

NOTE Confidence: 0.78457415

 $00:40:55.922 \longrightarrow 00:40:58.580$  that pap therapy seems to reduce

NOTE Confidence: 0.78457415

 $00:40:58.580 \longrightarrow 00:40:59.556$  sympathetic activity.

NOTE Confidence: 0.8454247

 $00:41:02.680 \longrightarrow 00:41:04.300$  And this is the last study

NOTE Confidence: 0.8454247

00:41:04.300 --> 00:41:05.830 I will highlight because it

NOTE Confidence: 0.8454247

 $00{:}41{:}05.830 \dashrightarrow 00{:}41{:}07.398$  addresses an interesting question.

NOTE Confidence: 0.8454247

 $00{:}41{:}07.400 \dashrightarrow 00{:}41{:}10.970$  CLOSE PCOS treatment prevent OSA.

NOTE Confidence: 0.8454247

 $00:41:10.970 \longrightarrow 00:41:13.178$  In a longitudinal study with peer

 $00:41:13.178 \longrightarrow 00:41:15.813$  she data at baseline and at three

NOTE Confidence: 0.8454247

 $00{:}41{:}15.813 \dashrightarrow 00{:}41{:}17.985$  years follow up in 15 adolescent

NOTE Confidence: 0.8454247

00:41:17.985 --> 00:41:20.531 females with PCOS treated for

NOTE Confidence: 0.8454247

 $00:41:20.531 \longrightarrow 00:41:22.647$  hyperandrogenism and insulin resistance.

NOTE Confidence: 0.8454247

 $00:41:22.650 \longrightarrow 00:41:24.310$  We see here that.

NOTE Confidence: 0.8218088

00:41:26.500 --> 00:41:29.272 At baseline or their, their weight

NOTE Confidence: 0.8218088

 $00:41:29.272 \longrightarrow 00:41:32.199$  has not changed after three years.

NOTE Confidence: 0.8218088

 $00:41:32.200 \longrightarrow 00:41:33.478$  With treatment plan,

NOTE Confidence: 0.8218088

00:41:33.478 --> 00:41:36.994 it stayed around 32 for BMI and just

NOTE Confidence: 0.8218088

 $00:41:36.994 \longrightarrow 00:41:40.095$  just to kind of review that the

NOTE Confidence: 0.8218088

 $00:41:40.095 \longrightarrow 00:41:42.729$  treatment looking farther into this

NOTE Confidence: 0.8218088

 $00:41:42.729 \longrightarrow 00:41:45.499$  study was actually not standardized.

NOTE Confidence: 0.8218088

 $00:41:45.500 \longrightarrow 00:41:47.975$  It included either a comprehensive

NOTE Confidence: 0.8218088

 $00{:}41{:}47.975 \dashrightarrow 00{:}41{:}50.450$  lifestyle intervention that only about

NOTE Confidence: 0.8218088

 $00:41:50.526 \longrightarrow 00:41:53.478$  50% of the participants took part in

NOTE Confidence: 0.8218088

 $00:41:53.478 \longrightarrow 00:41:56.730$  an in a combination of medications.

 $00:41:56.730 \longrightarrow 00:41:59.138$  So I follow up three of the girls

NOTE Confidence: 0.8218088

 $00:41:59.138 \longrightarrow 00:42:01.178$  were not on any medications.

NOTE Confidence: 0.8218088

 $00:42:01.180 \longrightarrow 00:42:02.616$  Two were taking Ocps,

NOTE Confidence: 0.8218088

00:42:02.616 --> 00:42:05.157 eight were taking an anti androgen drug

NOTE Confidence: 0.8218088

00:42:05.157 --> 00:42:07.669 called Diane 35 and one was taking OCP.

NOTE Confidence: 0.8218088

00:42:07.670 --> 00:42:09.380 Plus metformin was taking Diane

NOTE Confidence: 0.8218088

 $00:42:09.380 \longrightarrow 00:42:10.406$  35 plus performance.

NOTE Confidence: 0.8218088

 $00{:}42{:}10.410 \dashrightarrow 00{:}42{:}12.434$  So as you can tell there was a

NOTE Confidence: 0.8218088

 $00:42:12.434 \longrightarrow 00:42:14.860$  lot of variability into treatment.

NOTE Confidence: 0.8638948

00:42:17.530 --> 00:42:19.618 So you know I, I just want to

NOTE Confidence: 0.8638948

 $00:42:19.618 \longrightarrow 00:42:21.680$  point out here that the weight

NOTE Confidence: 0.8638948

 $00:42:21.680 \longrightarrow 00:42:23.888$  and BMI were maintained after all,

NOTE Confidence: 0.8638948

 $00{:}42{:}23.890 \dashrightarrow 00{:}42{:}26.116$  as opposed to increase after three years.

NOTE Confidence: 0.8638948

00:42:26.120 --> 00:42:28.586 And this was attributed to having

NOTE Confidence: 0.8638948

 $00:42:28.586 \longrightarrow 00:42:30.969$  some form of treatment for PCOS.

 $00:42:30.970 \longrightarrow 00:42:33.818$  And we don't see a in a significant

NOTE Confidence: 0.8638948

 $00{:}42{:}33.818 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}42{:}36.831$  difference here in the markers of glucose

NOTE Confidence: 0.8638948

 $00:42:36.831 \longrightarrow 00:42:39.061$  fasting glucose or insulin resistance,

NOTE Confidence: 0.8638948

 $00:42:39.070 \longrightarrow 00:42:42.679$  but that's perhaps this is the fact that very

NOTE Confidence: 0.8638948

 $00:42:42.679 \longrightarrow 00:42:46.198$  few of these teenagers were on metformin.

NOTE Confidence: 0.8638948

 $00:42:46.200 \longrightarrow 00:42:48.454$  And then we do see a significant

NOTE Confidence: 0.8638948

 $00:42:48.454 \longrightarrow 00:42:50.450$  reduction in free androgen index,

NOTE Confidence: 0.8638948

 $00:42:50.450 \longrightarrow 00:42:53.432$  and that's likely because many of them

NOTE Confidence: 0.8638948

 $00{:}42{:}53.432 \to 00{:}42{:}56.978$  were on an anti androgen medication.

NOTE Confidence: 0.8638948

 $00:42:56.980 \longrightarrow 00:42:59.505$  With treatment Ann the Adolescents

NOTE Confidence: 0.8638948

00:42:59.505 --> 00:43:03.230 with PCOS had no changes in their AHI,

NOTE Confidence: 0.8638948

 $00:43:03.230 \longrightarrow 00:43:08.180$  which was normal and less than one per hour.

NOTE Confidence: 0.8638948

 $00:43:08.180 \longrightarrow 00:43:10.439$  At three years follow up as you see here,

NOTE Confidence: 0.8638948

 $00:43:10.440 \longrightarrow 00:43:13.026$  along with the other sleep parameters.

NOTE Confidence: 0.8638948

00:43:13.030 --> 00:43:15.445 I bring up this study because it

NOTE Confidence: 0.8638948

00:43:15.445 --> 00:43:17.750 suggests that early treatment of PCOS,

 $00:43:17.750 \longrightarrow 00:43:19.302$  particularly treatment that achieves

NOTE Confidence: 0.8638948

 $00:43:19.302 \longrightarrow 00:43:21.242$  weight maintenance and a slight

NOTE Confidence: 0.8638948

00:43:21.242 --> 00:43:22.829 reduction in free androgen index,

NOTE Confidence: 0.8638948

00:43:22.830 --> 00:43:25.205 may potentially prevent or at

NOTE Confidence: 0.8638948

 $00{:}43{:}25.205 \dashrightarrow 00{:}43{:}28.073$  least delay the development of OSA

NOTE Confidence: 0.8638948

 $00:43:28.073 \longrightarrow 00:43:30.515$  in an otherwise high risk group.

NOTE Confidence: 0.8638948

00:43:30.520 --> 00:43:31.555 Now, of course,

NOTE Confidence: 0.8638948

 $00:43:31.555 \longrightarrow 00:43:33.280$  this study has its weaknesses.

NOTE Confidence: 0.8638948

 $00:43:33.280 \longrightarrow 00:43:35.010$  It was a small study.

NOTE Confidence: 0.8638948

00:43:35.010 --> 00:43:36.730 The subjects were still quite

NOTE Confidence: 0.8638948

 $00:43:36.730 \longrightarrow 00:43:38.106$  young that follow up.

NOTE Confidence: 0.8638948

 $00{:}43{:}38.110 \dashrightarrow 00{:}43{:}39.490$  There was no standardized

NOTE Confidence: 0.8638948

 $00{:}43{:}39.490 \dashrightarrow 00{:}43{:}40.870$  treatment as I mentioned,

NOTE Confidence: 0.8638948

 $00:43:40.870 \longrightarrow 00:43:42.940$  and no comparative data on adolescents.

NOTE Confidence: 0.8638948

 $00:43:42.940 \longrightarrow 00:43:43.630$  Untreated PCOS.

 $00:43:46.070 \longrightarrow 00:43:47.905$  So finally back to our

NOTE Confidence: 0.77841204

 $00{:}43{:}47.905 \dashrightarrow 00{:}43{:}49.740$  case for our patient SK.

NOTE Confidence: 0.77841204

 $00:43:49.740 \longrightarrow 00:43:53.034$  The 38 year old patient with PCOS and OSA.

NOTE Confidence: 0.77841204

 $00:43:53.040 \longrightarrow 00:43:55.392$  Our recommendations for her which are in

NOTE Confidence: 0.77841204

 $00:43:55.392 \longrightarrow 00:43:57.809$  this shape app with close monitoring.

NOTE Confidence: 0.77841204

 $00:43:57.810 \longrightarrow 00:44:00.100$  Aim for five to 10% weight

NOTE Confidence: 0.77841204

 $00:44:00.100 \longrightarrow 00:44:01.450$  reduction with referrals.

NOTE Confidence: 0.77841204

 $00:44:01.450 \longrightarrow 00:44:02.800$  Weight management clinic.

NOTE Confidence: 0.77841204

 $00:44:02.800 \longrightarrow 00:44:04.774$  We encourage the patient to re

NOTE Confidence: 0.77841204

 $00:44:04.774 \longrightarrow 00:44:07.083$  establish care for PCOS and discuss

NOTE Confidence: 0.77841204

 $00{:}44{:}07.083 \dashrightarrow 00{:}44{:}09.398$  referral between an endocrinologist or

NOTE Confidence: 0.77841204

 $00:44:09.398 \longrightarrow 00:44:11.734$  a reproductive specialist and decided

NOTE Confidence: 0.77841204

 $00:44:11.734 \longrightarrow 00:44:13.490$  on reproductive specialist because

NOTE Confidence: 0.77841204

 $00{:}44{:}13.490 \dashrightarrow 00{:}44{:}15.652$  of her preference achieve fertility.

NOTE Confidence: 0.77841204

 $00:44:15.652 \longrightarrow 00:44:17.662$  We also discussed potentially restarting

NOTE Confidence: 0.77841204

00:44:17.662 --> 00:44:20.229 metformin to assist with weight reduction,

00:44:20.230 --> 00:44:21.890 improve sense insulin sensitivity,

NOTE Confidence: 0.77841204

 $00{:}44{:}21.890 \dashrightarrow 00{:}44{:}24.380$  and potentially restore her menstrual cycles.

NOTE Confidence: 0.8305148

00:44:26.720 --> 00:44:27.623 So in summary,

NOTE Confidence: 0.8305148

00:44:27.623 --> 00:44:29.730 here are the take home bullet points.

NOTE Confidence: 0.8305148

 $00:44:29.730 \longrightarrow 00:44:32.160$  OSA has a high prevalence of

NOTE Confidence: 0.8305148

 $00:44:32.160 \longrightarrow 00:44:34.190$  35% among women with PCOS,

NOTE Confidence: 0.8305148

 $00:44:34.190 \longrightarrow 00:44:35.405$  controlling for BMI.

NOTE Confidence: 0.8305148

 $00:44:35.410 \longrightarrow 00:44:38.344$  The risk of OSA is 5 to 10 fold

NOTE Confidence: 0.8305148

 $00:44:38.344 \longrightarrow 00:44:40.699$  higher in adults with PCOS

NOTE Confidence: 0.8305148

 $00:44:40.699 \longrightarrow 00:44:43.129$  compared to those without PCOS.

NOTE Confidence: 0.8305148

 $00:44:43.130 \longrightarrow 00:44:46.364 *** hormones play a role in the$ 

NOTE Confidence: 0.8305148

 $00:44:46.364 \longrightarrow 00:44:48.569$  pathogenesis of OSA in PCOS.

NOTE Confidence: 0.8305148

00:44:48.570 --> 00:44:50.730 Insulin resistance is a key feature

NOTE Confidence: 0.8305148

 $00:44:50.730 \longrightarrow 00:44:53.010$  in both of these conditions.

NOTE Confidence: 0.8305148

00:44:53.010 --> 00:44:54.630 Metformin may reduce BMI,

 $00:44:54.630 \longrightarrow 00:44:55.440$  insulin resistance,

NOTE Confidence: 0.8305148

00:44:55.440 --> 00:44:57.858 and net worth C PAP therapy,

NOTE Confidence: 0.8305148

 $00:44:57.860 \longrightarrow 00:45:00.688$  or oh for OSA in PCOS may

NOTE Confidence: 0.8305148

 $00:45:00.688 \longrightarrow 00:45:01.900$  reduce cardiometabolic risk.

NOTE Confidence: 0.8305148

00:45:01.900 --> 00:45:04.595 Early treatment of PCOS may

NOTE Confidence: 0.8305148

00:45:04.595 --> 00:45:07.770 reduce the risk of developing OSA.

NOTE Confidence: 0.8305148

 $00{:}45{:}07.770 \dashrightarrow 00{:}45{:}10.186$  I want to end with the comment that

NOTE Confidence: 0.8305148

 $00:45:10.186 \longrightarrow 00:45:11.822$  resources only skimmed the surface

NOTE Confidence: 0.8305148

 $00{:}45{:}11.822 \dashrightarrow 00{:}45{:}14.069$  on the link between PCOS and OSA.

NOTE Confidence: 0.8305148

 $00:45:14.070 \longrightarrow 00:45:16.373$  We still have much more to learn

NOTE Confidence: 0.8305148

 $00{:}45{:}16.373 \dashrightarrow 00{:}45{:}18.795$  about the role of \*\*\* hormones in the

NOTE Confidence: 0.8305148

 $00:45:18.795 \longrightarrow 00:45:20.685$  pathogenesis of OSA into feel less.

NOTE Confidence: 0.8305148

00:45:20.690 --> 00:45:23.371 It will also be interesting to see

NOTE Confidence: 0.8305148

 $00:45:23.371 \longrightarrow 00:45:24.956$  more longitudinal data regarding

NOTE Confidence: 0.8305148

 $00:45:24.956 \longrightarrow 00:45:27.134$  the treatment of OSA cinepax in

NOTE Confidence: 0.8305148

 $00:45:27.134 \longrightarrow 00:45:29.353$  PCOS as well as the treatment

 $00:45:29.353 \longrightarrow 00:45:31.118$  of PCOS is impacting OSA.

NOTE Confidence: 0.8305148

 $00:45:31.120 \longrightarrow 00:45:33.262$  And so hopefully I have accomplished

NOTE Confidence: 0.8305148

 $00:45:33.262 \longrightarrow 00:45:35.337$  the learning objectives in this hour

NOTE Confidence: 0.8305148

 $00:45:35.337 \longrightarrow 00:45:37.402$  and thank you all for your attention.

NOTE Confidence: 0.8305148

 $00:45:37.410 \longrightarrow 00:45:39.524$  I also want to thank all of

NOTE Confidence: 0.8305148

 $00:45:39.524 \longrightarrow 00:45:41.050$  the Yale faculty members,

NOTE Confidence: 0.8305148

00:45:41.050 --> 00:45:42.046 particularly this doctors,

NOTE Confidence: 0.8305148

 $00:45:42.046 \longrightarrow 00:45:42.710$  Tobias Hilbert,

NOTE Confidence: 0.8305148

 $00:45:42.710 \longrightarrow 00:45:45.146$  and minor for giving me feedback on

NOTE Confidence: 0.8305148

 $00:45:45.146 \longrightarrow 00:45:47.242$  my presentation and for Doctor Motion

NOTE Confidence: 0.8305148

00:45:47.242 --> 00:45:49.990 and for supervising me on the case of SK.

NOTE Confidence: 0.8305148

 $00{:}45{:}49.990 \dashrightarrow 00{:}45{:}52.614$  And I will leave you with this image

NOTE Confidence: 0.8305148

 $00{:}45{:}52.614 \dashrightarrow 00{:}45{:}54.955$  to remind us about the balance of

NOTE Confidence: 0.8305148

00:45:54.955 --> 00:45:56.945 \*\*\* hormones or just bounds in

NOTE Confidence: 0.8305148

 $00:45:56.945 \longrightarrow 00:45:58.991$  general and open the floor for

00:45:58.991 --> 00:46:00.910 up for any questions. Thank you.

NOTE Confidence: 0.8476358

 $00:46:02.680 \longrightarrow 00:46:05.025$  Thank you man, that was excellent really.

NOTE Confidence: 0.8476358

 $00{:}46{:}05.030 \dashrightarrow 00{:}46{:}06.302$  A wonderful, wonderful overview.

NOTE Confidence: 0.8476358

 $00:46:06.302 \longrightarrow 00:46:08.906$  So what I would love is if people

NOTE Confidence: 0.8476358

 $00:46:08.906 \longrightarrow 00:46:10.496$  would like to either unmute

NOTE Confidence: 0.8476358

00:46:10.496 --> 00:46:12.420 themselves and ask their questions,

NOTE Confidence: 0.8476358

 $00:46:12.420 \longrightarrow 00:46:15.164$  or feel free to put questions in the

NOTE Confidence: 0.8476358

 $00{:}46{:}15.164 \dashrightarrow 00{:}46{:}17.811$  chat and I will read them so that

NOTE Confidence: 0.8476358

 $00:46:17.811 \longrightarrow 00:46:20.820$  we don't look at them so we have one

NOTE Confidence: 0.8476358

 $00:46:20.820 \longrightarrow 00:46:23.172$  question from one of our former fellows.

NOTE Confidence: 0.8476358

 $00{:}46{:}23.172 \dashrightarrow 00{:}46{:}24.180$  A great talk.

NOTE Confidence: 0.8476358

 $00:46:24.180 \longrightarrow 00:46:26.196$  What is the timeline from developing

NOTE Confidence: 0.8476358

 $00:46:26.196 \longrightarrow 00:46:28.220$  PCOS to developing OSA? What do

NOTE Confidence: 0.8476358

 $00:46:28.220 \longrightarrow 00:46:29.560$  we know about them?

NOTE Confidence: 0.8476358

 $00:46:29.560 \longrightarrow 00:46:30.900$  That's a great question.

NOTE Confidence: 0.8476358

 $00:46:30.900 \longrightarrow 00:46:33.937$  So what we know is that. Typically,

00:46:33.937 --> 00:46:37.626 women who develop PCOS develop it earlier,

NOTE Confidence: 0.8476358

 $00{:}46{:}37.630 \dashrightarrow 00{:}46{:}41.854$  typically soon after their men are key an.

NOTE Confidence: 0.8476358

 $00:46:41.860 \longrightarrow 00:46:45.339$  There is typically a lapse of years

NOTE Confidence: 0.8476358

 $00:46:45.339 \longrightarrow 00:46:49.684$  later in the studies I found many of

NOTE Confidence: 0.8476358

00:46:49.684 --> 00:46:53.469 the adolescent studies 3rd to show OSA,

NOTE Confidence: 0.8476358

 $00:46:53.470 \longrightarrow 00:46:56.697$  appear in the in the late teens

NOTE Confidence: 0.8476358

 $00:46:56.697 \longrightarrow 00:46:59.995$  early 20s and there is definitely

NOTE Confidence: 0.8476358

 $00{:}46{:}59.995 \dashrightarrow 00{:}47{:}03.613$  also a component of obesity that.

NOTE Confidence: 0.8476358

00:47:03.620 --> 00:47:06.567 That of course, the heavier the women,

NOTE Confidence: 0.8476358

 $00:47:06.570 \longrightarrow 00:47:09.377$  the more likely to they are to

NOTE Confidence: 0.8476358

00:47:09.377 --> 00:47:12.876 have OSA at an earlier age in PCOS,

NOTE Confidence: 0.8476358

 $00:47:12.880 \longrightarrow 00:47:15.400$  but definitely at a younger age than

NOTE Confidence: 0.8476358

 $00:47:15.400 \longrightarrow 00:47:18.359$  compared to the general female population.

NOTE Confidence: 0.84743434

 $00:47:19.220 \longrightarrow 00:47:20.045$  Great thank you.

NOTE Confidence: 0.84743434

 $00:47:20.045 \longrightarrow 00:47:21.695$  Alright where we have a couple

00:47:21.695 --> 00:47:23.460 of outstanding presentations.

NOTE Confidence: 0.84743434

 $00{:}47{:}23.460 \dashrightarrow 00{:}47{:}26.475$  Great talk so it's always nice to see those

NOTE Confidence: 0.84743434

 $00:47:26.475 \longrightarrow 00:47:29.098$  people don't feel free to ask questions.

NOTE Confidence: 0.84743434

 $00:47:29.100 \longrightarrow 00:47:31.184$  You know doctor too.

NOTE Confidence: 0.84743434

 $00:47:31.184 \longrightarrow 00:47:33.789$  I was really struck by.

NOTE Confidence: 0.84743434

 $00:47:33.790 \longrightarrow 00:47:35.692$  Sort of similar to the to

NOTE Confidence: 0.84743434

00:47:35.692 --> 00:47:36.643 your pregnancy data.

NOTE Confidence: 0.84743434

 $00:47:36.650 \longrightarrow 00:47:38.240$  When you when you serve,

NOTE Confidence: 0.84743434

 $00{:}47{:}38.240 \dashrightarrow 00{:}47{:}40.148$  aid OB GY and practitioners here,

NOTE Confidence: 0.84743434

 $00:47:40.150 \longrightarrow 00:47:42.250$  you know you presented that data

NOTE Confidence: 0.84743434

 $00:47:42.250 \longrightarrow 00:47:44.264$  about practitioners who take care of

NOTE Confidence: 0.84743434

00:47:44.264 --> 00:47:46.182 these women with PCOS all the time,

NOTE Confidence: 0.84743434

 $00:47:46.190 \longrightarrow 00:47:48.092$  but their referral rates for sleep

NOTE Confidence: 0.84743434

 $00:47:48.092 \longrightarrow 00:47:49.686$  evaluations seem right, extraordinary low.

NOTE Confidence: 0.84743434

 $00:47:49.686 \longrightarrow 00:47:52.870$  And so how do we? How do we change that?

NOTE Confidence: 0.84743434

 $00:47:52.870 \longrightarrow 00:47:54.138$  Like what would you?

00:47:54.138 --> 00:47:55.406 What would you suggest?

NOTE Confidence: 0.83638996

 $00{:}47{:}56.130 \to 00{:}47{:}59.770$  Yeah, that's it. This is a great question,

NOTE Confidence: 0.83638996

 $00{:}47{:}59.770 \dashrightarrow 00{:}48{:}02.738$  so I think a large factor in that

NOTE Confidence: 0.83638996

 $00:48:02.738 \longrightarrow 00:48:06.413$  is the lack of awareness of the the

NOTE Confidence: 0.83638996

00:48:06.413 --> 00:48:09.330 link between these two disorders,

NOTE Confidence: 0.83638996

 $00:48:09.330 \longrightarrow 00:48:11.600$  especially the lack of awareness.

NOTE Confidence: 0.83638996

00:48:11.600 --> 00:48:14.832 How early on in life that OSA may

NOTE Confidence: 0.83638996

 $00:48:14.832 \longrightarrow 00:48:18.649$  present in in these young out in the

NOTE Confidence: 0.83638996

 $00:48:18.649 \longrightarrow 00:48:21.610$  adolescents and young women with PCOS.

NOTE Confidence: 0.83638996

 $00:48:21.610 \longrightarrow 00:48:25.273$  So I think you know, to counteract that,

NOTE Confidence: 0.83638996

 $00:48:25.273 \longrightarrow 00:48:27.117$  I educational outreach too.

NOTE Confidence: 0.83638996

 $00:48:27.120 \longrightarrow 00:48:29.345$  You know, having collaboration between

NOTE Confidence: 0.83638996

 $00{:}48{:}29.345 \dashrightarrow 00{:}48{:}31.570$  the sleep providers and endocrinologist,

NOTE Confidence: 0.83638996

 $00:48:31.570 \longrightarrow 00:48:33.800$  the reproductive specialist is key.

NOTE Confidence: 0.83638996

 $00:48:33.800 \longrightarrow 00:48:36.576$  Really an an as I found out from

00:48:36.576 --> 00:48:39.789 also just reaching out to the OBGYN

NOTE Confidence: 0.83638996

 $00:48:39.789 \longrightarrow 00:48:43.140$  practitioners on my research with pregnancy.

NOTE Confidence: 0.83638996

00:48:43.140 --> 00:48:47.145 Alot of them were very open and willing to,

NOTE Confidence: 0.83638996

00:48:47.150 --> 00:48:50.258 you know, attend any future you know.

NOTE Confidence: 0.83638996

 $00:48:50.260 \longrightarrow 00:48:52.520$  Educational session on just learning

NOTE Confidence: 0.83638996

 $00:48:52.520 \longrightarrow 00:48:55.160$  about how to screen for OSA.

NOTE Confidence: 0.83638996

00:48:55.160 --> 00:48:58.106 What symptoms to look for an?

NOTE Confidence: 0.83638996

 $00:48:58.110 \longrightarrow 00:49:00.766$  And you know what the treatment benefits are.

NOTE Confidence: 0.83638996

00:49:00.770 --> 00:49:02.440 They do want to know,

NOTE Confidence: 0.83638996

 $00:49:02.440 \longrightarrow 00:49:04.100$  and they're very interested in

NOTE Confidence: 0.83638996

 $00{:}49{:}04.100 \dashrightarrow 00{:}49{:}05.096$  any educational opportunities.

NOTE Confidence: 0.83638996

00:49:05.100 --> 00:49:05.768 Terrific, right?

NOTE Confidence: 0.83638996

 $00:49:05.768 \longrightarrow 00:49:06.770$  So it sounds

NOTE Confidence: 0.8418776

 $00{:}49{:}06.770 \dashrightarrow 00{:}49{:}09.731$  like it's really up to us as the sleep

NOTE Confidence: 0.8418776

00:49:09.731 --> 00:49:11.830 practitioners to really help educate and

NOTE Confidence: 0.8418776

 $00{:}49{:}11.830 \dashrightarrow 00{:}49{:}14.429$  really teach them what they need to know.

 $00:49:14.430 \longrightarrow 00:49:16.428$  So that's terrific. Let me see.

NOTE Confidence: 0.8418776

 $00{:}49{:}16.430 --> 00{:}49{:}20.006$  I'm just saying, oh, go ahead.

NOTE Confidence: 0.8418776

00:49:20.010 --> 00:49:22.313 Ivan, that was a wonderful twice really

NOTE Confidence: 0.8418776

00:49:22.313 --> 00:49:25.020 putting it all together nicely with the

NOTE Confidence: 0.8418776

 $00:49:25.020 \longrightarrow 00:49:27.504$  scientific background and all the clinical.

NOTE Confidence: 0.8418776

 $00:49:27.510 \longrightarrow 00:49:32.016$  So as you all heard is there is a wide open.

NOTE Confidence: 0.8418776

 $00:49:32.016 \longrightarrow 00:49:33.302$  Field at investigate.

NOTE Confidence: 0.8418776

 $00:49:33.302 \longrightarrow 00:49:35.110$  They buy directional relationship between

NOTE Confidence: 0.8418776

00:49:35.110 --> 00:49:37.948 this year's and OSA and and I'm sure

NOTE Confidence: 0.8418776

 $00:49:37.948 \longrightarrow 00:49:40.882$  it's going to make a huge impact if

NOTE Confidence: 0.8418776

 $00:49:40.882 \longrightarrow 00:49:43.518$  you have better understanding of the.

NOTE Confidence: 0.8418776

 $00{:}49{:}43.518 \dashrightarrow 00{:}49{:}46.098$  Hormonal variations within PCOS population.

NOTE Confidence: 0.8418776

 $00{:}49{:}46.100 \dashrightarrow 00{:}49{:}49.468$  Some of them may not have an actual

NOTE Confidence: 0.8418776

 $00:49:49.468 \longrightarrow 00:49:51.839$  increase in androgen levels,

NOTE Confidence: 0.8418776

 $00:49:51.840 \longrightarrow 00:49:55.196$  so trying to dissect out who are

00:49:55.196 --> 00:49:57.590 within that PCOS group actually

NOTE Confidence: 0.8418776

 $00{:}49{:}57.590 \dashrightarrow 00{:}50{:}00.461$  at higher risk of developing OSA

NOTE Confidence: 0.8418776

 $00:50:00.461 \longrightarrow 00:50:02.954$  or an or metabolic syndrome.

NOTE Confidence: 0.8418776

 $00:50:02.954 \longrightarrow 00:50:05.824$  So maybe either current fellows

NOTE Confidence: 0.8418776

 $00:50:05.824 \longrightarrow 00:50:08.593$  or future fellows can actually

NOTE Confidence: 0.8418776

 $00{:}50{:}08.593 \dashrightarrow 00{:}50{:}11.959$  get into this and do a kind of a

NOTE Confidence: 0.78594595

 $00:50:11.960 \longrightarrow 00:50:13.400$  translational and clinical

NOTE Confidence: 0.78594595

 $00:50:13.400 \longrightarrow 00:50:14.840$  correlation type of

NOTE Confidence: 0.79259943

 $00:50:14.840 \longrightarrow 00:50:17.225$  research. So it's going to be

NOTE Confidence: 0.79259943

 $00:50:17.225 \longrightarrow 00:50:19.390$  very fruitful, kind of the area

NOTE Confidence: 0.7942628

 $00:50:19.390 \longrightarrow 00:50:20.838$  to investigate absolutely absolutely.

NOTE Confidence: 0.7942628

 $00:50:20.838 \longrightarrow 00:50:22.564$  Yeah, the what we know.

NOTE Confidence: 0.7942628

 $00:50:22.564 \longrightarrow 00:50:25.530$  As I've mentioned in one of the slides,

NOTE Confidence: 0.7942628

 $00:50:25.530 \longrightarrow 00:50:27.960$  is that a lot of the data we know

NOTE Confidence: 0.7942628

 $00:50:27.960 \longrightarrow 00:50:30.917$  on the effect hormones role in PCOS

NOTE Confidence: 0.7942628

 $00:50:30.917 \longrightarrow 00:50:33.110$  and OSA development comes from,

00:50:33.110 --> 00:50:35.276 you know, studies looking at normal

NOTE Confidence: 0.7942628

 $00:50:35.276 \longrightarrow 00:50:37.082$  women's luteal phase, pregnant women.

NOTE Confidence: 0.7942628

 $00:50:37.082 \longrightarrow 00:50:39.611$  And so a lot of this. This.

NOTE Confidence: 0.7942628

 $00:50:39.611 \longrightarrow 00:50:42.499$  This is still not hashed out in PCOS.

NOTE Confidence: 0.7942628

00:50:42.500 --> 00:50:43.992 So I think really,

NOTE Confidence: 0.7942628

 $00{:}50{:}43.992 \dashrightarrow 00{:}50{:}46.607$  diving in and looking at the role

NOTE Confidence: 0.7942628

 $00:50:46.607 \longrightarrow 00:50:48.270$  of \*\*\* hormones is important.

NOTE Confidence: 0.8081322

 $00:50:50.790 \longrightarrow 00:50:52.595$  Terrific so we have another

NOTE Confidence: 0.8081322

00:50:52.595 --> 00:50:54.400 question and this again revolves

NOTE Confidence: 0.8081322

 $00{:}50{:}54.461 \dashrightarrow 00{:}50{:}56.555$  around treatment and you know this

NOTE Confidence: 0.8081322

 $00{:}50{:}56.555 \dashrightarrow 00{:}50{:}58.965$  seems like limited data on C Pap's

NOTE Confidence: 0.8081322

 $00{:}50{:}58.965 \dashrightarrow 00{:}51{:}00.873$  obviously to Doctor Most means point

NOTE Confidence: 0.8081322

 $00:51:00.873 \longrightarrow 00:51:02.504$  right areas fruitful for research.

NOTE Confidence: 0.8081322

00:51:02.504 --> 00:51:04.880 But a question of have you come

NOTE Confidence: 0.8081322

 $00:51:04.880 \longrightarrow 00:51:06.685$  across any information about the

 $00:51:06.685 \longrightarrow 00:51:08.490$  role of surgical weight loss?

NOTE Confidence: 0.8081322

 $00:51:08.490 \longrightarrow 00:51:11.258$  For for individuals who have PCOS and OSA?

NOTE Confidence: 0.8136157

 $00:51:11.990 \longrightarrow 00:51:15.190$  Yes, so the current recommendations

NOTE Confidence: 0.8136157

00:51:15.190 --> 00:51:19.039 in terms of surgical weight loss

NOTE Confidence: 0.8136157

 $00:51:19.039 \longrightarrow 00:51:21.779$  from the International Society on

NOTE Confidence: 0.8136157

00:51:21.779 --> 00:51:26.109 PCOS is is kind of it's conditional.

NOTE Confidence: 0.8136157

00:51:26.110 --> 00:51:29.584 There is not enough evidence to

NOTE Confidence: 0.8136157

 $00:51:29.584 \longrightarrow 00:51:32.543$  show that even bariatric surgery

NOTE Confidence: 0.8136157

 $00{:}51{:}32.543 \dashrightarrow 00{:}51{:}35.765$  in PCOS is a strong recommendation

NOTE Confidence: 0.8136157

 $00:51:35.765 \longrightarrow 00:51:39.212$  or even a definitive potential

NOTE Confidence: 0.8136157

 $00:51:39.212 \longrightarrow 00:51:42.660$  definitive treatment for the.

NOTE Confidence: 0.8136157

00:51:42.660 --> 00:51:44.732 Hormonal imbalance or insulin

NOTE Confidence: 0.8136157

 $00:51:44.732 \longrightarrow 00:51:47.840$  resistance so they they are very,

NOTE Confidence: 0.8136157

 $00:51:47.840 \longrightarrow 00:51:51.430$  very cautious in that particular

NOTE Confidence: 0.8136157

 $00:51:51.430 \longrightarrow 00:51:54.302$  recommendation and also especially

NOTE Confidence: 0.8136157

 $00:51:54.302 \longrightarrow 00:51:58.504$  that a lot of these are young women so.

00:51:58.510 --> 00:51:59.544 And obviously,

NOTE Confidence: 0.8136157

 $00:51:59.544 \longrightarrow 00:52:02.129$  the weight comprehensive weight loss

NOTE Confidence: 0.8136157

 $00:52:02.129 \longrightarrow 00:52:05.090$  program is the initial approach.

NOTE Confidence: 0.8136157

 $00:52:05.090 \longrightarrow 00:52:06.974$  With these young women,

NOTE Confidence: 0.8136157

 $00:52:06.974 \dashrightarrow 00:52:10.567$  and certainly I have not come over

NOTE Confidence: 0.8136157

00:52:10.567 --> 00:52:13.259 across any evidence regarding

NOTE Confidence: 0.8136157

 $00:52:13.259 \longrightarrow 00:52:14.605$  bariatric surgery.

NOTE Confidence: 0.8136157

 $00:52:14.610 \longrightarrow 00:52:17.410$  For these two conditions combined.

NOTE Confidence: 0.86588

 $00:52:18.420 \longrightarrow 00:52:20.110$  Great thank you. Thank you.

NOTE Confidence: 0.86588

 $00:52:20.110 \longrightarrow 00:52:22.792$  Alright so I think we have a few more

NOTE Confidence: 0.86588

 $00{:}52{:}22.792 \dashrightarrow 00{:}52{:}25.014$  minutes or maybe one more minute

NOTE Confidence: 0.86588

 $00:52:25.014 \longrightarrow 00:52:26.869$  if anyone has another question.

NOTE Confidence: 0.86588

 $00{:}52{:}26.870 \longrightarrow 00{:}52{:}28.560$  Ann wants to unmute themselves.

NOTE Confidence: 0.86588

 $00:52:28.560 \longrightarrow 00:52:31.080$  I know we have a conference at three

NOTE Confidence: 0.86588

 $00:52:31.080 \longrightarrow 00:52:33.871$  so I I'm mindful of. Yeah, I yeah,

 $00:52:33.871 \longrightarrow 00:52:36.670$  I'd like to make a very quick comment.

NOTE Confidence: 0.86588

 $00:52:36.670 \longrightarrow 00:52:39.703$  Several years ago when I was still in Canada,

NOTE Confidence: 0.86588

 $00:52:39.710 \dashrightarrow 00:52:42.536$  I had a bunch of patients with PCOS and

NOTE Confidence: 0.86588

 $00:52:42.536 \dashrightarrow 00:52:45.546$  there was only at the time there was only

NOTE Confidence: 0.86588

 $00:52:45.546 \longrightarrow 00:52:48.159$  one article about it in the literature,

NOTE Confidence: 0.86588

 $00.52.48.160 \longrightarrow 00.52.50.170$  so I submitted my series.

NOTE Confidence: 0.86588

 $00:52:50.170 \longrightarrow 00:52:52.956$  To this Journal to the main Journal

NOTE Confidence: 0.86588

 $00:52:52.956 \longrightarrow 00:52:55.261$  of obstetrics and gynecology and

NOTE Confidence: 0.86588

 $00{:}52{:}55.261 \dashrightarrow 00{:}52{:}57.836$  I got an instantaneous rejection.

NOTE Confidence: 0.86588

 $00:52:57.840 \longrightarrow 00:53:00.437$  And the and the rejection letter said.

NOTE Confidence: 0.86588

 $00:53:00.440 \longrightarrow 00:53:02.290$  And this is a paraphrase.

NOTE Confidence: 0.86588

 $00:53:02.290 \longrightarrow 00:53:04.887$  Our readers have no interest in sleep.

NOTE Confidence: 0.86588

 $00:53:04.890 \longrightarrow 00:53:07.488$  I mean, this is like so, anyway,

NOTE Confidence: 0.86588

00:53:07.488 --> 00:53:11.569 so I thought I I sort of throw that in that,

NOTE Confidence: 0.86588

 $00:53:11.570 \longrightarrow 00:53:14.648$  and I think we might still be in that

NOTE Confidence: 0.86588

00:53:14.648 --> 00:53:16.727 situation because, as you mentioned,

00:53:16.727 --> 00:53:18.881 Janet, we're not getting a whole

NOTE Confidence: 0.86588

 $00:53:18.881 \longrightarrow 00:53:20.838$  lot of referrals from from,

NOTE Confidence: 0.86588

00:53:20.840 --> 00:53:23.320 you know, from the gynecologists.

NOTE Confidence: 0.86588

 $00:53:23.320 \longrightarrow 00:53:24.178$  Right, right I.

NOTE Confidence: 0.86588

00:53:24.178 --> 00:53:25.036 But you know,

NOTE Confidence: 0.86588

 $00:53:25.040 \longrightarrow 00:53:26.180$  as Doctor Chu mentioned,

NOTE Confidence: 0.86588

 $00:53:26.180 \longrightarrow 00:53:26.750$  you know,

NOTE Confidence: 0.86588

 $00{:}53{:}26.750 \dashrightarrow 00{:}53{:}28.268$  I think that when we approached

NOTE Confidence: 0.86588

00:53:28.268 --> 00:53:30.236 them an ask them questions about why

NOTE Confidence: 0.86588

 $00:53:30.236 \longrightarrow 00:53:32.336$  aren't you screening and what are the

NOTE Confidence: 0.86588

 $00:53:32.396 \longrightarrow 00:53:34.190$  barriers at its lack of knowledge.

NOTE Confidence: 0.86588

 $00:53:34.190 \longrightarrow 00:53:34.720$  And yes,

NOTE Confidence: 0.86588

 $00:53:34.720 \longrightarrow 00:53:36.310$  they are actually interested in learning

NOTE Confidence: 0.86588

 $00:53:36.310 \longrightarrow 00:53:37.910$  so hopefully hopefully we've evolved.

NOTE Confidence: 0.86588

00:53:37.910 --> 00:53:38.844 You know,

 $00:53:38.844 \longrightarrow 00:53:41.646$  since you got that rejection letter.

NOTE Confidence: 0.86588

 $00{:}53{:}41.650 \dashrightarrow 00{:}53{:}43.757$  So alright, well I would like to

NOTE Confidence: 0.86588

 $00:53:43.757 \longrightarrow 00:53:45.650$  thank everybody for their attention,

NOTE Confidence: 0.86588

 $00:53:45.650 \longrightarrow 00:53:46.625$  specifically Doctor Chu.

NOTE Confidence: 0.86588

 $00:53:46.625 \longrightarrow 00:53:48.575$  This was outstanding and everyone for

NOTE Confidence: 0.86588

 $00{:}53{:}48.575 \dashrightarrow 00{:}53{:}50.307$  your comments and your questions.

NOTE Confidence: 0.86588

00:53:50.310 --> 00:53:52.966 I think we will adjourn at this point,

NOTE Confidence: 0.86588

 $00:53:52.970 \longrightarrow 00:53:55.636$  so thanks everyone. Have a great thank you.

NOTE Confidence: 0.86588

 $00:53:55.636 \longrightarrow 00:53:57.302$  Bye bye great talk, Ivan.

NOTE Confidence: 0.86588

00:53:57.302 --> 00:53:59.294 Great talk. Thank you so much.

NOTE Confidence: 0.86588

 $00{:}53{:}59.300 --> 00{:}53{:}59.630 \ \mathrm{Thank}$ 

NOTE Confidence: 0.83139217

00:53:59.630 --> 00:54:01.628 you thank you, thank you everyone.