WEBVTT

NOTE duration: "01:02:06.8490000"

NOTE recognizability:0.854

NOTE language:en-us

NOTE Confidence: 0.79579986

 $00:00:00.000 \longrightarrow 00:00:02.478$  Seminar series for the spring semester.

NOTE Confidence: 0.79579986

00:00:02.480 --> 00:00:05.180 My name is Kritika Thapa and I'm an assistant

NOTE Confidence: 0.79579986

 $00:00:05.180 \longrightarrow 00:00:07.018$  professor at Yale School of Medicine.

NOTE Confidence: 0.79579986

 $00{:}07.020 \dashrightarrow 00{:}00{:}09.001$  I'm pleased to be taking over from

NOTE Confidence: 0.79579986

 $00:00:09.001 \longrightarrow 00:00:10.783$  Doctor Janet Hilbert as course director

NOTE Confidence: 0.79579986

 $00:00:10.783 \longrightarrow 00:00:12.834$  for this weekly Sleep seminar at Yale,

NOTE Confidence: 0.79579986

00:00:12.840 --> 00:00:15.330 along with Doctor Clara Yagi. First,

NOTE Confidence: 0.79579986

 $00:00:15.330 \longrightarrow 00:00:17.680$  a brief few house keeping announcements.

NOTE Confidence: 0.79579986

00:00:17.680 --> 00:00:19.276 Please take a moment to ensure

NOTE Confidence: 0.79579986

 $00:00:19.276 \longrightarrow 00:00:21.335$  that you are muted in order to

NOTE Confidence: 0.79579986

 $00:00:21.335 \longrightarrow 00:00:22.895$  receive CME credit for attendance.

NOTE Confidence: 0.79579986

 $00{:}00{:}22.900 \dashrightarrow 00{:}00{:}25.119$  Please see the chat room for instructions,

NOTE Confidence: 0.79579986

 $00:00:25.120 \longrightarrow 00:00:26.793$  and if you have any questions or

00:00:26.793 --> 00:00:28.200 comments during the presentations,

NOTE Confidence: 0.79579986

 $00:00:28.200 \longrightarrow 00:00:30.027$  please use the chat room or take

NOTE Confidence: 0.79579986

 $00:00:30.027 \longrightarrow 00:00:31.679$  the opportunity to unmute yourself.

NOTE Confidence: 0.79579986

00:00:31.680 --> 00:00:34.344 At the end of the talk and ask questions,

NOTE Confidence: 0.79579986

 $00:00:34.350 \longrightarrow 00:00:36.612$  recorded versions of these lectures will

NOTE Confidence: 0.79579986

 $00:00:36.612 \longrightarrow 00:00:38.938$  be available online within two weeks at

NOTE Confidence: 0.79579986

 $00:00:38.938 \longrightarrow 00:00:41.050$  the link provided in the chat as well.

NOTE Confidence: 0.79579986

 $00:00:41.050 \longrightarrow 00:00:43.386$  Now I have the pleasure of introducing Dr.

NOTE Confidence: 0.79579986

00:00:43.390 --> 00:00:44.256 Reena Mehra.

NOTE Confidence: 0.79579986

00:00:44.256 --> 00:00:46.421 Today, Doctor Mehra received her

NOTE Confidence: 0.79579986

 $00:00:46.421 \dashrightarrow 00:00:48.929$  medical degree from Northeastern Ohio

NOTE Confidence: 0.79579986

00:00:48.930 --> 00:00:50.498 University's College of Medicine.

NOTE Confidence: 0.79579986

 $00:00:50.498 \dashrightarrow 00:00:52.458$  She completed her internal medicine

NOTE Confidence: 0.79579986

 $00:00:52.458 \longrightarrow 00:00:54.228$  residency from Loyola University Medical

NOTE Confidence: 0.79579986

00:00:54.228 --> 00:00:56.220 Center in Illinois and her pulmonary

NOTE Confidence: 0.79579986

 $00{:}00{:}56.275 \dashrightarrow 00{:}00{:}58.090$  critical care and Sleep Medicine

00:00:58.090 --> 00:00:59.542 Fellowship from Cleveland Clinic,

NOTE Confidence: 0.79579986

 $00{:}00{:}59.550 \dashrightarrow 00{:}01{:}01.090$  followed by an advanced training

NOTE Confidence: 0.79579986

 $00:01:01.090 \longrightarrow 00:01:02.014$  in Sleep Medicine.

NOTE Confidence: 0.79579986

 $00:01:02.020 \longrightarrow 00:01:05.576$  For biology and epidemiology by an I

NOTE Confidence: 0.79579986

00:01:05.576 --> 00:01:07.506 HT32 National Research Service award,

NOTE Confidence: 0.79579986

00:01:07.510 --> 00:01:10.012 acquiring a Master of Science in

NOTE Confidence: 0.79579986

00:01:10.012 --> 00:01:11.680 Clinical Epidemiology from Case

NOTE Confidence: 0.79579986

 $00:01:11.748 \longrightarrow 00:01:14.028$  Western Reserve University at Ohio.

NOTE Confidence: 0.79579986

 $00{:}01{:}14.030 \dashrightarrow 00{:}01{:}15.605$  She's currently a professor of

NOTE Confidence: 0.79579986

00:01:15.605 --> 00:01:17.180 medicine at the Cleveland Clinic,

NOTE Confidence: 0.79579986

00:01:17.180 --> 00:01:19.394 Lerner College of Medicine of Case

NOTE Confidence: 0.79579986

 $00{:}01{:}19.394 \dashrightarrow 00{:}01{:}20.870$  Western Reserve University and

NOTE Confidence: 0.79579986

 $00{:}01{:}20.928 \dashrightarrow 00{:}01{:}22.744$  internationally recognized for expertise

NOTE Confidence: 0.79579986

 $00:01:22.744 \longrightarrow 00:01:25.468$  in sleep disorders and health outcomes,

NOTE Confidence: 0.79579986

 $00:01:25.470 \longrightarrow 00:01:27.074$  including cardio pulmonary disease.

00:01:27.074 --> 00:01:28.678 She holds joint appointments

NOTE Confidence: 0.79579986

00:01:28.678 --> 00:01:30.632 in the neurologic, respiratory,

NOTE Confidence: 0.79579986

 $00:01:30.632 \longrightarrow 00:01:32.048$  Heart and vascular.

NOTE Confidence: 0.79579986

 $00:01:32.048 \longrightarrow 00:01:33.936$  And Lerner Research Institute.

NOTE Confidence: 0.79579986

 $00:01:33.940 \longrightarrow 00:01:36.222$  She has also been the director of

NOTE Confidence: 0.79579986

00:01:36.222 --> 00:01:37.987 the Cleveland Clinic Sleep Disorders

NOTE Confidence: 0.79579986

 $00:01:37.987 \longrightarrow 00:01:40.521$  Research Program since 2013 and has led

NOTE Confidence: 0.79579986

 $00:01:40.521 \longrightarrow 00:01:42.761$  team based clinical and translational

NOTE Confidence: 0.79579986

00:01:42.761 --> 00:01:45.026 science initiatives and is best

NOTE Confidence: 0.79579986

00:01:45.026 --> 00:01:47.204 recognized for her work identifying

NOTE Confidence: 0.79579986

 $00:01:47.204 \longrightarrow 00:01:49.359$  the association between sleep apnea

NOTE Confidence: 0.79579986

 $00:01:49.359 \longrightarrow 00:01:51.878$  and nocturnal cardiac arrhythmias.

NOTE Confidence: 0.79579986

 $00{:}01{:}51.880 \dashrightarrow 00{:}01{:}53.704$  She has received many awards as

NOTE Confidence: 0.79579986

00:01:53.704 --> 00:01:55.360 the recipient of several grants,

NOTE Confidence: 0.79579986

00:01:55.360 --> 00:01:56.756 including from the NIH,

NOTE Confidence: 0.79579986

 $00:01:56.756 \longrightarrow 00:01:58.850$  and has authored over 200 publications,

 $00:01:58.850 \longrightarrow 00:02:00.570$  including in the New England

NOTE Confidence: 0.79579986

 $00:02:00.570 \longrightarrow 00:02:02.780$  Journal of Medicine and JAMA Doctor.

NOTE Confidence: 0.79579986

 $00:02:02.780 \longrightarrow 00:02:05.075$  Mehra has also held leadership

NOTE Confidence: 0.79579986

 $00:02:05.075 \longrightarrow 00:02:07.370$  position in many national societies

NOTE Confidence: 0.79579986

 $00:02:07.443 \longrightarrow 00:02:10.117$  and is a strong advocate for women

NOTE Confidence: 0.79579986

 $00:02:10.117 \longrightarrow 00:02:11.263$  faculty in medicine.

NOTE Confidence: 0.79579986

 $00:02:11.270 \longrightarrow 00:02:13.111$  She has served on the editorial board

NOTE Confidence: 0.79579986

00:02:13.111 --> 00:02:15.539 of Chest as the author of the Up to

NOTE Confidence: 0.79579986

 $00:02:15.539 \longrightarrow 00:02:17.405$  date entry of Obstructive Sleep Apnea

NOTE Confidence: 0.79579986

 $00{:}02{:}17.405 \dashrightarrow 00{:}02{:}19.285$  and Cardiovascular disease in a dults.

NOTE Confidence: 0.79579986

 $00:02:19.290 \longrightarrow 00:02:20.730$  Thank you so much for being

NOTE Confidence: 0.79579986

 $00:02:20.730 \longrightarrow 00:02:21.690$  with us Doctor Mehra.

NOTE Confidence: 0.79579986

 $00:02:21.690 \longrightarrow 00:02:22.622$  And without further delay,

NOTE Confidence: 0.79579986

 $00:02:22.622 \longrightarrow 00:02:24.518$  I would like to hand it over to

NOTE Confidence: 0.79579986

 $00:02:24.518 \longrightarrow 00:02:25.862$  you to share your expertise on

00:02:25.862 --> 00:02:27.429 sleep and cardiovascular disease.

NOTE Confidence: 0.79579986

 $00{:}02{:}27.430 \dashrightarrow 00{:}02{:}28.438$  And thank you again.

NOTE Confidence: 0.893857616666667

 $00:02:29.300 \longrightarrow 00:02:30.548$  Ohh well thank you so much.

NOTE Confidence: 0.893857616666667

 $00:02:30.550 \longrightarrow 00:02:31.933$  It's levely introduction.

NOTE Confidence: 0.893857616666667

 $00:02:31.933 \dashrightarrow 00:02:35.563$  I I really appreciate it and I I'm

NOTE Confidence: 0.893857616666667

 $00:02:35.563 \longrightarrow 00:02:38.452$  so I'm happy to to be here with all

NOTE Confidence: 0.893857616666667

 $00:02:38.535 \longrightarrow 00:02:41.125$  of you today and see the friendly

NOTE Confidence: 0.893857616666667

 $00{:}02{:}41.125 \dashrightarrow 00{:}02{:}44.070$  faces who I know and and some who I

NOTE Confidence: 0.893857616666667

 $00{:}02{:}44.070 \dashrightarrow 00{:}02{:}46.569$  don't and it's nice to meet everyone.

NOTE Confidence: 0.893857616666667

00:02:46.570 --> 00:02:50.266 Um, so, yes, I thanks for this

NOTE Confidence: 0.893857616666667

 $00:02:50.266 \longrightarrow 00:02:53.069$  invitation honored to to do this.

NOTE Confidence: 0.893857616666667

 $00:02:53.070 \longrightarrow 00:02:57.036$  I'll be discussing a bit about.

NOTE Confidence: 0.893857616666667

00:02:57.040 --> 00:02:59.284 Sleep disordered breathing mainly,

NOTE Confidence: 0.893857616666667

 $00{:}02{:}59.284 \dashrightarrow 00{:}03{:}02.650$  but touching upon some other sleep

NOTE Confidence: 0.893857616666667

 $00:03:02.733 \longrightarrow 00:03:05.575$  disorders as well as it relates to.

NOTE Confidence: 0.893857616666667

 $00:03:05.580 \longrightarrow 00:03:06.656$  Cardiac arrhythmias,

 $00:03:06.656 \longrightarrow 00:03:10.960$  this is kind of been an interest of

NOTE Confidence: 0.893857616666667

 $00:03:11.061 \longrightarrow 00:03:14.325$  mine over the last 15 years or so.

NOTE Confidence: 0.893857616666667

 $00:03:14.330 \longrightarrow 00:03:17.042$  And and so we'll we'll kind of delve

NOTE Confidence: 0.893857616666667

 $00:03:17.042 \longrightarrow 00:03:19.759$  into the different aspects of this.

NOTE Confidence: 0.893857616666667 00:03:19.760 --> 00:03:22.028 I'll see here. NOTE Confidence: 0.893857616666667

 $00:03:22.030 \longrightarrow 00:03:25.726$  And here's the requisite CME's

NOTE Confidence: 0.893857616666667

 $00:03:25.726 \longrightarrow 00:03:28.054$  disclosure and accreditation.

NOTE Confidence: 0.893857616666667

 $00:03:28.054 \longrightarrow 00:03:28.830$  So.

NOTE Confidence: 0.893857616666667 00:03:28.830 --> 00:03:29.618 It's, uh, NOTE Confidence: 0.893857616666667

00:03:29.618 --> 00:03:31.194 there's your information for

NOTE Confidence: 0.893857616666667

 $00:03:31.194 \longrightarrow 00:03:33.340$  to obtain the CME credit.

NOTE Confidence: 0.89673960125

 $00:03:35.710 \longrightarrow 00:03:38.446$  So you know what what we'll do is,

NOTE Confidence: 0.89673960125

 $00:03:38.450 \longrightarrow 00:03:40.316$  is, is focus on, you know,

NOTE Confidence: 0.89673960125

 $00{:}03{:}40.320 \dashrightarrow 00{:}03{:}44.396$  some of the the mechanisms that tie sleep

NOTE Confidence: 0.89673960125

00:03:44.396 --> 00:03:47.210 disorders with the focus on sleep disorder,

 $00:03:47.210 \longrightarrow 00:03:49.058$  breathing and cardiac arrhythmia.

NOTE Confidence: 0.89673960125

 $00{:}03{:}49.058 --> 00{:}03{:}52.442$  I think this is an area that's

NOTE Confidence: 0.89673960125

 $00:03:52.442 \longrightarrow 00:03:54.530$  really interesting and there's

NOTE Confidence: 0.89673960125

00:03:54.530 --> 00:03:58.170 actually quite a lot of you know,

NOTE Confidence: 0.89673960125

 $00:03:58.170 \longrightarrow 00:04:02.315$  biologic experimental data to to

NOTE Confidence: 0.89673960125

 $00:04:02.315 \longrightarrow 00:04:06.970$  lend credence to this association of.

NOTE Confidence: 0.89673960125

 $00:04:06.970 \longrightarrow 00:04:09.436$  Of sleep apnea in particular and

NOTE Confidence: 0.89673960125

 $00:04:09.436 \longrightarrow 00:04:11.550$  and cardiac arrhythmia and then

NOTE Confidence: 0.89673960125

00:04:11.550 --> 00:04:14.329 we'll discuss a bit about you know

NOTE Confidence: 0.89673960125

00:04:14.329 --> 00:04:16.387 the epidemiologic and clinic based

NOTE Confidence: 0.89673960125

 $00:04:16.387 \longrightarrow 00:04:18.769$  studies that inform our current state

NOTE Confidence: 0.89673960125

00:04:18.769 --> 00:04:22.020 of knowledge in this area and we'll

NOTE Confidence: 0.89673960125

00:04:22.020 --> 00:04:25.769 talk a bit about clinical pathways,

NOTE Confidence: 0.89673960125

 $00:04:25.770 \longrightarrow 00:04:28.926$  the role of mobile health technology.

NOTE Confidence: 0.89673960125

 $00:04:28.930 \longrightarrow 00:04:30.827$  We'll touch upon that a little bit

NOTE Confidence: 0.89673960125

00:04:30.827 --> 00:04:33.256 and then you know end with some of

 $00:04:33.256 \longrightarrow 00:04:34.811$  the you know interventional data

NOTE Confidence: 0.89673960125

 $00:04:34.876 \longrightarrow 00:04:36.546$  and in the future directions.

NOTE Confidence: 0.89673960125

 $00{:}04{:}36.550 \dashrightarrow 00{:}04{:}40.276$  To address our existing knowledge gaps,

NOTE Confidence: 0.89673960125

 $00:04:40.280 \longrightarrow 00:04:42.764$  so, so it's been recognized for

NOTE Confidence: 0.89673960125

 $00:04:42.764 \longrightarrow 00:04:44.985$  several decades that there are

NOTE Confidence: 0.89673960125

 $00:04:44.985 \longrightarrow 00:04:47.415$  diurnal variations of of cardiac

NOTE Confidence: 0.89673960125

 $00:04:47.415 \longrightarrow 00:04:49.359$  cardiovascular events such that

NOTE Confidence: 0.89673960125

 $00:04:49.434 \longrightarrow 00:04:52.434$  in general there is a morning

NOTE Confidence: 0.89673960125

 $00:04:52.434 \longrightarrow 00:04:54.434$  predisposition to myocardial infarction,

NOTE Confidence: 0.89673960125

 $00:04:54.440 \longrightarrow 00:04:55.958$  sudden cardiac death,

NOTE Confidence: 0.89673960125

 $00:04:55.958 \longrightarrow 00:04:59.965$  ischemic stroke and there's you know of a

NOTE Confidence: 0.89673960125

 $00:04:59.965 \longrightarrow 00:05:03.394$  variety of reasons why this may be the case.

NOTE Confidence: 0.89673960125

 $00{:}05{:}03.400 \dashrightarrow 00{:}05{:}05.192$  You know the predominance of REM sleep is

NOTE Confidence: 0.89673960125

 $00:05:05.192 \longrightarrow 00:05:07.016$  during the latter part of the sleep cycle.

NOTE Confidence: 0.89673960125

 $00:05:07.020 \longrightarrow 00:05:09.813$  So whether there should be some autonomic

00:05:09.813 --> 00:05:12.448 influences that are specific to you know,

NOTE Confidence: 0.89673960125

 $00{:}05{:}12.450 \dashrightarrow 00{:}05{:}13.925$  REM sleep which predominates during

NOTE Confidence: 0.89673960125

 $00:05:13.925 \longrightarrow 00:05:16.070$  the latter part of the sleep cycle,

NOTE Confidence: 0.89673960125

 $00:05:16.070 \longrightarrow 00:05:17.765$  blood pressure surges,

NOTE Confidence: 0.89673960125

00:05:17.765 --> 00:05:20.025 increases in cortisol levels,

NOTE Confidence: 0.89673960125

 $00:05:20.030 \longrightarrow 00:05:22.495$  even diurnal variation of various

NOTE Confidence: 0.89673960125

 $00{:}05{:}22.495 \dashrightarrow 00{:}05{:}24.960$  biomarkers of inflammation and and

NOTE Confidence: 0.89673960125

 $00:05:25.041 \longrightarrow 00:05:27.626$  pro thrombosis such as plasminogen

NOTE Confidence: 0.89673960125

 $00:05:27.626 \longrightarrow 00:05:29.177$  activator inhibitor 1.

NOTE Confidence: 0.89673960125

 $00:05:29.180 \longrightarrow 00:05:31.660$  And there's also some molecular

NOTE Confidence: 0.89673960125

 $00{:}05{:}31.660 \dashrightarrow 00{:}05{:}34.895$  evidence as well that links a

NOTE Confidence: 0.89673960125

 $00:05:34.895 \longrightarrow 00:05:37.555$  circadian rhythm specifically to

NOTE Confidence: 0.89673960125

 $00:05:37.555 \longrightarrow 00:05:40.215$  the vulnerability of ventricular

NOTE Confidence: 0.89673960125

 $00{:}05{:}40.215 \dashrightarrow 00{:}05{:}42.900$  arrhythmias with KLF 15 deficiency,

NOTE Confidence: 0.89673960125

 $00:05:42.900 \longrightarrow 00:05:46.890$  null and gain of function models that

NOTE Confidence: 0.89673960125

 $00{:}05{:}46.890 \dashrightarrow 00{:}05{:}48.738$  have various arrhythmogenic risk

 $00:05:48.738 \longrightarrow 00:05:51.294$  that has been associated with it,

NOTE Confidence: 0.89673960125

 $00{:}05{:}51.300 \dashrightarrow 00{:}05{:}55.059$  with QT prolongation noted with the KLF

NOTE Confidence: 0.89673960125

00:05:55.059 --> 00:05:59.120 15 deficiency and gain of function of KALA.

NOTE Confidence: 0.89673960125

 $00:05:59.120 \longrightarrow 00:06:01.905$  15 associated with some repolarization

NOTE Confidence: 0.89673960125

 $00{:}06{:}01.905 \dashrightarrow 00{:}06{:}04.690$  abnormalities that are similar to

NOTE Confidence: 0.89673960125

00:06:04.774 --> 00:06:07.330 what is seen in Brugada syndrome,

NOTE Confidence: 0.89673960125

 $00:06:07.330 \longrightarrow 00:06:09.000$  where there are fatal arrhythmias

NOTE Confidence: 0.89673960125

 $00:06:09.000 \longrightarrow 00:06:09.668$  during sleep.

NOTE Confidence: 0.89673960125

 $00:06:09.670 \longrightarrow 00:06:11.950$  So the circadian rhythm actually

NOTE Confidence: 0.89673960125

 $00:06:11.950 \longrightarrow 00:06:14.760$  may also be tied to that.

NOTE Confidence: 0.89673960125

00:06:14.760 --> 00:06:18.554 And in terms of these diurnal patterning

NOTE Confidence: 0.89673960125

 $00:06:18.554 \longrightarrow 00:06:22.970$  of cardiovascular events, this is also?

NOTE Confidence: 0.89673960125

 $00{:}06{:}22.970 \dashrightarrow 00{:}06{:}25.210$  You know, been observed with sleep apnea,

NOTE Confidence: 0.89673960125

00:06:25.210 --> 00:06:28.366 but more so, uh, you know,

NOTE Confidence: 0.89673960125

00:06:28.370 --> 00:06:30.926 rather than the sleep period being,

00:06:30.930 --> 00:06:31.914 you know,

NOTE Confidence: 0.89673960125

 $00{:}06{:}31.914 \dashrightarrow 00{:}06{:}34.374$  cardioprotective as it is normally

NOTE Confidence: 0.89673960125

 $00{:}06{:}34.374 \dashrightarrow 00{:}06{:}37.517$  and again that's  $6{:}00$  to  $9{:}00$  AM

NOTE Confidence: 0.89673960125

00:06:37.517 --> 00:06:39.887 morning period being the time

NOTE Confidence: 0.89673960125

 $00:06:39.975 \longrightarrow 00:06:42.442$  of predilection for cardiac events

NOTE Confidence: 0.89673960125

 $00:06:42.442 \longrightarrow 00:06:43.840$  in sleep apnea.

NOTE Confidence: 0.89673960125

 $00:06:43.840 \longrightarrow 00:06:46.381$  The we know that there are data

NOTE Confidence: 0.89673960125

 $00:06:46.381 \longrightarrow 00:06:48.170$  showing that there's increased

NOTE Confidence: 0.89673960125

 $00{:}06{:}48.170 \dashrightarrow 00{:}06{:}50.250$  sudden nocturnal cardiac death

NOTE Confidence: 0.89673960125

 $00:06:50.250 \longrightarrow 00:06:53.370$  that has been observed in those.

NOTE Confidence: 0.89673960125 00:06:53.370 --> 00:06:53.818 Uh, NOTE Confidence: 0.89673960125

 $00{:}06{:}53.818 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}06{:}55.610$  with obstructive sleep apnea

NOTE Confidence: 0.89673960125

00:06:55.610 --> 00:06:57.850 compared to those without and

NOTE Confidence: 0.89673960125

 $00:06:57.928 \longrightarrow 00:07:00.458$  compared to the general population.

NOTE Confidence: 0.89673960125

 $00:07:00.460 \longrightarrow 00:07:02.460$  And of course you know,

NOTE Confidence: 0.89673960125

 $00{:}07{:}02.460 \dashrightarrow 00{:}07{:}04.182$  we know that in the sleep Part

 $00{:}07{:}04.182 \dashrightarrow 00{:}07{:}05.742$  health study data as well that

NOTE Confidence: 0.89673960125

 $00{:}07{:}05.742 \dashrightarrow 00{:}07{:}07.713$  there's these associations with

NOTE Confidence: 0.89673960125

 $00:07:07.713 \longrightarrow 00:07:10.568$  increasing severity of sleep apnea

NOTE Confidence: 0.89673960125

00:07:10.568 --> 00:07:13.369 and increase all cause mortality

NOTE Confidence: 0.89673960125

 $00:07:13.369 \longrightarrow 00:07:15.984$  originally seemed to be perhaps

NOTE Confidence: 0.89673960125

 $00{:}07{:}15.984 \dashrightarrow 00{:}07{:}18.886$  more dominant in men and older men

NOTE Confidence: 0.89673960125

 $00:07:18.886 \longrightarrow 00:07:21.502$  but as we have observed a certain

NOTE Confidence: 0.89673960125

 $00:07:21.502 \longrightarrow 00:07:24.028$  sub cohorts age such as the.

NOTE Confidence: 0.820820767647059

 $00:07:24.030 \dashrightarrow 00:07:26.718$  The Mesa study, we're seeing actually

NOTE Confidence: 0.820820767647059

 $00{:}07{:}26.718 \dashrightarrow 00{:}07{:}28.510$  that cardiovascular risk predominate

NOTE Confidence: 0.820820767647059

00:07:28.571 --> 00:07:30.629 actually more so in women than men

NOTE Confidence: 0.820820767647059

 $00:07:30.630 \longrightarrow 00:07:33.416$  based upon some of the subcohort data

NOTE Confidence: 0.820820767647059

 $00{:}07{:}33.416 \dashrightarrow 00{:}07{:}36.233$  and there are certain notable figures

NOTE Confidence: 0.820820767647059

00:07:36.233 --> 00:07:39.860 that have succumbed to you know,

NOTE Confidence: 0.820820767647059

 $00:07:39.860 \longrightarrow 00:07:43.100$  sleep apnea. As well.

00:07:43.100 --> 00:07:45.470 So we're aware it's, you know,

NOTE Confidence: 0.820820767647059

 $00{:}07{:}45.470 \dashrightarrow 00{:}07{:}47.822$  obstructive sleep apnea is highly prevalent

NOTE Confidence: 0.820820767647059

 $00:07:47.822 \longrightarrow 00:07:50.390$  afflicting nearly 1 billion people worldwide,

NOTE Confidence: 0.820820767647059

00:07:50.390 --> 00:07:53.972 you know, still under diagnosed with

NOTE Confidence: 0.820820767647059

00:07:53.972 --> 00:07:56.578 about 85% of individuals estimated

NOTE Confidence: 0.820820767647059

 $00:07:56.578 \longrightarrow 00:07:59.280$  to be under diagnosed in, you know,

NOTE Confidence: 0.820820767647059

 $00:07:59.280 \longrightarrow 00:08:00.890$  going back to data in the sleep

NOTE Confidence: 0.820820767647059

 $00:08:00.944 \longrightarrow 00:08:02.806$  Heart health study and even more a

NOTE Confidence: 0.820820767647059

 $00{:}08{:}02.806 \dashrightarrow 00{:}08{:}04.684$  bit more recently with the multi

NOTE Confidence: 0.820820767647059

 $00:08:04.684 \longrightarrow 00:08:06.056$  ethnic study of atherosclerosis.

NOTE Confidence: 0.820820767647059

 $00{:}08{:}06.060 \dashrightarrow 00{:}08{:}10.547$  And this under diagnosis appears to be more

NOTE Confidence: 0.820820767647059

 $00:08:10.547 \longrightarrow 00:08:13.510$  predominant in underrepresented minorities.

NOTE Confidence: 0.820820767647059

00:08:13.510 --> 00:08:15.342 Now having said that,

NOTE Confidence: 0.820820767647059

 $00{:}08{:}15.342 \dashrightarrow 00{:}08{:}17.632$  these are population based studies

NOTE Confidence: 0.820820767647059

00:08:17.632 --> 00:08:20.677 and when looking at claims data you

NOTE Confidence: 0.820820767647059

 $00:08:20.677 \longrightarrow 00:08:22.465$  know that particular population

 $00:08:22.465 \longrightarrow 00:08:25.246$  we're seeing that you know the

NOTE Confidence: 0.820820767647059

 $00{:}08{:}25.246 \dashrightarrow 00{:}08{:}27.591$  sleep apnea prevalence is increasing

NOTE Confidence: 0.820820767647059

00:08:27.591 --> 00:08:30.190 which is paralleling the increased

NOTE Confidence: 0.820820767647059

 $00:08:30.190 \longrightarrow 00:08:31.834$  use of diagnostic testing.

NOTE Confidence: 0.820820767647059

 $00:08:31.834 \longrightarrow 00:08:33.889$  With home sleep apnea testing,

NOTE Confidence: 0.820820767647059

 $00:08:33.890 \longrightarrow 00:08:36.630$  we're home sleep apnea testing

NOTE Confidence: 0.820820767647059

00:08:36.630 --> 00:08:38.822 doubled and polysomnography declined

NOTE Confidence: 0.820820767647059

 $00:08:38.822 \longrightarrow 00:08:41.762$  by 10% over over recent years

NOTE Confidence: 0.820820767647059

 $00:08:41.762 \longrightarrow 00:08:44.352$  and probably even more so.

NOTE Confidence: 0.820820767647059

 $00:08:44.360 \longrightarrow 00:08:46.920$  As of more recent years,

NOTE Confidence: 0.820820767647059

 $00:08:46.920 \longrightarrow 00:08:49.776$  so this is one of the first studies

NOTE Confidence: 0.820820767647059

 $00{:}08{:}49.776 \longrightarrow 00{:}08{:}52.829$  I had conducted as as a fellow

NOTE Confidence: 0.820820767647059

 $00{:}08{:}52.829 \dashrightarrow 00{:}08{:}55.740$  during my T32 training in which

NOTE Confidence: 0.820820767647059

 $00{:}08{:}55.740 \dashrightarrow 00{:}08{:}59.850$  Doctor Stroll and I were examining a

NOTE Confidence: 0.820820767647059

00:08:59.850 --> 00:09:03.715 cohort clinical cohort for adverse

00:09:03.715 --> 00:09:06.034 events during polysomnography.

NOTE Confidence: 0.820820767647059

 $00:09:06.040 \longrightarrow 00:09:08.704$  And there were about 16,000 patients

NOTE Confidence: 0.820820767647059

 $00:09:08.704 \longrightarrow 00:09:11.501$  and individuals in this particular study

NOTE Confidence: 0.820820767647059

 $00:09:11.501 \longrightarrow 00:09:14.784$  where we were looking at adverse events.

NOTE Confidence: 0.820820767647059

 $00:09:14.790 \longrightarrow 00:09:17.790$  And and and one of those cases

NOTE Confidence: 0.820820767647059

 $00:09:17.790 \longrightarrow 00:09:20.950$  there was a 61 year old obese male

NOTE Confidence: 0.820820767647059

 $00:09:20.950 \longrightarrow 00:09:23.190$  with history of coronary disease

NOTE Confidence: 0.820820767647059

 $00:09:23.280 \longrightarrow 00:09:25.920$  and cardiomyopathy who came in for

NOTE Confidence: 0.820820767647059

 $00:09:25.920 \longrightarrow 00:09:29.016$  a split night study at a hospital

NOTE Confidence: 0.820820767647059

00:09:29.016 --> 00:09:31.928 based facility Sleep Lab and had some

NOTE Confidence: 0.820820767647059

 $00{:}09{:}31.930 \dashrightarrow 00{:}09{:}34.198$  symptoms of snoring and with this

NOTE Confidence: 0.820820767647059

00:09:34.198 --> 00:09:37.131 apneas and had some ectopy during his

NOTE Confidence: 0.820820767647059

 $00:09:37.131 \longrightarrow 00:09:39.376$  study and some complex ventricular

NOTE Confidence: 0.820820767647059

 $00:09:39.376 \longrightarrow 00:09:42.061$  ectopy and and then at the end of

NOTE Confidence: 0.820820767647059

 $00:09:42.061 \longrightarrow 00:09:45.320$  his study had an an episode of

NOTE Confidence: 0.820820767647059

 $00:09:45.320 \longrightarrow 00:09:47.120$  polymorphic ventricular tachycardia.

 $00:09:47.120 \longrightarrow 00:09:49.619$  About 45 minutes and then 30 minutes

NOTE Confidence: 0.820820767647059

 $00:09:49.619 \longrightarrow 00:09:52.220$  prior to the end of this study and

NOTE Confidence: 0.820820767647059

 $00:09:52.220 \longrightarrow 00:09:54.933$  then at the end of his study had

NOTE Confidence: 0.820820767647059

 $00:09:54.933 \longrightarrow 00:09:57.291$  this particular event where you can

NOTE Confidence: 0.820820767647059

 $00:09:57.291 \longrightarrow 00:10:00.012$  also you can see some evidence of

NOTE Confidence: 0.820820767647059

 $00:10:00.012 \longrightarrow 00:10:02.621$  torsades there at the end of this

NOTE Confidence: 0.820820767647059

 $00:10:02.621 \longrightarrow 00:10:04.896$  epic and a code was called and

NOTE Confidence: 0.820820767647059

 $00{:}10{:}04.982 \dashrightarrow 00{:}10{:}08.178$  unfortunately this patient did not

NOTE Confidence: 0.820820767647059

 $00{:}10{:}08.178 \dashrightarrow 00{:}10{:}11.460$  survive despite the code team coming

NOTE Confidence: 0.820820767647059

00:10:11.558 --> 00:10:15.110 in pretty rapidly and conducting CPR.

NOTE Confidence: 0.820820767647059

00:10:15.110 --> 00:10:17.978 So this really brought to attention

NOTE Confidence: 0.820820767647059

 $00:10:17.978 \longrightarrow 00:10:21.410$  this whole notion of you know this this

NOTE Confidence: 0.820820767647059

 $00{:}10{:}21.410 \dashrightarrow 00{:}10{:}23.310$  individual likely had long standing

NOTE Confidence: 0.820820767647059

 $00:10:23.310 \longrightarrow 00:10:25.107$  sleep apnea remained untreated and

NOTE Confidence: 0.820820767647059

00:10:25.107 --> 00:10:27.909 in and out you know came into the

 $00:10:27.909 \longrightarrow 00:10:29.740$  lab and was unfortunately succumbed

NOTE Confidence: 0.820820767647059

 $00{:}10{:}29.740 \dashrightarrow 00{:}10{:}32.470$  to a lethal arrhythmia and and and

NOTE Confidence: 0.820820767647059

 $00:10:32.470 \longrightarrow 00:10:35.190$  sort of got us thinking about what

NOTE Confidence: 0.820820767647059

 $00:10:35.190 \longrightarrow 00:10:37.130$  are these relationships with sleep

NOTE Confidence: 0.820820767647059

 $00:10:37.203 \longrightarrow 00:10:39.368$  apnea and and cardiac arrhythmias.

NOTE Confidence: 0.820820767647059

 $00:10:39.370 \longrightarrow 00:10:40.910$  Uh, so we, you know,

NOTE Confidence: 0.820820767647059

 $00:10:40.910 \longrightarrow 00:10:43.120$  as has been postulated with

NOTE Confidence: 0.820820767647059

00:10:43.120 --> 00:10:44.446 many cardiovascular outcomes,

NOTE Confidence: 0.820820767647059

 $00:10:44.450 \longrightarrow 00:10:46.610$  can can postulate that, you know,

NOTE Confidence: 0.820820767647059

00:10:46.610 --> 00:10:48.390 there's the intermittent hypoxia,

NOTE Confidence: 0.820820767647059

00:10:48.390 --> 00:10:48.944 hypercapnia,

NOTE Confidence: 0.820820767647059

00:10:48.944 --> 00:10:51.160 intrathoracic pressure swings and

NOTE Confidence: 0.820820767647059

 $00:10:51.160 \longrightarrow 00:10:53.930$  autonomic fluctuations that can have.

NOTE Confidence: 0.820820767647059

 $00:10:53.930 \longrightarrow 00:10:55.733$  These direct electrophysiologic

NOTE Confidence: 0.820820767647059

 $00:10:55.733 \longrightarrow 00:10:58.738$  effects on the effective refractory

NOTE Confidence: 0.820820767647059

 $00:10:58.738 \longrightarrow 00:11:01.519$  period QT prolongation triggered

 $00:11:01.519 \longrightarrow 00:11:03.766$  an abnormal automaticity.

NOTE Confidence: 0.820820767647059

 $00:11:03.770 \longrightarrow 00:11:06.046$  So in this electrophysiologic

NOTE Confidence: 0.820820767647059

 $00{:}11{:}06.046 \dashrightarrow 00{:}11{:}09.460$  remodeling that can happen over time

NOTE Confidence: 0.860267955384616

00:11:09.547 --> 00:11:12.524 given these repetitive, you know,

NOTE Confidence: 0.860267955384616

 $00:11:12.524 \longrightarrow 00:11:15.009$  physiologic triggers from sleep disorder

NOTE Confidence: 0.860267955384616

 $00:11:15.009 \longrightarrow 00:11:18.196$  breathing and then also lead to structural

NOTE Confidence: 0.860267955384616

 $00:11:18.196 \longrightarrow 00:11:20.620$  remodeling of the heart as well,

NOTE Confidence: 0.860267955384616

 $00:11:20.620 \longrightarrow 00:11:22.868$  which also can predispose

NOTE Confidence: 0.860267955384616

 $00:11:22.868 \longrightarrow 00:11:25.116$  to to cardiac arrhythmia.

NOTE Confidence: 0.860267955384616

 $00:11:25.120 \longrightarrow 00:11:27.238$  And with involvement of some of

NOTE Confidence: 0.860267955384616

 $00{:}11{:}27.238 \dashrightarrow 00{:}11{:}28.650$  these intermediate pathways as

NOTE Confidence: 0.860267955384616

00:11:28.714 --> 00:11:30.538 well with systemic inflammation,

NOTE Confidence: 0.860267955384616

 $00{:}11{:}30.540 \dashrightarrow 00{:}11{:}32.700$  oxidative stress which is increased

NOTE Confidence: 0.860267955384616

 $00:11:32.700 \longrightarrow 00:11:34.831$  in vascular dysfunction and and so

NOTE Confidence: 0.860267955384616

 $00:11:34.831 \longrightarrow 00:11:36.770$  uh you know we have these immediate

 $00:11:36.831 \longrightarrow 00:11:38.696$  effects from sleep disorder breathing

NOTE Confidence: 0.860267955384616

 $00{:}11{:}38.696 {\:{\mbox{--}}}{\:{\mbox{-}}} 00{:}11{:}41.336$  and then these acute and sub acute

NOTE Confidence: 0.860267955384616

00:11:41.336 --> 00:11:43.111 effects and then there's chronicity

NOTE Confidence: 0.860267955384616

00:11:43.111 --> 00:11:45.692 that leads to the remodeling of the

NOTE Confidence: 0.860267955384616

 $00:11:45.692 \longrightarrow 00:11:47.582$  heart and can increase arrhythmogenic

NOTE Confidence: 0.860267955384616

00:11:47.582 --> 00:11:50.012 city and and we'll we'll now get

NOTE Confidence: 0.860267955384616

00:11:50.012 --> 00:11:52.390 into some of the the experimental

NOTE Confidence: 0.860267955384616

 $00:11:52.390 \longrightarrow 00:11:55.186$  data and some of these studies.

NOTE Confidence: 0.860267955384616

00:11:55.190 --> 00:11:57.925 Reports on the effective refractory

NOTE Confidence: 0.860267955384616

 $00:11:57.925 \longrightarrow 00:12:00.113$  period of the Atria.

NOTE Confidence: 0.860267955384616

 $00:12:00.120 \longrightarrow 00:12:03.192$  And so this is basically a period of

NOTE Confidence: 0.860267955384616

 $00{:}12{:}03.192 \dashrightarrow 00{:}12{:}05.692$  time where there's relative immunity

NOTE Confidence: 0.860267955384616

 $00:12:05.692 \longrightarrow 00:12:09.528$  during which the cells cannot be excited.

NOTE Confidence: 0.860267955384616

 $00:12:09.530 \longrightarrow 00:12:13.198$  And so as the atrial effective refractory

NOTE Confidence: 0.860267955384616

00:12:13.198 --> 00:12:17.426 period is reduced then there is more

NOTE Confidence: 0.860267955384616

 $00:12:17.426 \longrightarrow 00:12:19.346$  vulnerability or susceptibility

 $00:12:19.346 \longrightarrow 00:12:22.558$  to arrhythmic Genesis and and so

NOTE Confidence: 0.860267955384616

 $00{:}12{:}22.558 \dashrightarrow 00{:}12{:}25.358$  one of the studies here looked at.

NOTE Confidence: 0.860267955384616

 $00:12:25.360 \longrightarrow 00:12:27.562$  Chronic intermittent hypoxia and then how

NOTE Confidence: 0.860267955384616

 $00:12:27.562 \longrightarrow 00:12:30.748$  that may lead to atrial arrhythmic genesis.

NOTE Confidence: 0.860267955384616

 $00:12:30.750 \longrightarrow 00:12:32.941$  And I'll just mention that you know

NOTE Confidence: 0.860267955384616

 $00:12:32.941 \longrightarrow 00:12:35.660$  a lot of the data that have been

NOTE Confidence: 0.860267955384616

 $00:12:35.660 \longrightarrow 00:12:38.441$  published in in terms of looking at

NOTE Confidence: 0.860267955384616

 $00{:}12{:}38.441 \dashrightarrow 00{:}12{:}40.931$  mechanism have focused on autonomic

NOTE Confidence: 0.860267955384616

 $00{:}12{:}40.931 \dashrightarrow 00{:}12{:}43.522$  dysfunction and perhaps you know

NOTE Confidence: 0.860267955384616

 $00{:}12{:}43.522 \dashrightarrow 00{:}12{:}46.798$  lesser studies that have been looking

NOTE Confidence: 0.860267955384616

00:12:46.798 --> 00:12:49.327 at intermittent hypoxia or even

NOTE Confidence: 0.860267955384616

 $00:12:49.327 \longrightarrow 00:12:52.021$  hypercapnia and so in this model

NOTE Confidence: 0.860267955384616

 $00{:}12{:}52.021 \dashrightarrow 00{:}12{:}55.377$  of of chronic intermittent hypoxia.

NOTE Confidence: 0.860267955384616

 $00{:}12{:}55.380 \dashrightarrow 00{:}12{:}58.120$  And using this post electrical

NOTE Confidence: 0.860267955384616

00:12:58.120 --> 00:13:00.312 stimulation and burst pacing,

 $00:13:00.320 \longrightarrow 00:13:03.750$  it was identified that in this rat

NOTE Confidence: 0.860267955384616

 $00{:}13{:}03.750 \dashrightarrow 00{:}13{:}07.080$  model that the arithmos Genesis was

NOTE Confidence: 0.860267955384616

 $00:13:07.080 \longrightarrow 00:13:10.164$  accentuated by carbachol Colon argic

NOTE Confidence: 0.860267955384616

 $00:13:10.164 \longrightarrow 00:13:14.884$  agent and abolished by atropine and and

NOTE Confidence: 0.860267955384616

 $00:13:14.884 \longrightarrow 00:13:18.569$  therefore these promoting effects of

NOTE Confidence: 0.860267955384616

 $00:13:18.569 \longrightarrow 00:13:21.523$  atrial fibrillation were dependent in

NOTE Confidence: 0.860267955384616

 $00:13:21.523 \longrightarrow 00:13:23.978$  response to chronic intermittent hypoxia.

NOTE Confidence: 0.86026795538461600:13:23.980 --> 00:13:25.408 Where were.

NOTE Confidence: 0.860267955384616

 $00{:}13{:}25.408 \dashrightarrow 00{:}13{:}29.030$  A dependent on parasympathetic activation.

NOTE Confidence: 0.860267955384616

 $00:13:29.030 \longrightarrow 00:13:32.426$  So there's this interplay of of,

NOTE Confidence: 0.860267955384616 00:13:32.426 --> 00:13:33.210 you know, NOTE Confidence: 0.860267955384616

00:13:33.210 --> 00:13:34.812 parasympathetic activation with

NOTE Confidence: 0.860267955384616

 $00:13:34.812 \longrightarrow 00:13:38.016$  intermittent hypoxia that that is likely

NOTE Confidence: 0.860267955384616

 $00{:}13{:}38.016 \dashrightarrow 00{:}13{:}41.030$  playing a role in a trial arrhythmia genesis.

NOTE Confidence: 0.860267955384616

 $00:13:41.030 \longrightarrow 00:13:44.846$  And also identified was a reduction in the

NOTE Confidence: 0.860267955384616

 $00:13:44.846 \longrightarrow 00:13:47.990$  atrial effective refractory period as well.

00:13:47.990 --> 00:13:50.396 So again more and more increased

NOTE Confidence: 0.860267955384616

 $00:13:50.396 \longrightarrow 00:13:52.825$  vulnerability to the cardiac arrhythmia and

NOTE Confidence: 0.860267955384616

 $00:13:52.825 \longrightarrow 00:13:55.825$  a higher level of the M2 receptor protein.

NOTE Confidence: 0.860267955384616

 $00:13:55.830 \longrightarrow 00:13:58.776$  Levels which can be indicative of

NOTE Confidence: 0.860267955384616

 $00:13:58.776 \longrightarrow 00:14:00.249$  some electrophysiologic changes

NOTE Confidence: 0.860267955384616

 $00:14:00.249 \longrightarrow 00:14:02.709$  that are happening to the heart.

NOTE Confidence: 0.860267955384616

00:14:02.710 --> 00:14:06.118 So also the repetitive upper airway

NOTE Confidence: 0.860267955384616

 $00{:}14{:}06.118 \dashrightarrow 00{:}14{:}09.352$  occlusion that occurs with sleep apnea

NOTE Confidence: 0.860267955384616

 $00:14:09.352 \longrightarrow 00:14:12.800$  we know has direct impact on the on

NOTE Confidence: 0.860267955384616

 $00:14:12.895 \longrightarrow 00:14:16.839$  the mechanical impact on the heart as well.

NOTE Confidence: 0.860267955384616

00:14:16.840 --> 00:14:19.780 With increased left ventricular afterload,

NOTE Confidence: 0.860267955384616

 $00{:}14{:}19.780 \dashrightarrow 00{:}14{:}22.256$  increased left ventricular transmural

NOTE Confidence: 0.860267955384616

 $00{:}14{:}22.256 \dashrightarrow 00{:}14{:}25.351$  pressures and in particular can

NOTE Confidence: 0.860267955384616

 $00:14:25.351 \longrightarrow 00:14:28.209$  influence and impact the thin walled

NOTE Confidence: 0.860267955384616

00:14:28.209 --> 00:14:31.354 upper chambers the Atria and and be

 $00:14:31.354 \longrightarrow 00:14:33.255$  associated with atrial arrhythmic

NOTE Confidence: 0.860267955384616

 $00:14:33.255 \longrightarrow 00:14:36.465$  genesis and and then this particular

NOTE Confidence: 0.860267955384616

 $00:14:36.465 \longrightarrow 00:14:40.339$  study this was looked at in terms

NOTE Confidence: 0.860267955384616

 $00:14:40.339 \longrightarrow 00:14:43.059$  of application of negative tracheal

NOTE Confidence: 0.860267955384616

 $00:14:43.059 \longrightarrow 00:14:45.912$  pressure and how this influenced

NOTE Confidence: 0.860267955384616

 $00:14:45.912 \longrightarrow 00:14:47.577$  the atrial effective.

NOTE Confidence: 0.860267955384616

00:14:47.580 --> 00:14:49.040 Refractory period.

NOTE Confidence: 0.860267955384616

 $00:14:49.040 \longrightarrow 00:14:53.538$  So they basically in this animal model

NOTE Confidence: 0.860267955384616

 $00:14:53.538 \longrightarrow 00:14:56.082$  used 2 minutes of tracheal occlusion

NOTE Confidence: 0.860267955384616

00:14:56.082 --> 00:14:58.680 and then with negative tracheal

NOTE Confidence: 0.860267955384616

 $00:14:58.680 \longrightarrow 00:15:01.460$  pressure and then tracheal occlusion

NOTE Confidence: 0.860267955384616

 $00:15:01.460 \longrightarrow 00:15:03.970$  without negative tracheal pressure.

NOTE Confidence: 0.860267955384616

 $00:15:03.970 \longrightarrow 00:15:06.777$  And it was observed that with the

NOTE Confidence: 0.860267955384616

 $00:15:06.777 \longrightarrow 00:15:09.444$  application of the neck negative tracheal

NOTE Confidence: 0.860267955384616

 $00:15:09.444 \longrightarrow 00:15:12.678$  pressure there was a reduction in the

NOTE Confidence: 0.851180208888889

 $00:15:12.762 \longrightarrow 00:15:14.514$  atrial effective refractory

 $00:15:14.514 \longrightarrow 00:15:16.850$  period that was observed,

NOTE Confidence: 0.851180208888889

 $00{:}15{:}16.850 \dashrightarrow 00{:}15{:}19.088$  which goes along the lines of.

NOTE Confidence: 0.851180208888889

 $00:15:19.090 \longrightarrow 00:15:22.282$  The kind of direct effects of the

NOTE Confidence: 0.851180208888889

 $00:15:22.282 \longrightarrow 00:15:23.650$  increasingly negative intrathoracic

NOTE Confidence: 0.851180208888889

 $00:15:23.723 \longrightarrow 00:15:25.873$  pressures and its mechanical influence

NOTE Confidence: 0.851180208888889

 $00:15:25.873 \longrightarrow 00:15:28.820$  on the heart and therefore influencing

NOTE Confidence: 0.851180208888889

 $00:15:28.820 \longrightarrow 00:15:33.340$  the atrial effective refractory period,

NOTE Confidence: 0.851180208888889

 $00{:}15{:}33.340 \dashrightarrow 00{:}15{:}35.985$  and also with the autonomic

NOTE Confidence: 0.851180208888889

 $00{:}15{:}35.985 \to 00{:}15{:}38.630$  function appearing to play a

NOTE Confidence: 0.851180208888889

 $00:15:38.729 \longrightarrow 00:15:41.657$  role with this pathway as well.

NOTE Confidence: 0.851180208888889

00:15:41.660 --> 00:15:43.880 And then with autonomic function,

NOTE Confidence: 0.851180208888889

 $00:15:43.880 \longrightarrow 00:15:45.992$  you know we're aware that there's

NOTE Confidence: 0.851180208888889

 $00{:}15{:}45.992 \dashrightarrow 00{:}15{:}48.634$  with with sleep apnea and the apnic

NOTE Confidence: 0.851180208888889

 $00:15:48.634 \longrightarrow 00:15:50.194$  events are sympathetic activation

NOTE Confidence: 0.851180208888889

 $00:15:50.194 \longrightarrow 00:15:53.144$  that has been nicely shown in doctor

 $00:15:53.144 \longrightarrow 00:15:55.284$  Summers work with perineal micro

NOTE Confidence: 0.851180208888889

 $00:15:55.284 \longrightarrow 00:15:56.851$  neurography with increased amplitude

NOTE Confidence: 0.851180208888889

 $00:15:56.851 \longrightarrow 00:15:58.736$  and frequency of these sympathetic

NOTE Confidence: 0.851180208888889

00:15:58.736 --> 00:16:00.658 bursts that have been identified.

NOTE Confidence: 0.851180208888889

 $00:16:00.660 \longrightarrow 00:16:03.509$  And so in one of these studies

NOTE Confidence: 0.851180208888889

 $00:16:03.509 \longrightarrow 00:16:06.236$  in this canine model it was

NOTE Confidence: 0.851180208888889

 $00{:}16{:}06.236 \dashrightarrow 00{:}16{:}09.907$  observed that prior to ablation.

NOTE Confidence: 0.851180208888889

 $00:16:09.907 \longrightarrow 00:16:13.543$  Of the right pulmonary

NOTE Confidence: 0.851180208888889

00:16:13.543 --> 00:16:16.270 arterial ganglionic plexus,

NOTE Confidence: 0.851180208888889

 $00:16:16.270 \longrightarrow 00:16:18.990$  there was apnea induced atrial

NOTE Confidence: 0.851180208888889

 $00{:}16{:}18.990 \dashrightarrow 00{:}16{:}21.166$  fibrillation that was observed.

NOTE Confidence: 0.851180208888889 00:16:21.170 --> 00:16:21.661 However, NOTE Confidence: 0.851180208888889

00:16:21.661 --> 00:16:24.116 after ablation of the right

NOTE Confidence: 0.851180208888889

00:16:24.116 --> 00:16:26.080 PA ganglion and Plexus,

NOTE Confidence: 0.851180208888889

 $00:16:26.080 \longrightarrow 00:16:29.950$  which has been houses both sympathetic

NOTE Confidence: 0.851180208888889

 $00{:}16{:}29.950 \dashrightarrow 00{:}16{:}31.885$  and parasympathetic neurons,

 $00:16:31.890 \longrightarrow 00:16:35.572$  they're no longer was apnea induced atrial

NOTE Confidence: 0.851180208888889

 $00{:}16{:}35.572 \dashrightarrow 00{:}16{:}38.529$  fibrillation as subsequent to this ablation.

NOTE Confidence: 0.851180208888889

 $00{:}16{:}38.530 \dashrightarrow 00{:}16{:}41.686$  So this really points towards the.

NOTE Confidence: 0.851180208888889

 $00:16:41.690 \longrightarrow 00:16:45.197$  Role of the autonomic nervous system in

NOTE Confidence: 0.851180208888889

 $00:16:45.197 \longrightarrow 00:16:48.747$  terms of the generation of arrhythmia

NOTE Confidence: 0.851180208888889

00:16:48.747 --> 00:16:51.997 in response to apneic events.

NOTE Confidence: 0.851180208888889

 $00:16:52.000 \longrightarrow 00:16:54.674$  And there has been a couple other

NOTE Confidence: 0.851180208888889

 $00{:}16{:}54.674 \dashrightarrow 00{:}16{:}56.440$  studies that have corroborated

NOTE Confidence: 0.851180208888889

 $00:16:56.440 \longrightarrow 00:16:58.600$  those findings as well.

NOTE Confidence: 0.851180208888889

 $00:16:58.600 \longrightarrow 00:17:01.302$  And in talking to some of my

NOTE Confidence: 0.851180208888889

00:17:01.302 --> 00:17:02.074 electrophysiology colleagues,

NOTE Confidence: 0.851180208888889

 $00:17:02.080 \longrightarrow 00:17:05.200$  some really believe that the,

NOTE Confidence: 0.851180208888889 00:17:05.200 --> 00:17:06.036 you know, NOTE Confidence: 0.851180208888889

 $00{:}17{:}06.036 \dashrightarrow 00{:}17{:}07.708$  increased systemic inflammation and

NOTE Confidence: 0.851180208888889

00:17:07.708 --> 00:17:09.749 oxidative stress that this actually

 $00:17:09.749 \longrightarrow 00:17:12.173$  may be the the most potent driver.

NOTE Confidence: 0.851180208888889

00:17:12.180 --> 00:17:15.162 And common pathway that is is leading

NOTE Confidence: 0.851180208888889

 $00{:}17{:}15.162 \dashrightarrow 00{:}17{:}16.927$  to increased cardiac arrhythmia

NOTE Confidence: 0.851180208888889

 $00{:}17{:}16.927 \dashrightarrow 00{:}17{:}19.818$  Genesis and of course we know that

NOTE Confidence: 0.851180208888889

 $00:17:19.820 \longrightarrow 00:17:22.000$  there's many studies that have

NOTE Confidence: 0.851180208888889

 $00{:}17{:}22.000 \dashrightarrow 00{:}17{:}24.180$  shown up regulation of inflammation

NOTE Confidence: 0.851180208888889

 $00:17:24.252 \longrightarrow 00:17:26.580$  in in sleep apnea and and some of

NOTE Confidence: 0.851180208888889

 $00:17:26.580 \longrightarrow 00:17:28.657$  these same biomarkers that have

NOTE Confidence: 0.851180208888889

 $00{:}17{:}28.657 {\:{\circ}{\circ}{\circ}}>00{:}17{:}30.945$  been implicated in that realm

NOTE Confidence: 0.851180208888889

 $00:17:30.945 \longrightarrow 00:17:33.615$  have also been identified to be.

NOTE Confidence: 0.829322781428571

 $00{:}17{:}35.980 \to 00{:}17{:}38.005$  Implicated in the in the

NOTE Confidence: 0.829322781428571

 $00:17:38.005 \longrightarrow 00:17:39.625$  pathophysiology of atrial fibrillation

NOTE Confidence: 0.829322781428571

00:17:39.625 --> 00:17:41.878 in terms of atrial fibrillation,

NOTE Confidence: 0.829322781428571

 $00:17:41.880 \longrightarrow 00:17:44.324$  recurrence and longer duration

NOTE Confidence: 0.829322781428571

 $00:17:44.324 \longrightarrow 00:17:46.157$  of atrial fibrillation,

NOTE Confidence: 0.829322781428571

 $00:17:46.160 \longrightarrow 00:17:48.228$  recurrence of atrial fibrillation

 $00:17:48.228 \longrightarrow 00:17:50.813$  and so and so they,

NOTE Confidence: 0.829322781428571

 $00:17:50.820 \longrightarrow 00:17:53.898$  they may there may be the role of some

NOTE Confidence: 0.829322781428571

 $00:17:53.898 \longrightarrow 00:17:56.435$  of these biomarkers of inflammation

NOTE Confidence: 0.829322781428571

00:17:56.435 --> 00:17:59.900 and oxidative stress or you know,

NOTE Confidence: 0.829322781428571

 $00:17:59.900 \longrightarrow 00:18:02.900$  resulting in even direct alteration

NOTE Confidence: 0.829322781428571

 $00:18:02.900 \longrightarrow 00:18:05.620$  of that electrophysiologic substrate.

NOTE Confidence: 0.829322781428571

 $00:18:05.620 \longrightarrow 00:18:09.008$  And and structural substrate of the heart

NOTE Confidence: 0.829322781428571

 $00{:}18{:}09.008 \dashrightarrow 00{:}18{:}12.878$  that that then increases a rhythm genesis.

NOTE Confidence: 0.829322781428571

 $00:18:12.880 \longrightarrow 00:18:15.608$  We've looked at some of this in in

NOTE Confidence: 0.829322781428571

 $00:18:15.608 \longrightarrow 00:18:18.285$  sleep apnea and and even as it relates

NOTE Confidence: 0.829322781428571

 $00:18:18.285 \longrightarrow 00:18:21.096$  to the amount of sleep that folks get

NOTE Confidence: 0.829322781428571

 $00:18:21.096 \longrightarrow 00:18:23.749$  with you know who have sleep apnea.

NOTE Confidence: 0.829322781428571

 $00{:}18{:}23.749 \dashrightarrow 00{:}18{:}27.032$  And so we looked at polysomnographic total

NOTE Confidence: 0.829322781428571

 $00{:}18{:}27.032 \dashrightarrow 00{:}18{:}30.536$  sleep time as well as habitual sleep time

NOTE Confidence: 0.829322781428571

 $00:18:30.536 \longrightarrow 00:18:32.915$  and sleep duration and interestingly

 $00:18:32.915 \longrightarrow 00:18:36.105$  found that there were differential.

NOTE Confidence: 0.829322781428571

00:18:36.110 --> 00:18:38.843 Relationships between polysomnographic

NOTE Confidence: 0.829322781428571

00:18:38.843 --> 00:18:44.332 versus more chronic sleep deficiency as it

NOTE Confidence: 0.829322781428571

 $00:18:44.332 \longrightarrow 00:18:48.460$  relates to myeloperoxidase and oxidized LDL.

NOTE Confidence: 0.829322781428571

 $00:18:48.460 \longrightarrow 00:18:51.070$  So, so it may be that there are different

NOTE Confidence: 0.829322781428571

00:18:51.070 --> 00:18:53.172 pathways of of inflammation that are

NOTE Confidence: 0.829322781428571

 $00:18:53.172 \longrightarrow 00:18:54.917$  increased with more acute versus

NOTE Confidence: 0.829322781428571

 $00:18:54.976 \longrightarrow 00:18:57.208$  more chronic curtailed sleep in the

NOTE Confidence: 0.829322781428571

 $00{:}18{:}57.208 \dashrightarrow 00{:}18{:}59.284$  setting of obstructive sleep apnea.

NOTE Confidence: 0.829322781428571

 $00:18:59.284 \longrightarrow 00:19:01.620$  In terms of inflammation,

NOTE Confidence: 0.829322781428571

 $00:19:01.620 \longrightarrow 00:19:05.308$  we've also found that.

NOTE Confidence: 0.829322781428571

 $00:19:05.310 \longrightarrow 00:19:07.385$  Overall in this randomized control

NOTE Confidence: 0.829322781428571

 $00:19:07.385 \dashrightarrow 00:19:09.865$  trial of individuals with moderate to

NOTE Confidence: 0.829322781428571

 $00:19:09.865 \longrightarrow 00:19:12.224$  severe sleep apnea who were randomized to

NOTE Confidence: 0.829322781428571

00:19:12.224 --> 00:19:14.528 CPAP versus sham CPAP that there were,

NOTE Confidence: 0.829322781428571 00:19:14.530 --> 00:19:15.248 you know,

00:19:15.248 --> 00:19:17.761 reductions as has been shown in other

NOTE Confidence: 0.829322781428571

 $00:19:17.761 \longrightarrow 00:19:19.751$  clinical trials and systolic and

NOTE Confidence: 0.829322781428571

 $00:19:19.751 \longrightarrow 00:19:22.097$  dia stolic blood pressure also in some

NOTE Confidence: 0.829322781428571

 $00:19:22.164 \longrightarrow 00:19:24.729$  vascular measures of augmentation index.

NOTE Confidence: 0.829322781428571

 $00:19:24.730 \longrightarrow 00:19:28.126$  But overall in this particular trial

NOTE Confidence: 0.829322781428571

 $00:19:28.126 \longrightarrow 00:19:32.530$  we did not observe any oxidative

NOTE Confidence: 0.829322781428571

 $00:19:32.530 \longrightarrow 00:19:35.230$  stress measure improvement.

NOTE Confidence: 0.829322781428571

 $00{:}19{:}35.230 \to 00{:}19{:}39.647$  There was an improvement in soluble aisle

NOTE Confidence: 0.829322781428571

 $00:19:39.647 \longrightarrow 00:19:44.720$  6 receptor levels with CPAP versus sham CPAP.

NOTE Confidence: 0.829322781428571

 $00{:}19{:}44.720 \dashrightarrow 00{:}19{:}46.695$  And interestingly when we delved

NOTE Confidence: 0.829322781428571

 $00:19:46.695 \longrightarrow 00:19:49.133$  further in post hoc analysis to

NOTE Confidence: 0.829322781428571

00:19:49.133 --> 00:19:51.078 look at sex specific differences,

NOTE Confidence: 0.829322781428571

 $00{:}19{:}51.080 \dashrightarrow 00{:}19{:}53.144$  we identified that perhaps in women

NOTE Confidence: 0.829322781428571

 $00{:}19{:}53.144 \dashrightarrow 00{:}19{:}55.796$  there was a a greater response to

NOTE Confidence: 0.829322781428571

 $00:19:55.796 \longrightarrow 00:19:58.596$  CPAP in terms of improvement and some

 $00:19:58.674 \longrightarrow 00:20:00.534$  of these oxidative stress markers

NOTE Confidence: 0.829322781428571

 $00:20:00.534 \longrightarrow 00:20:03.840$  and and and and and markers of

NOTE Confidence: 0.829322781428571

 $00:20:03.840 \longrightarrow 00:20:05.280$  a systemic inflammation.

NOTE Confidence: 0.829322781428571

 $00:20:05.280 \longrightarrow 00:20:07.730$  Now these are post hoc analysis that

NOTE Confidence: 0.829322781428571

 $00:20:07.730 \longrightarrow 00:20:10.252$  that need to be further validated

NOTE Confidence: 0.829322781428571

 $00:20:10.252 \longrightarrow 00:20:12.756$  in terms of inflammation.

NOTE Confidence: 0.829322781428571

 $00:20:12.760 \longrightarrow 00:20:15.119$  We've also in the Safe Beat study.

NOTE Confidence: 0.829322781428571

 $00:20:15.120 \longrightarrow 00:20:18.504$  Um looked at individuals who have

NOTE Confidence: 0.829322781428571

00:20:18.504 --> 00:20:20.196 paroxysmal atrial fibrillation,

NOTE Confidence: 0.829322781428571

 $00:20:20.200 \longrightarrow 00:20:23.176$  uh who had and also compared to

NOTE Confidence: 0.829322781428571

 $00:20:23.176 \longrightarrow 00:20:25.444$  these individuals to controls without

NOTE Confidence: 0.829322781428571

 $00:20:25.444 \longrightarrow 00:20:27.859$  atrial fibrillation who are masked,

NOTE Confidence: 0.829322781428571

00:20:27.860 --> 00:20:29.960 matched on age, sex, race,

NOTE Confidence: 0.829322781428571

 $00:20:29.960 \longrightarrow 00:20:33.656$  and body mass index and found that

NOTE Confidence: 0.829322781428571

 $00:20:33.656 \longrightarrow 00:20:35.993$  there were differences in proteomic

NOTE Confidence: 0.829322781428571

 $00:20:35.993 \longrightarrow 00:20:38.831$  profiles and those with proximal atrial

00:20:38.831 --> 00:20:40.820 fibrillation versus those without,

NOTE Confidence: 0.829322781428571

 $00{:}20{:}40.820 \dashrightarrow 00{:}20{:}44.060$  and that some of these biomarkers

NOTE Confidence: 0.829322781428571

00:20:44.060 --> 00:20:45.680 were actually altered.

NOTE Confidence: 0.829322781428571

 $00:20:45.680 \longrightarrow 00:20:47.654$  With the treatment of that moderate

NOTE Confidence: 0.829322781428571

 $00:20:47.654 \longrightarrow 00:20:48.970$  to severe sleep apnea,

NOTE Confidence: 0.829322781428571

 $00:20:48.970 \longrightarrow 00:20:50.640$  so some of these differential

NOTE Confidence: 0.829322781428571

 $00:20:50.640 \longrightarrow 00:20:52.310$  biomarkers were actually on altered

NOTE Confidence: 0.829322781428571

 $00:20:52.366 \longrightarrow 00:20:53.550$  with treatment of CPAP.

NOTE Confidence: 0.829322781428571

 $00:20:53.550 \longrightarrow 00:20:56.538$  So these may be biomarkers that

NOTE Confidence: 0.829322781428571

 $00:20:56.538 \longrightarrow 00:21:00.087$  are implicated in the in the this

NOTE Confidence: 0.829322781428571

 $00:21:00.087 \longrightarrow 00:21:02.163$  inflammatory cascade that that

NOTE Confidence: 0.829322781428571

 $00{:}21{:}02.163 \dashrightarrow 00{:}21{:}05.310$  that occurs with with sleep apnea.

NOTE Confidence: 0.829322781428571

 $00{:}21{:}05.310 \dashrightarrow 00{:}21{:}09.405$  So taken together when putting

NOTE Confidence: 0.829322781428571

 $00{:}21{:}09.405 \dashrightarrow 00{:}21{:}12.380$  together the experimental data that

NOTE Confidence: 0.829322781428571

 $00:21:12.380 \longrightarrow 00:21:15.556$  have been generated again there are.

00:21:15.556 --> 00:21:17.866 Are there's evidence of structural

NOTE Confidence: 0.829322781428571

 $00:21:17.866 \longrightarrow 00:21:20.757$  remodeling and I didn't share their there.

NOTE Confidence: 0.829322781428571

 $00:21:20.760 \longrightarrow 00:21:23.364$  There are data to show that overtime

NOTE Confidence: 0.829322781428571

 $00:21:23.364 \longrightarrow 00:21:25.288$  that there's actual changes to

NOTE Confidence: 0.829322781428571

 $00:21:25.288 \longrightarrow 00:21:27.484$  left atrial size that can occur

NOTE Confidence: 0.829322781428571

 $00:21:27.484 \longrightarrow 00:21:29.749$  increases in left ventricular mass.

NOTE Confidence: 0.8669867625

 $00{:}21{:}29.750 \dashrightarrow 00{:}21{:}31.510$  These autonomic nervous system

NOTE Confidence: 0.8669867625

 $00:21:31.510 \longrightarrow 00:21:34.150$  alterations that that can directly lead

NOTE Confidence: 0.8669867625

 $00:21:34.213 \longrightarrow 00:21:36.723$  to electrophysiologic changes in this

NOTE Confidence: 0.8669867625

00:21:36.723 --> 00:21:41.730 electrical remodeling and and connection and.

NOTE Confidence: 0.8669867625

 $00:21:41.730 \longrightarrow 00:21:43.840$  Some other biomarkers have been

NOTE Confidence: 0.8669867625

 $00:21:43.840 \longrightarrow 00:21:46.942$  implicated in this in this biology as

NOTE Confidence: 0.8669867625

 $00{:}21{:}46.942 \dashrightarrow 00{:}21{:}50.148$  well and and reduction in this atrial

NOTE Confidence: 0.8669867625

 $00:21:50.148 \longrightarrow 00:21:52.682$  refractoriness which can again increase

NOTE Confidence: 0.8669867625

 $00:21:52.682 \longrightarrow 00:21:55.946$  that vulnerability to to atrial arrhythmia.

NOTE Confidence: 0.8669867625

 $00:21:55.950 \longrightarrow 00:22:00.702$  So all of these different pathways are ones

 $00{:}22{:}00.702 \dashrightarrow 00{:}22{:}04.906$  that can then contribute to development

NOTE Confidence: 0.8669867625

 $00:22:04.906 \longrightarrow 00:22:09.086$  and progression of atrial fibrillation.

NOTE Confidence: 0.8669867625

 $00:22:09.090 \longrightarrow 00:22:10.750$  So with atrial fibrillation,

NOTE Confidence: 0.8669867625

 $00:22:10.750 \longrightarrow 00:22:13.789$  this is recognized to be in an

NOTE Confidence: 0.8669867625

 $00:22:13.789 \longrightarrow 00:22:16.119$  ensuing epidemic with a fivefold

NOTE Confidence: 0.8669867625

 $00:22:16.119 \longrightarrow 00:22:19.330$  increase in prevalence.

NOTE Confidence: 0.8669867625

 $00:22:19.330 \longrightarrow 00:22:21.340$  By the year of 2050,

NOTE Confidence: 0.8669867625

 $00:22:21.340 \longrightarrow 00:22:23.216$  uh from two more than two million

NOTE Confidence: 0.8669867625

 $00:22:23.216 \longrightarrow 00:22:25.023$  now to more estimated more than

NOTE Confidence: 0.8669867625

 $00:22:25.023 \longrightarrow 00:22:27.028$  10 million by the year 2050.

NOTE Confidence: 0.8669867625

 $00{:}22{:}27.028 \dashrightarrow 00{:}22{:}30.094$  And it was recognized in the Framingham

NOTE Confidence: 0.8669867625

 $00:22:30.094 \longrightarrow 00:22:33.078$  Heart study that this was incompletely

NOTE Confidence: 0.8669867625

 $00:22:33.078 \longrightarrow 00:22:36.120$  explained by the aging population alone

NOTE Confidence: 0.8669867625

 $00:22:36.201 \longrightarrow 00:22:38.733$  and established risk factors such as

NOTE Confidence: 0.8669867625

 $00:22:38.733 \longrightarrow 00:22:41.768$  male sex and again the increased age.

00:22:41.768 --> 00:22:44.444 And it is thought that unrecognized

NOTE Confidence: 0.8669867625

 $00:22:44.444 \longrightarrow 00:22:45.410$  sleep apnea,

NOTE Confidence: 0.8669867625

 $00:22:45.410 \longrightarrow 00:22:47.620$  as we had discussed earlier

NOTE Confidence: 0.8669867625

 $00:22:47.620 \longrightarrow 00:22:49.830$  is estimated to be about.

NOTE Confidence: 0.8669867625

 $00:22:49.830 \longrightarrow 00:22:53.430$  85% maybe partially contributing to this

NOTE Confidence: 0.8669867625

 $00:22:53.430 \longrightarrow 00:22:55.830$  atrial fibrillation epidemic that's

NOTE Confidence: 0.8669867625

 $00:22:55.914 \longrightarrow 00:22:58.479$  being observed and it's interesting

NOTE Confidence: 0.8669867625

00:22:58.479 --> 00:23:01.044 to consider the risk factors.

NOTE Confidence: 0.8669867625

 $00{:}23{:}01.050 \dashrightarrow 00{:}23{:}03.582$  There are many shared risk factors

NOTE Confidence: 0.8669867625

 $00:23:03.582 \longrightarrow 00:23:05.893$  of obstructive sleep apnea and

NOTE Confidence: 0.8669867625

 $00:23:05.893 \longrightarrow 00:23:06.999$  atrial fibrillation.

NOTE Confidence: 0.8669867625

 $00:23:07.000 \longrightarrow 00:23:09.036$  Increasing age,

NOTE Confidence: 0.8669867625

 $00:23:09.036 \longrightarrow 00:23:12.090$  male predisposition and

NOTE Confidence: 0.8669867625

 $00:23:12.090 \longrightarrow 00:23:14.390$  interestingly there are some data,

NOTE Confidence: 0.8669867625

00:23:14.390 --> 00:23:15.280 you know,

NOTE Confidence: 0.8669867625

00:23:15.280 --> 00:23:17.505 some pockets of data showing

 $00:23:17.505 \longrightarrow 00:23:18.840$  that sleep apnea.

NOTE Confidence: 0.8669867625

 $00:23:18.840 \longrightarrow 00:23:21.696$  As defined by the apnea hypopnea index

NOTE Confidence: 0.8669867625

 $00:23:21.696 \longrightarrow 00:23:24.335$  may be at increased risk for atrial

NOTE Confidence: 0.8669867625

00:23:24.335 --> 00:23:25.787 fibrillation in African American

NOTE Confidence: 0.8669867625

 $00:23:25.787 \longrightarrow 00:23:27.654$  patients versus the nocturnal hypoxia

NOTE Confidence: 0.8669867625

00:23:27.654 --> 00:23:29.106 perhaps associated with increased

NOTE Confidence: 0.8669867625

 $00:23:29.106 \longrightarrow 00:23:31.440$  risk of atrial fibrillation in Asians.

NOTE Confidence: 0.8669867625

 $00:23:31.440 \longrightarrow 00:23:35.632$  So there there may be some race specific

NOTE Confidence: 0.8669867625

 $00:23:35.632 \longrightarrow 00:23:38.520$  susceptibilities to to consider as well.

NOTE Confidence: 0.8669867625

 $00{:}23{:}38.520 \dashrightarrow 00{:}23{:}40.554$  And in this particular meta analysis

NOTE Confidence: 0.8669867625

 $00:23:40.554 \longrightarrow 00:23:42.594$  as it's recognized that obesity of

NOTE Confidence: 0.8669867625

 $00:23:42.594 \longrightarrow 00:23:44.460$  course is a risk for obstructive

NOTE Confidence: 0.8669867625

 $00{:}23{:}44.460 \dashrightarrow 00{:}23{:}46.935$  sleep apnea also is a strong risk for

NOTE Confidence: 0.8669867625

 $00:23:46.935 \longrightarrow 00:23:48.584$  atrial fibrillation and again.

NOTE Confidence: 0.8669867625

 $00:23:48.584 \longrightarrow 00:23:51.248$  This is always the challenge and

 $00:23:51.248 \longrightarrow 00:23:53.815$  dissecting these pathways of obesity

NOTE Confidence: 0.8669867625

 $00:23:53.815 \longrightarrow 00:23:56.139$  dependent and independent relationships,

NOTE Confidence: 0.8669867625

 $00:23:56.140 \longrightarrow 00:23:56.816$  you know,

NOTE Confidence: 0.8669867625

00:23:56.816 --> 00:23:58.844 this meta analysis you know may

NOTE Confidence: 0.8669867625

 $00:23:58.844 \longrightarrow 00:24:01.044$  help shed a little bit light of

NOTE Confidence: 0.8669867625

 $00:24:01.044 \longrightarrow 00:24:03.541$  light on that in terms of a stronger

NOTE Confidence: 0.8669867625

 $00:24:03.541 \longrightarrow 00:24:05.848$  point estimate of of 2.18 versus

NOTE Confidence: 0.8669867625

 $00:24:05.848 \longrightarrow 00:24:08.902$  1.67 in terms of a relationship

NOTE Confidence: 0.8669867625

 $00{:}24{:}08.902 \dashrightarrow 00{:}24{:}12.660$  with a trial fibrillation of sleep

NOTE Confidence: 0.8669867625

 $00:24:12.660 \longrightarrow 00:24:15.720$  apnea versus obesity respectively.

NOTE Confidence: 0.8669867625

 $00{:}24{:}15.720 \dashrightarrow 00{:}24{:}18.268$  And I think this,

NOTE Confidence: 0.8669867625

 $00:24:18.268 \longrightarrow 00:24:20.816$  this interplay with obesity

NOTE Confidence: 0.8669867625

 $00:24:20.816 \longrightarrow 00:24:24.164$  adiposity is one that likely you

NOTE Confidence: 0.8669867625

 $00:24:24.164 \longrightarrow 00:24:26.874$  know needs some more attention.

NOTE Confidence: 0.8669867625

00:24:26.880 --> 00:24:30.400 And so we've started to look at epicardial,

NOTE Confidence: 0.8669867625

 $00:24:30.400 \longrightarrow 00:24:32.736$  adipose tissue and any

 $00:24:32.736 \longrightarrow 00:24:35.656$  synergies that you know we,

NOTE Confidence: 0.8669867625

00:24:35.660 --> 00:24:38.020 you know that we can see

NOTE Confidence: 0.8669867625

 $00:24:38.020 \longrightarrow 00:24:40.064$  even between the sleep apnea and

NOTE Confidence: 0.8669867625

 $00:24:40.064 \longrightarrow 00:24:42.430$  obesity and in in panel B here

NOTE Confidence: 0.8669867625

 $00:24:42.430 \longrightarrow 00:24:45.220$  you can see as an individual.

NOTE Confidence: 0.8669867625

 $00:24:45.220 \longrightarrow 00:24:48.538$  With both obesity and severe obstructive

NOTE Confidence: 0.8669867625

00:24:48.538 --> 00:24:51.530 sleep apnea compared to panel a,

NOTE Confidence: 0.8669867625

00:24:51.530 --> 00:24:54.206 non obese with severe sleep apnea,

NOTE Confidence: 0.8669867625

00:24:54.210 --> 00:24:57.168 panel D obese without sleep apnea,

NOTE Confidence: 0.8669867625

 $00{:}24{:}57.170 \dashrightarrow 00{:}25{:}00.670$  panel C without either obesity

NOTE Confidence: 0.8669867625

 $00{:}25{:}00.670 --> 00{:}25{:}02.598$  or nor a sleep apnea.

NOTE Confidence: 0.8669867625

 $00{:}25{:}02.598 \dashrightarrow 00{:}25{:}05.330$  So you know this is a small end

NOTE Confidence: 0.8669867625

 $00{:}25{:}05.330 \dashrightarrow 00{:}25{:}07.766$  and we're we're we're continuing to

NOTE Confidence: 0.8669867625

 $00{:}25{:}07.766 \longrightarrow 00{:}25{:}10.444$ do just for you know feasibility

NOTE Confidence: 0.8669867625

 $00:25:10.444 \longrightarrow 00:25:12.474$  data you know in terms of these

 $00:25:12.474 \longrightarrow 00:25:14.490$  cardiac MRI's to to generate this

NOTE Confidence: 0.8669867625

 $00{:}25{:}14.490 \dashrightarrow 00{:}25{:}15.890$  these epicardial adipose tissue.

NOTE Confidence: 0.8669867625

 $00:25:15.890 \longrightarrow 00:25:16.212$  Volumes,

NOTE Confidence: 0.8669867625

 $00:25:16.212 \longrightarrow 00:25:18.788$  but this may allow us to get a

NOTE Confidence: 0.8669867625

00:25:18.788 --> 00:25:21.644 sense of the biology as you know

NOTE Confidence: 0.8669867625

00:25:21.644 --> 00:25:23.280 local that's occurring locally

NOTE Confidence: 0.833444666666667

 $00:25:23.351 \longrightarrow 00:25:25.927$  at the level of the heart and how

NOTE Confidence: 0.833444666666667

 $00:25:25.927 \longrightarrow 00:25:28.096$  sleep apnea can intersect with that.

NOTE Confidence: 0.833444666666667

 $00{:}25{:}28.096 \dashrightarrow 00{:}25{:}30.370$  And then I think also recognizing

NOTE Confidence: 0.833444666666667

 $00{:}25{:}30.435 \dashrightarrow 00{:}25{:}32.720$  that a trial fibrillation occurs on

NOTE Confidence: 0.833444666666667

 $00{:}25{:}32.720 \dashrightarrow 00{:}25{:}35.005$  a continuum where there's paroxysms

NOTE Confidence: 0.833444666666667

 $00:25:35.074 \longrightarrow 00:25:37.099$  of atrial fibrillation and then

NOTE Confidence: 0.833444666666667

 $00{:}25{:}37.100 \dashrightarrow 00{:}25{:}40.586$  you know this can evolve into.

NOTE Confidence: 0.833444666666667

 $00:25:40.590 \longrightarrow 00:25:41.928$  Persistent atrial fibrillation

NOTE Confidence: 0.833444666666667

00:25:41.928 --> 00:25:44.158 and then chronic persistent atrial

NOTE Confidence: 0.833444666666667

 $00{:}25{:}44.158 \dashrightarrow 00{:}25{:}46.052$  fibrillation at which point there's

 $00:25:46.052 \longrightarrow 00:25:47.936$  more remodeling of the heart that

NOTE Confidence: 0.833444666666667

 $00:25:47.936 \longrightarrow 00:25:50.070$  may be less likely to be reversible.

NOTE Confidence: 0.833444666666667

 $00{:}25{:}50.070 \dashrightarrow 00{:}25{:}53.292$  So at what point in the spectrum are we

NOTE Confidence: 0.833444666666667

 $00:25:53.292 \longrightarrow 00:25:56.248$  likely to make the most difference in

NOTE Confidence: 0.833444666666667

 $00:25:56.248 \longrightarrow 00:25:58.688$  terms of treatment with of obstructive

NOTE Confidence: 0.833444666666667

 $00{:}25{:}58.688 \dashrightarrow 00{:}26{:}00.962$  sleep apnea and intervening and I

NOTE Confidence: 0.833444666666667

00:26:00.962 --> 00:26:03.642 think that's that's an area that that

NOTE Confidence: 0.833444666666667

 $00:26:03.642 \longrightarrow 00:26:05.502$  warrants further attention as well.

NOTE Confidence: 0.833444666666667

 $00{:}26{:}05.510 \longrightarrow 00{:}26{:}07.868$  In terms of the epidemiologic data,

NOTE Confidence: 0.833444666666667

00:26:07.870 --> 00:26:08.878 you know this,

NOTE Confidence: 0.833444666666667

 $00:26:08.878 \longrightarrow 00:26:10.894$  these are you know older data.

NOTE Confidence: 0.833444666666667

 $00:26:10.900 \longrightarrow 00:26:13.679$  From a separate health study in which

NOTE Confidence: 0.833444666666667

 $00{:}26{:}13.679 \longrightarrow 00{:}26{:}18.994$  we examined those who presented for

NOTE Confidence: 0.833444666666667

00:26:18.994 --> 00:26:21.929 this population based study and

NOTE Confidence: 0.833444666666667

 $00:26:21.929 \longrightarrow 00:26:24.980$  examined the relationship of sleep

 $00:26:24.980 \longrightarrow 00:26:27.791$  disordered breathing with with the

NOTE Confidence: 0.833444666666667

 $00:26:27.791 \longrightarrow 00:26:30.476$  cardiac arrhythmias as identified on

NOTE Confidence: 0.833444666666667

00:26:30.476 --> 00:26:32.822 the polysomnogram during their sleep

NOTE Confidence: 0.833444666666667

 $00:26:32.822 \longrightarrow 00:26:36.097$  studies and found there to be a very

NOTE Confidence: 0.833444666666667

 $00:26:36.097 \longrightarrow 00:26:38.232$  strong association of anywhere from

NOTE Confidence: 0.833444666666667

 $00:26:38.232 \longrightarrow 00:26:41.756$  a two to five fold higher odds that.

NOTE Confidence: 0.833444666666667

 $00:26:41.756 \longrightarrow 00:26:44.026$  These arrhythmias as it relates

NOTE Confidence: 0.833444666666667

 $00:26:44.026 \longrightarrow 00:26:46.797$  to severe obstructive sleep apnea

NOTE Confidence: 0.833444666666667

 $00{:}26{:}46.797 {\:{\circ}{\circ}{\circ}}>00{:}26{:}49.830$  compared to those without even after

NOTE Confidence: 0.833444666666667

00:26:49.830 --> 00:26:52.230 accounting for a range of confounding

NOTE Confidence: 0.833444666666667

 $00:26:52.230 \longrightarrow 00:26:54.832$  factors and we had group matched

NOTE Confidence: 0.833444666666667

 $00:26:54.832 \longrightarrow 00:26:56.997$  and statistically adjusted for these

NOTE Confidence: 0.833444666666667

 $00:26:56.997 \longrightarrow 00:26:58.666$  factors of age, sex, race,

NOTE Confidence: 0.833444666666667

00:26:58.666 --> 00:27:00.406 BMI in addition to cardiovascular

NOTE Confidence: 0.833444666666667

 $00:27:00.406 \longrightarrow 00:27:01.450$  risk and cardio,

NOTE Confidence: 0.833444666666667

 $00{:}27{:}01.450 \longrightarrow 00{:}27{:}04.684$  other cardiovascular disease

 $00:27:04.684 \longrightarrow 00:27:07.918$  comorbidities as well.

NOTE Confidence: 0.833444666666667

 $00:27:07.920 \longrightarrow 00:27:10.279$  And in this study with the outcomes

NOTE Confidence: 0.833444666666667

 $00{:}27{:}10.279 \dashrightarrow 00{:}27{:}12.199$  of sleep disorders in older men

NOTE Confidence: 0.833444666666667

 $00:27:12.199 \longrightarrow 00:27:14.016$  study as opposed to the sleep Heart

NOTE Confidence: 0.833444666666667

 $00:27:14.016 \longrightarrow 00:27:15.714$  Health study where we just looked

NOTE Confidence: 0.833444666666667

 $00{:}27{:}15.714 \dashrightarrow 00{:}27{:}17.259$  at severe versus those without.

NOTE Confidence: 0.833444666666667

 $00:27:17.260 \longrightarrow 00:27:21.292$  We aimed to look at the spectrum of

NOTE Confidence: 0.833444666666667

 $00:27:21.292 \longrightarrow 00:27:24.919$  severity of sleep apnea as it relates

NOTE Confidence: 0.833444666666667

00:27:24.919 --> 00:27:26.587 to nocturnal cardiac arrhythmia

NOTE Confidence: 0.833444666666667

 $00{:}27{:}26.587 \longrightarrow 00{:}27{:}29.310$  and found there to be these graded

NOTE Confidence: 0.833444666666667

 $00{:}27{:}29.381 \dashrightarrow 00{:}27{:}30.773$  relationships with increasing

NOTE Confidence: 0.833444666666667

 $00:27:30.773 \longrightarrow 00:27:33.557$  severity of sleep apnea and increasing

NOTE Confidence: 0.833444666666667

 $00{:}27{:}33.557 \dashrightarrow 00{:}27{:}35.761$  burden of a trial fibrillation and

NOTE Confidence: 0.833444666666667

 $00:27:35.761 \longrightarrow 00:27:37.856$  also increasing burden of complex.

NOTE Confidence: 0.833444666666667

 $00:27:37.860 \longrightarrow 00:27:38.674$  Ventricular ectopy.

 $00:27:38.674 \longrightarrow 00:27:41.116$  And in this particular study where

NOTE Confidence: 0.833444666666667

00:27:41.116 --> 00:27:43.370 there were all male participants,

NOTE Confidence: 0.833444666666667

 $00:27:43.370 \longrightarrow 00:27:45.130$  we found the stronger relationship,

NOTE Confidence: 0.833444666666667

00:27:45.130 --> 00:27:45.690 interestingly,

NOTE Confidence: 0.833444666666667

00:27:45.690 --> 00:27:48.490 with obstructive sleep apnea and

NOTE Confidence: 0.833444666666667

00:27:48.490 --> 00:27:50.730 ventricular arrhythmia and central

NOTE Confidence: 0.833444666666667

 $00:27:50.807 \longrightarrow 00:27:53.267$  sleep apnea and atrial fibrillation.

NOTE Confidence: 0.833444666666667

 $00{:}27{:}53.270 \dashrightarrow 00{:}27{:}55.951$  That was observed and we also have

NOTE Confidence: 0.833444666666667

 $00{:}27{:}55.951 \dashrightarrow 00{:}27{:}58.592$  tried to better understand the

NOTE Confidence: 0.833444666666667

 $00:27:58.592 \longrightarrow 00:28:01.345$  temporal relationships of the discrete

NOTE Confidence: 0.833444666666667

00:28:01.345 --> 00:28:04.015 applied and hypotonic events as it

NOTE Confidence: 0.833444666666667

 $00:28:04.015 \longrightarrow 00:28:06.530$  relates to the arrhythmic events.

NOTE Confidence: 0.833444666666667

 $00:28:06.530 \longrightarrow 00:28:08.360$  So in this case crossover study,

NOTE Confidence: 0.833444666666667

00:28:08.360 --> 00:28:11.664 which is commonly used in air pollution

NOTE Confidence: 0.833444666666667

 $00:28:11.664 \longrightarrow 00:28:14.271$  studies and lends itself to situations

NOTE Confidence: 0.833444666666667

 $00:28:14.271 \longrightarrow 00:28:16.798$  where you have a very short lived

00:28:16.798 --> 00:28:18.989 exposure and a short lived outcome,

NOTE Confidence: 0.833444666666667

 $00{:}28{:}18.990 \dashrightarrow 00{:}28{:}23.328$  we identified a very strong association.

NOTE Confidence: 0.833444666666667

 $00:28:23.330 \longrightarrow 00:28:25.370$  Of these discrete nocturnal

NOTE Confidence: 0.833444666666667

 $00:28:25.370 \longrightarrow 00:28:27.410$  arrhythmias within 90 seconds

NOTE Confidence: 0.833444666666667

 $00:28:27.410 \longrightarrow 00:28:29.600$  following an apnea hypopnea.

NOTE Confidence: 0.833444666666667

 $00:28:29.600 \longrightarrow 00:28:31.442$  So we used a unidirectional design

NOTE Confidence: 0.833444666666667

00:28:31.442 --> 00:28:33.445 where there was an arrhythmic onset

NOTE Confidence: 0.833444666666667

 $00{:}28{:}33.445 \dashrightarrow 00{:}28{:}35.958$  of either a discrete episode of non

NOTE Confidence: 0.833444666666667

 $00{:}28{:}35.958 \dashrightarrow 00{:}28{:}37.678$  sustained ventricular tachycardia or

NOTE Confidence: 0.833444666666667

00:28:37.678 --> 00:28:39.848 a paroxysm of atrial fibrillation

NOTE Confidence: 0.833444666666667

00:28:39.848 --> 00:28:42.228 and proceeding only then looked at

NOTE Confidence: 0.833444666666667

 $00{:}28{:}42.228 \operatorname{--}{>} 00{:}28{:}45.023$ a hazard period of 90 seconds based

NOTE Confidence: 0.833444666666667

 $00{:}28{:}45.023 \mathrel{--}{>} 00{:}28{:}47.747$ upon estimated you know apnea related

NOTE Confidence: 0.833444666666667

 $00:28:47.747 \longrightarrow 00:28:50.265$  hypoxia and autonomic fluctuations

NOTE Confidence: 0.833444666666667

00:28:50.265 --> 00:28:53.493 that are occurring and then also.

 $00:28:53.500 \longrightarrow 00:28:56.025$  And selected some normal sinus

NOTE Confidence: 0.833444666666667

 $00{:}28{:}56.025 \dashrightarrow 00{:}28{:}58.550$ rhythm period control periods as

NOTE Confidence: 0.833444666666667

00:28:58.639 --> 00:29:01.249 reference and and again found

NOTE Confidence: 0.83344466666667

 $00:29:01.249 \longrightarrow 00:29:03.074$  this strong relationship and this

NOTE Confidence: 0.833444666666667

 $00:29:03.074 \longrightarrow 00:29:05.150$  study was borne out of some

NOTE Confidence: 0.855057771333333

 $00{:}29{:}05.217 \dashrightarrow 00{:}29{:}07.329$  observations as we were looking at

NOTE Confidence: 0.855057771333333

 $00:29:07.329 \longrightarrow 00:29:09.733$  the sleep studies from the sleep Heart

NOTE Confidence: 0.855057771333333

00:29:09.733 --> 00:29:11.896 Health study that you know some of

NOTE Confidence: 0.855057771333333

00:29:11.900 --> 00:29:14.130 these arrhythmic events appear to

NOTE Confidence: 0.855057771333333

00:29:14.130 --> 00:29:16.978 be aligned with when the respiratory

NOTE Confidence: 0.855057771333333

 $00{:}29{:}16.978 \dashrightarrow 00{:}29{:}20.206$  events were occurring along with the

NOTE Confidence: 0.855057771333333

 $00:29:20.206 \longrightarrow 00:29:22.742$  hypoxia associated with these events.

NOTE Confidence: 0.855057771333333

 $00:29:22.742 \longrightarrow 00:29:25.232$  And and getting even further

NOTE Confidence: 0.855057771333333

 $00:29:25.232 \longrightarrow 00:29:27.129$  in the temporality,

NOTE Confidence: 0.855057771333333

00:29:27.130 --> 00:29:30.784 Dominic Langlands and his group have

NOTE Confidence: 0.855057771333333

00:29:30.784 --> 00:29:34.681 looked at the continuous monitoring of

 $00:29:34.681 \longrightarrow 00:29:38.755$  the respiratory events and also atrial

NOTE Confidence: 0.855057771333333

 $00:29:38.755 \longrightarrow 00:29:41.953$  fibrillation of paroxysms that occur

NOTE Confidence: 0.855057771333333

 $00:29:41.953 \longrightarrow 00:29:46.006$  over time and found evidence that

NOTE Confidence: 0.855057771333333

 $00:29:46.010 \longrightarrow 00:29:50.108$  sleep disorder breathing and these events.

NOTE Confidence: 0.855057771333333

 $00:29:50.110 \longrightarrow 00:29:54.046$  Detected by this uh cardiac monitor

NOTE Confidence: 0.855057771333333

 $00{:}29{:}54.046 \dashrightarrow 00{:}29{:}57.064$  uh were more associated direction in

NOTE Confidence: 0.855057771333333

00:29:57.064 --> 00:29:59.194 it from a directionality standpoint

NOTE Confidence: 0.855057771333333

 $00:29:59.194 \longrightarrow 00:30:01.424$  with subsequent atrial fibrillation

NOTE Confidence: 0.855057771333333

 $00{:}30{:}01.424 \dashrightarrow 00{:}30{:}03.744$  suggesting sleep disorder breathing

NOTE Confidence: 0.855057771333333

 $00:30:03.744 \longrightarrow 00:30:05.484$  begets atrial fibrillation.

NOTE Confidence: 0.855057771333333 00:30:05.490 --> 00:30:05.772 However, NOTE Confidence: 0.855057771333333

 $00:30:05.772 \longrightarrow 00:30:08.310$  the reverse did not appear to be true in

NOTE Confidence: 0.855057771333333

 $00:30:08.374 \dashrightarrow 00:30:10.966$  terms of a trial fibrillation beginning sleep,

NOTE Confidence: 0.855057771333333

 $00:30:10.970 \longrightarrow 00:30:11.914$  disordered breathing.

NOTE Confidence: 0.855057771333333

 $00:30:11.914 \longrightarrow 00:30:15.218$  So I think the case crossover study

 $00:30:15.218 \longrightarrow 00:30:18.216$  we just reviewed and this study

NOTE Confidence: 0.855057771333333

 $00:30:18.216 \dashrightarrow 00:30:20.656$  really point towards there being.

NOTE Confidence: 0.855057771333333

00:30:20.660 --> 00:30:22.800 You know a causal relationship,

NOTE Confidence: 0.855057771333333

 $00:30:22.800 \longrightarrow 00:30:26.286$  at least when considering the directionality

NOTE Confidence: 0.855057771333333

 $00:30:26.286 \longrightarrow 00:30:29.838$  of the respiratory events and the

NOTE Confidence: 0.855057771333333

00:30:29.838 --> 00:30:32.110 paroxysms of atrial fibrillation.

NOTE Confidence: 0.855057771333333

 $00:30:32.110 \longrightarrow 00:30:34.426$  We've also in the safety study

NOTE Confidence: 0.855057771333333

 $00:30:34.430 \longrightarrow 00:30:37.320$  when looking again at these.

NOTE Confidence: 0.855057771333333

 $00:30:37.320 \longrightarrow 00:30:39.534$  The the patterning of atrial

NOTE Confidence: 0.855057771333333

 $00:30:39.534 \longrightarrow 00:30:42.055$  fibrillation as we had mainly focused

NOTE Confidence: 0.855057771333333

 $00{:}30{:}42.055 \dashrightarrow 00{:}30{:}44.011$  on nocturnal cardiac arrhythmias

NOTE Confidence: 0.855057771333333

00:30:44.011 --> 00:30:46.418 identified from the sleep studies

NOTE Confidence: 0.855057771333333

00:30:46.418 --> 00:30:48.668 of the sleep Heart health study

NOTE Confidence: 0.855057771333333

 $00:30:48.668 \longrightarrow 00:30:50.571$  and the outcomes of sleep disorders

NOTE Confidence: 0.855057771333333

 $00:30:50.571 \longrightarrow 00:30:51.599$  and older men study.

NOTE Confidence: 0.855057771333333

 $00:30:51.600 \dashrightarrow 00:30:55.624$  We in the safe beat trial had conducted

00:30:55.624 --> 00:30:58.872 continuous ECG monitoring along with

NOTE Confidence: 0.855057771333333

 $00:30:58.872 \longrightarrow 00:31:01.902$  overnight polysomnography as as well

NOTE Confidence: 0.855057771333333

 $00{:}31{:}01.902 \dashrightarrow 00{:}31{:}04.459$  as actigraphy monitoring concordant

NOTE Confidence: 0.855057771333333

00:31:04.459 --> 00:31:07.689 with the continuous ECG monitoring.

NOTE Confidence: 0.855057771333333

00:31:07.690 --> 00:31:10.900 And and we're attempting to look

NOTE Confidence: 0.855057771333333

00:31:10.900 --> 00:31:13.727 at diurnal patterning of heart

NOTE Confidence: 0.855057771333333

00:31:13.727 --> 00:31:16.682 rate variability indices and how

NOTE Confidence: 0.855057771333333

 $00{:}31{:}16.682 \dashrightarrow 00{:}31{:}19.989$  this related to severity of sleep

NOTE Confidence: 0.855057771333333

 $00:31:19.989 \longrightarrow 00:31:22.943$  apnea defined by the HIV and also

NOTE Confidence: 0.855057771333333

 $00:31:22.943 \longrightarrow 00:31:25.194$  as defined by hypoxia.

NOTE Confidence: 0.855057771333333

00:31:25.194 --> 00:31:27.626 And interestingly found that

NOTE Confidence: 0.855057771333333

 $00{:}31{:}27.626 \dashrightarrow 00{:}31{:}31.369$  there were there was a significant

NOTE Confidence: 0.855057771333333

 $00{:}31{:}31.369 \dashrightarrow 00{:}31{:}34.409$  interaction between sleep wake and

NOTE Confidence: 0.855057771333333

 $00:31:34.410 \longrightarrow 00:31:38.586$  HIV as well as the hypoxia.

NOTE Confidence: 0.855057771333333

 $00:31:38.590 \longrightarrow 00:31:41.386$  The level of hypoxia relative to

 $00:31:41.386 \longrightarrow 00:31:43.741$  these heart rate variability measures

NOTE Confidence: 0.855057771333333

 $00{:}31{:}43.741 \dashrightarrow 00{:}31{:}47.037$  and there was a subset as well that

NOTE Confidence: 0.855057771333333

 $00:31:47.037 \longrightarrow 00:31:50.078$  underwent CPAP treatment and there was

NOTE Confidence: 0.855057771333333

 $00:31:50.078 \longrightarrow 00:31:52.338$  alterations in in these relationships

NOTE Confidence: 0.855057771333333

 $00:31:52.338 \longrightarrow 00:31:56.040$  also with with CPAP and so and and

NOTE Confidence: 0.855057771333333

 $00:31:56.040 \longrightarrow 00:31:59.016$  interestingly found that it was the

NOTE Confidence: 0.855057771333333

 $00:31:59.016 \longrightarrow 00:32:01.645$  the wakefulness that had stronger

NOTE Confidence: 0.855057771333333

 $00{:}32{:}01.645 \dashrightarrow 00{:}32{:}05.460$  relationships of the HI and the the

NOTE Confidence: 0.855057771333333

 $00{:}32{:}05.570 \dashrightarrow 00{:}32{:}09.068$  nocturnal HI and the HRV measures.

NOTE Confidence: 0.855057771333333

 $00:32:09.070 \longrightarrow 00:32:09.818 \text{ Um},$ 

NOTE Confidence: 0.855057771333333

 $00:32:09.818 \longrightarrow 00:32:13.558$  suggesting that there's some continued.

NOTE Confidence: 0.85505777133333300:32:13.560 --> 00:32:14.638 You know,

NOTE Confidence: 0.855057771333333

 $00:32:14.638 \longrightarrow 00:32:16.794$  potential negative consequences of

NOTE Confidence: 0.855057771333333

 $00{:}32{:}16.794 \dashrightarrow 00{:}32{:}19.933$  that sleep apnea that that may be

NOTE Confidence: 0.855057771333333

 $00:32:19.933 \longrightarrow 00:32:22.178$  even more manifest during the

NOTE Confidence: 0.855057771333333

00:32:22.178 --> 00:32:24.526 day compared to the night,

 $00:32:24.526 \longrightarrow 00:32:26.896$  at least according to these

NOTE Confidence: 0.855057771333333

 $00:32:26.896 \longrightarrow 00:32:29.268$  data that we've generated.

NOTE Confidence: 0.855057771333333

 $00:32:29.270 \longrightarrow 00:32:31.426$  Other epidemiologic studies which

NOTE Confidence: 0.855057771333333

 $00:32:31.426 \longrightarrow 00:32:34.121$  have focused more on longitudinal

NOTE Confidence: 0.855057771333333

 $00:32:34.121 \longrightarrow 00:32:35.731$  relationships are the sleepout

NOTE Confidence: 0.855057771333333

 $00:32:35.731 \longrightarrow 00:32:38.062$  heart health study as well as the

NOTE Confidence: 0.855057771333333

00:32:38.129 --> 00:32:40.457 that Mister Ross Sleep study again.

NOTE Confidence: 0.855057771333333

 $00:32:40.460 \longrightarrow 00:32:42.412$  And in these studies,

NOTE Confidence: 0.855057771333333

00:32:42.412 --> 00:32:44.364 consistent findings were observed

NOTE Confidence: 0.855057771333333

 $00:32:44.364 \longrightarrow 00:32:46.470$  such that central apnea,

NOTE Confidence: 0.855057771333333

 $00{:}32{:}46.470 {\:{\circ}{\circ}{\circ}}>00{:}32{:}48.560$  more so than obstructive apnea,

NOTE Confidence: 0.855057771333333

00:32:48.560 --> 00:32:51.218 appeared to be as more associated

NOTE Confidence: 0.855057771333333

 $00{:}32{:}51.218 \dashrightarrow 00{:}32{:}54.340$  with incident or new newly diagnosed

NOTE Confidence: 0.855057771333333

 $00:32:54.340 \longrightarrow 00:32:56.860$  atrial fibrillation over time.

NOTE Confidence: 0.855057771333333

 $00:32:56.860 \longrightarrow 00:32:59.238$  And so really, you know, very.

00:32:59.238 --> 00:33:01.866 Um, nearly identical findings in in,

NOTE Confidence: 0.855057771333333

00:33:01.870 --> 00:33:04.864 in these two independent cohorts and

NOTE Confidence: 0.855057771333333

 $00:33:04.864 \longrightarrow 00:33:07.463$  a similar magnitude of association

NOTE Confidence: 0.855057771333333

 $00:33:07.463 \longrightarrow 00:33:11.089$  with point estimates of two to three.

NOTE Confidence: 0.855057771333333

 $00:33:11.090 \longrightarrow 00:33:14.815$  And again after consideration of

NOTE Confidence: 0.855057771333333

 $00:33:14.815 \longrightarrow 00:33:17.050$  of confounding factors,

NOTE Confidence: 0.855057771333333

 $00:33:17.050 \longrightarrow 00:33:18.650$  subject characteristics,

NOTE Confidence: 0.855057771333333

 $00:33:18.650 \longrightarrow 00:33:21.050$  cardiovascular risk factors.

NOTE Confidence: 0.872082113333333

 $00:33:21.050 \longrightarrow 00:33:22.652$  A limitation of both of these

NOTE Confidence: 0.872082113333333

 $00:33:22.652 \longrightarrow 00:33:24.584$  cohorts is that we did not

NOTE Confidence: 0.872082113333333

 $00{:}33{:}24.584 \dashrightarrow 00{:}33{:}25.787$  have echocardiographic data,

NOTE Confidence: 0.872082113333333

 $00:33:25.790 \longrightarrow 00:33:27.840$  so really couldn't in a

NOTE Confidence: 0.872082113333333

00:33:27.840 --> 00:33:29.525 very fine-tuned way adjust.

NOTE Confidence: 0.872082113333333

 $00:33:29.525 \longrightarrow 00:33:31.650$  For ejection fraction and cardiac

NOTE Confidence: 0.872082113333333

 $00:33:31.650 \longrightarrow 00:33:34.047$  function and so whether there could

NOTE Confidence: 0.872082113333333

 $00{:}33{:}34.047 \dashrightarrow 00{:}33{:}35.897$  be some residual confounding there

 $00:33:35.897 \longrightarrow 00:33:38.236$  is is something to to consider.

NOTE Confidence: 0.909353575217391

 $00:33:40.270 \longrightarrow 00:33:42.664$  We also have more recently leveraged

NOTE Confidence: 0.909353575217391

 $00:33:42.664 \longrightarrow 00:33:45.873$  some of the data from our our clinical

NOTE Confidence: 0.909353575217391

 $00:33:45.873 \longrightarrow 00:33:48.756$  registry that we have here at the

NOTE Confidence: 0.909353575217391

 $00:33:48.756 \longrightarrow 00:33:51.488$  Cleveland Clinic and examined and and

NOTE Confidence: 0.909353575217391

00:33:51.488 --> 00:33:54.850 and work led by Katie Heinz Singer

NOTE Confidence: 0.909353575217391

 $00:33:54.850 \longrightarrow 00:33:57.550$  examined again the relationship

NOTE Confidence: 0.909353575217391

 $00:33:57.550 \longrightarrow 00:34:00.925$  between sleep disorder breathing and

NOTE Confidence: 0.909353575217391

 $00:34:01.024 \longrightarrow 00:34:03.679$  an incident atrial fibrillation and

NOTE Confidence: 0.909353575217391

 $00:34:03.679 \longrightarrow 00:34:07.116$  in this work have found in particular

NOTE Confidence: 0.909353575217391

 $00:34:07.116 \longrightarrow 00:34:09.444$  that there is a strong relationship.

NOTE Confidence: 0.909353575217391

 $00:34:09.450 \longrightarrow 00:34:12.396$  Between the degree of hypoxia defined

NOTE Confidence: 0.909353575217391

 $00{:}34{:}12.396 \dashrightarrow 00{:}34{:}15.292$  by the percentage of time spent

NOTE Confidence: 0.909353575217391

 $00:34:15.292 \longrightarrow 00:34:19.060$  below 90% as in relation to five

NOTE Confidence: 0.909353575217391

 $00:34:19.060 \longrightarrow 00:34:21.396$  year incident atrial fibrillation.

 $00:34:21.400 \longrightarrow 00:34:24.220$  And we also looked at minimum

NOTE Confidence: 0.909353575217391

 $00:34:24.220 \longrightarrow 00:34:25.160$  oxygen saturation,

NOTE Confidence: 0.909353575217391

00:34:25.160 --> 00:34:28.064 mean oxygen saturation and and found

NOTE Confidence: 0.909353575217391

 $00:34:28.064 \longrightarrow 00:34:30.640$  consistent findings across these different

NOTE Confidence: 0.909353575217391

 $00:34:30.640 \longrightarrow 00:34:33.450$  measures of hypoxic nocturnal hypoxia.

NOTE Confidence: 0.909353575217391

 $00:34:33.450 \longrightarrow 00:34:37.266$  And although the you know there,

NOTE Confidence: 0.909353575217391

 $00:34:37.270 \longrightarrow 00:34:38.840$  there there may have been,

NOTE Confidence: 0.909353575217391 00:34:38.840 --> 00:34:39.602 you know. NOTE Confidence: 0.909353575217391

00:34:39.602 --> 00:34:41.126 An association with HIV,

NOTE Confidence: 0.909353575217391

 $00:34:41.130 \longrightarrow 00:34:44.826$  this was you know much less than in

NOTE Confidence: 0.909353575217391

 $00:34:44.826 \longrightarrow 00:34:47.868$  magnitude than what was seen with the

NOTE Confidence: 0.909353575217391

00:34:47.868 --> 00:34:49.913 hypoxia measures and we attempted

NOTE Confidence: 0.909353575217391

 $00:34:49.913 \longrightarrow 00:34:53.000$  to you know address confounding by

NOTE Confidence: 0.909353575217391

 $00:34:53.000 \longrightarrow 00:34:55.368$  underlying cardio pulmonary disease

NOTE Confidence: 0.909353575217391

00:34:55.368 --> 00:34:59.155 and smoking history as well as we had

NOTE Confidence: 0.909353575217391

 $00{:}34{:}59.155 \dashrightarrow 00{:}35{:}01.578$  spirometry variables and a subset of

 $00:35:01.578 \longrightarrow 00:35:04.018$  these individuals and also adjusted

NOTE Confidence: 0.909353575217391

00:35:04.018 --> 00:35:07.534 for you know Fe V1 as well as a forced

NOTE Confidence: 0.909353575217391

 $00:35:07.534 \longrightarrow 00:35:10.819$  vital capacity and and the associations.

NOTE Confidence: 0.909353575217391

 $00:35:10.820 \longrightarrow 00:35:12.404$  The significant associations

NOTE Confidence: 0.909353575217391

00:35:12.404 --> 00:35:14.516 persisted Despite that adjustment.

NOTE Confidence: 0.909353575217391 $00:35:14.520 \longrightarrow 00:35:16.720$  Interestingly,

NOTE Confidence: 0.909353575217391

 $00:35:16.720 \longrightarrow 00:35:17.158$  Dr.

NOTE Confidence: 0.909353575217391

 $00{:}35{:}17.158 \dashrightarrow 00{:}35{:}20.224$  Heisinger has also looked at some of

NOTE Confidence: 0.909353575217391

 $00{:}35{:}20.224 \to 00{:}35{:}23.300$  the sleep architectural disruption

NOTE Confidence: 0.909353575217391

 $00{:}35{:}23.300 \dashrightarrow 00{:}35{:}25.144$  and incident atrial fibrillation.

NOTE Confidence: 0.909353575217391

00:35:25.144 --> 00:35:28.826 So there are some data from the Mesa

NOTE Confidence: 0.909353575217391

 $00:35:28.826 \longrightarrow 00:35:31.292$  study showing relationships with arousal

NOTE Confidence: 0.909353575217391

 $00{:}35{:}31.292 \dashrightarrow 00{:}35{:}34.556$  index and some in the composition

NOTE Confidence: 0.909353575217391

 $00{:}35{:}34.556 \to 00{:}35{:}38.272$  of of sleep as it relates to a trial

NOTE Confidence: 0.909353575217391

 $00:35:38.272 \longrightarrow 00:35:41.070$  fibrillation and a cross-sectional.

 $00:35:41.070 \longrightarrow 00:35:43.884$  A study in this study where we

NOTE Confidence: 0.909353575217391

 $00:35:43.884 \longrightarrow 00:35:47.271$  looked at more of the sleep

NOTE Confidence: 0.909353575217391

 $00:35:47.271 \longrightarrow 00:35:50.059$  architectural measures and incident

NOTE Confidence: 0.909353575217391

00:35:50.059 --> 00:35:52.150 atrial fibrillation overtime,

NOTE Confidence: 0.909353575217391

 $00:35:52.150 \longrightarrow 00:35:55.587$  we found that a reduction in sleep

NOTE Confidence: 0.909353575217391

 $00:35:55.590 \longrightarrow 00:35:59.016$  as well as reduction in sleep

NOTE Confidence: 0.909353575217391

 $00:35:59.016 \longrightarrow 00:36:01.618$  efficiency was associated with

NOTE Confidence: 0.909353575217391

00:36:01.618 --> 00:36:03.646 increased atrial fibrillation.

NOTE Confidence: 0.909353575217391

 $00:36:03.650 \longrightarrow 00:36:06.428$  And Doctor Patel from UPMC has

NOTE Confidence: 0.909353575217391

 $00:36:06.428 \longrightarrow 00:36:09.280$  actually also looked at this in

NOTE Confidence: 0.909353575217391

 $00:36:09.280 \longrightarrow 00:36:11.108$  his clinical cohort and.

NOTE Confidence: 0.90935357521739100:36:11.110 --> 00:36:11.856 Has found,

NOTE Confidence: 0.909353575217391

 $00:36:11.856 \longrightarrow 00:36:14.094$  and these findings are somewhat similar,

NOTE Confidence: 0.909353575217391

 $00:36:14.100 \longrightarrow 00:36:16.525$  in finding that this reduction

NOTE Confidence: 0.909353575217391

 $00:36:16.525 \longrightarrow 00:36:19.754$  in sleep time is associated with

NOTE Confidence: 0.909353575217391

00:36:19.754 --> 00:36:21.890 incident atrial fibrillation.

 $00:36:21.890 \longrightarrow 00:36:24.200$  Ohh and and these are Doctor

NOTE Confidence: 0.909353575217391

 $00:36:24.200 \longrightarrow 00:36:25.190$  Patel's data here.

NOTE Confidence: 0.909353575217391

 $00:36:25.190 \longrightarrow 00:36:28.166$  So you can see nicely that with the

NOTE Confidence: 0.909353575217391

 $00:36:28.166 \longrightarrow 00:36:30.362$  you know progressive reduction in

NOTE Confidence: 0.909353575217391

 $00:36:30.362 \longrightarrow 00:36:34.176$  sleep time of the the odds of atrial

NOTE Confidence: 0.909353575217391

 $00:36:34.176 \longrightarrow 00:36:36.836$  fibrillation had increased and and

NOTE Confidence: 0.909353575217391

 $00:36:36.836 \longrightarrow 00:36:39.780$  so these findings are are similar

NOTE Confidence: 0.909353575217391

 $00{:}36{:}39.780 \longrightarrow 00{:}36{:}42.615$  to the ones that we have identified

NOTE Confidence: 0.909353575217391

 $00{:}36{:}42.615 \dashrightarrow 00{:}36{:}45.380$  in our again clinical registry.

NOTE Confidence: 0.909353575217391

 $00:36:45.380 \longrightarrow 00:36:47.774$  And this notion of post cardiac atrial

NOTE Confidence: 0.909353575217391

 $00:36:47.774 \longrightarrow 00:36:49.687$  fibrillation is also something to

NOTE Confidence: 0.909353575217391

 $00:36:49.687 \longrightarrow 00:36:52.159$  consider as this is associated with

NOTE Confidence: 0.909353575217391

 $00:36:52.159 \dashrightarrow 00:36:54.318$  considerable morbidity after cardiac surgery.

NOTE Confidence: 0.909353575217391

 $00:36:54.320 \longrightarrow 00:36:58.177$  So Doctor Elsharif chose to examine this

NOTE Confidence: 0.909353575217391

 $00:36:58.177 \longrightarrow 00:37:01.857$  in our our cardiac surgery population

00:37:01.857 --> 00:37:07.080 and we found that those who were obese,

NOTE Confidence: 0.909353575217391 00:37:07.080 --> 00:37:07.976 you know, NOTE Confidence: 0.909353575217391

 $00{:}37{:}07.976 \dashrightarrow 00{:}37{:}10.216$  after dichotomizing on the median

NOTE Confidence: 0.909353575217391

00:37:10.216 --> 00:37:13.239 body mass index appeared to have

NOTE Confidence: 0.909353575217391

 $00:37:13.239 \longrightarrow 00:37:15.367$  a stronger relationship between.

NOTE Confidence: 0.909353575217391

00:37:15.370 --> 00:37:18.676 Severity of sleep apnea and post

NOTE Confidence: 0.909353575217391

 $00:37:18.676 \longrightarrow 00:37:21.290$  cardiac surgery atrial fibrillation and,

NOTE Confidence: 0.909353575217391

 $00:37:21.290 \longrightarrow 00:37:24.018$  and this is perhaps a bit of an

NOTE Confidence: 0.909353575217391

 $00{:}37{:}24.018 \dashrightarrow 00{:}37{:}26.394$  understudied area in terms of trying

NOTE Confidence: 0.909353575217391

 $00:37:26.394 \longrightarrow 00:37:28.010$  to understand how intervening

NOTE Confidence: 0.909353575217391

 $00{:}37{:}28.010 \dashrightarrow 00{:}37{:}31.085$  upon that sleep apnea may improve

NOTE Confidence: 0.909353575217391

 $00:37:31.085 \longrightarrow 00:37:32.729$  postoperative cardiac outcomes.

NOTE Confidence: 0.896107455

 $00:37:34.820 \longrightarrow 00:37:38.436$  In terms of you know interventions as well,

NOTE Confidence: 0.896107455

 $00:37:38.440 \longrightarrow 00:37:41.233$  in the heartbeat study we looked at

NOTE Confidence: 0.896107455

00:37:41.233 --> 00:37:43.592 measures of heart rate variability

NOTE Confidence: 0.896107455

 $00{:}37{:}43.592 \dashrightarrow 00{:}37{:}46.302$  in this randomized control trial

 $00:37:46.302 \longrightarrow 00:37:49.061$  where individuals were randomized to

NOTE Confidence: 0.896107455

 $00:37:49.061 \longrightarrow 00:37:51.696$  receive CPAP versus a supplemental

NOTE Confidence: 0.896107455

00:37:51.696 --> 00:37:53.676 oxygen versus healthy lifestyle.

NOTE Confidence: 0.896107455

 $00:37:53.676 \longrightarrow 00:37:54.864$  So the objective,

NOTE Confidence: 0.896107455

 $00:37:54.864 \longrightarrow 00:37:57.678$  main objective of this study was to

NOTE Confidence: 0.896107455

 $00:37:57.678 \longrightarrow 00:37:59.898$  see if if using supplemental oxygen

NOTE Confidence: 0.896107455

 $00:37:59.898 \longrightarrow 00:38:02.094$  would would reduce mean arterial

NOTE Confidence: 0.896107455

 $00:38:02.094 \longrightarrow 00:38:04.130$  pressure collected by ambulatory.

NOTE Confidence: 0.896107455

 $00:38:04.130 \longrightarrow 00:38:07.070$  Blood pressure monitoring and it it.

NOTE Confidence: 0.896107455

 $00{:}38{:}07.070 \dashrightarrow 00{:}38{:}09.919$  Essentially did not and CPAP you know

NOTE Confidence: 0.896107455

 $00{:}38{:}09.919 \dashrightarrow 00{:}38{:}12.485$  did reduce mean arterial pressure as

NOTE Confidence: 0.896107455

 $00{:}38{:}12.485 \dashrightarrow 00{:}38{:}15.439$  one would expect and so we elected

NOTE Confidence: 0.896107455

 $00{:}38{:}15.522 \dashrightarrow 00{:}38{:}18.354$  to look at some measures of heart

NOTE Confidence: 0.896107455

 $00:38:18.354 \longrightarrow 00:38:20.934$  rate variability and and identified

NOTE Confidence: 0.896107455

 $00:38:20.934 \longrightarrow 00:38:23.999$  that there with oxygen versus CPAP.

 $00:38:24.000 \longrightarrow 00:38:27.306$  There were differences in in in

NOTE Confidence: 0.896107455

 $00{:}38{:}27.306 \dashrightarrow 00{:}38{:}29.510$  the the Electrophysiologic heart

NOTE Confidence: 0.896107455

 $00:38:29.597 \longrightarrow 00:38:32.568$  rate variability measures in terms

NOTE Confidence: 0.896107455

 $00:38:32.568 \longrightarrow 00:38:35.022$  of the the alteration of these

NOTE Confidence: 0.896107455

 $00:38:35.022 \longrightarrow 00:38:37.650$  measures and it actually suggested.

NOTE Confidence: 0.896107455

 $00{:}38{:}37.650 \dashrightarrow 00{:}38{:}41.717$  Um, you know that there's more of

NOTE Confidence: 0.896107455

 $00:38:41.717 \longrightarrow 00:38:44.863$  the the parasympathetic um influence

NOTE Confidence: 0.896107455

00:38:44.863 --> 00:38:48.404 of of supplemental oxygen in terms

NOTE Confidence: 0.896107455

 $00{:}38{:}48.404 \dashrightarrow 00{:}38{:}50.789$  of that intervention and improving

NOTE Confidence: 0.896107455

 $00:38:50.789 \longrightarrow 00:38:52.710$  parasympathetic measures more so

NOTE Confidence: 0.896107455

 $00:38:52.710 \longrightarrow 00:38:55.110$  than than sympathetic measures.

NOTE Confidence: 0.896107455

00:38:55.110 --> 00:38:57.406 And I think they're this data is

NOTE Confidence: 0.896107455

 $00:38:57.406 \longrightarrow 00:38:59.678$  is is similar to some data from

NOTE Confidence: 0.896107455

00:38:59.680 --> 00:39:01.428 Peter's doctor Systolic's group

NOTE Confidence: 0.896107455

 $00:39:01.428 \longrightarrow 00:39:04.050$  that they're they're looking at as

NOTE Confidence: 0.896107455

 $00:39:04.122 \dashrightarrow 00:39:06.307$  well with heart rate variability.

 $00:39:06.310 \longrightarrow 00:39:09.118$  Doctor Rahman also looked at some of these

NOTE Confidence: 0.896107455

 $00:39:09.118 \longrightarrow 00:39:11.937$  heart rate variability measures in the Mr.

NOTE Confidence: 0.896107455

 $00:39:11.940 \longrightarrow 00:39:15.083$  Ross SLEEP study with the notion of

NOTE Confidence: 0.896107455

00:39:15.083 --> 00:39:18.883 of you know we we were able to collect

NOTE Confidence: 0.896107455

 $00:39:18.883 \dashrightarrow 00:39:22.802$  ECG data in in this cohort and it's

NOTE Confidence: 0.896107455

00:39:22.802 --> 00:39:26.546 ECG is not something that's typically

NOTE Confidence: 0.896107455

 $00:39:26.550 \longrightarrow 00:39:29.076$  monitored with home sleep apnea testing.

NOTE Confidence: 0.896107455

 $00:39:29.080 \longrightarrow 00:39:32.072$  So the idea was to see well is

NOTE Confidence: 0.896107455

 $00:39:32.072 \longrightarrow 00:39:35.143$  there a utility in some of these

NOTE Confidence: 0.896107455

 $00:39:35.143 \longrightarrow 00:39:36.376$  signatures heart rate.

NOTE Confidence: 0.896107455

00:39:36.380 --> 00:39:40.844 Their ability wise in the ECG that would

NOTE Confidence: 0.896107455

 $00:39:40.844 \dashrightarrow 00:39:44.094$  be informative in terms of of risk

NOTE Confidence: 0.896107455

 $00:39:44.094 \longrightarrow 00:39:47.850$  down the line and he identified that.

NOTE Confidence: 0.896107455

 $00{:}39{:}47.850 \dashrightarrow 00{:}39{:}51.522$  LF and LF HF ratio in particular were

NOTE Confidence: 0.896107455

 $00:39:51.522 \longrightarrow 00:39:55.149$  predictive of incident atrial fibrillation.

 $00:39:55.150 \longrightarrow 00:39:57.634$  The the burden of premature atrial

NOTE Confidence: 0.896107455

 $00{:}39{:}57.634 \dashrightarrow 00{:}39{:}59.733$  contractions was also related to

NOTE Confidence: 0.896107455

 $00{:}39{:}59.733 \dashrightarrow 00{:}40{:}01.233$  incident at rial fibrillation and

NOTE Confidence: 0.896107455

00:40:01.233 --> 00:40:03.541 that burden of PAC has actually

NOTE Confidence: 0.896107455

 $00:40:03.541 \longrightarrow 00:40:06.089$  been shown in other studies as well.

NOTE Confidence: 0.896107455

 $00:40:06.090 \longrightarrow 00:40:08.547$  We were limited in in terms of

NOTE Confidence: 0.896107455

00:40:08.547 --> 00:40:11.085 looking at the SLEEP study ECG

NOTE Confidence: 0.896107455

 $00:40:11.085 \longrightarrow 00:40:12.957$  for this particular study.

NOTE Confidence: 0.896107455

 $00:40:12.960 \longrightarrow 00:40:16.864$  And also found there to be a significant

NOTE Confidence: 0.896107455

 $00:40:16.864 \longrightarrow 00:40:20.346$  interaction of the changes in her

NOTE Confidence: 0.896107455

 $00:40:20.346 \longrightarrow 00:40:23.356$  availability with obstructive sleep apnea.

NOTE Confidence: 0.896107455

 $00:40:23.360 \longrightarrow 00:40:25.934$  In terms of incident atrial fibrillation

NOTE Confidence: 0.896107455

 $00{:}40{:}25.934 \dashrightarrow 00{:}40{:}28.421$  developed down the line and again

NOTE Confidence: 0.896107455

 $00{:}40{:}28.421 \dashrightarrow 00{:}40{:}30.864$  these data seem to be pointing toward

NOTE Confidence: 0.896107455

 $00:40:30.864 \longrightarrow 00:40:33.156$  more of the vagal influences and

NOTE Confidence: 0.896107455

00:40:33.156 --> 00:40:35.658 pointing towards the more of this

00:40:35.658 --> 00:40:38.130 color energic atrial fibrillation

NOTE Confidence: 0.896107455

 $00:40:38.130 \longrightarrow 00:40:41.620$  that perhaps may be more of,

NOTE Confidence: 0.896107455

 $00:40:41.620 \longrightarrow 00:40:44.392$  you know related to to obstructive

NOTE Confidence: 0.896107455

 $00:40:44.392 \longrightarrow 00:40:45.316$  sleep apnea.

NOTE Confidence: 0.86059335

00:40:47.540 --> 00:40:52.136 We've recently been looking at sleep

NOTE Confidence: 0.86059335

 $00:40:52.136 \longrightarrow 00:40:54.292$  health disparities and cardiovascular

NOTE Confidence: 0.86059335

 $00:40:54.292 \longrightarrow 00:40:57.500$  outcomes and in this realm, Dr.

NOTE Confidence: 0.86059335

 $00{:}40{:}57.500 \dashrightarrow 00{:}41{:}03.288$ Pena Orbea has leveraged our registry to

NOTE Confidence: 0.86059335

 $00{:}41{:}03.288 \rightarrow 00{:}41{:}08.488$  to look at you know the the various major

NOTE Confidence: 0.86059335

 $00{:}41{:}08.488 \dashrightarrow 00{:}41{:}11.107$  adverse cardiovascular outcomes and in

NOTE Confidence: 0.86059335

 $00{:}41{:}11.107 \dashrightarrow 00{:}41{:}14.348$  this in this case showing the specific

NOTE Confidence: 0.86059335

 $00:41:14.348 \longrightarrow 00:41:15.982$  relationship with a trial fibrillation

NOTE Confidence: 0.86059335

 $00{:}41{:}15.982 \dashrightarrow 00{:}41{:}18.439$  and so when looking at the area.

NOTE Confidence: 0.86059335

 $00:41:18.440 \longrightarrow 00:41:21.630$  Deprivation index which is an

NOTE Confidence: 0.86059335

 $00:41:21.630 \longrightarrow 00:41:24.182$  indicator of socioeconomic status.

 $00:41:24.190 \longrightarrow 00:41:28.310$  There was a significant relationship

NOTE Confidence: 0.86059335

 $00:41:28.310 \longrightarrow 00:41:33.522$  with a DI and the total time spent

NOTE Confidence: 0.86059335

00:41:33.522 --> 00:41:37.238 below 90% auction saturation as

NOTE Confidence: 0.86059335

00:41:37.238 --> 00:41:42.410 well as associated with you know

NOTE Confidence: 0.86059335

 $00:41:42.410 \longrightarrow 00:41:44.090$  atrial fibrillation as well.

NOTE Confidence: 0.86059335

 $00:41:44.090 \longrightarrow 00:41:48.596$  So atrial fibrillation was associated with.

NOTE Confidence: 0.86059335

 $00:41:48.600 \longrightarrow 00:41:51.540$  Both ADI as well as un percent

NOTE Confidence: 0.86059335

 $00:41:51.540 \longrightarrow 00:41:53.180$  stat less than 90.

NOTE Confidence: 0.86059335

 $00:41:53.180 \longrightarrow 00:41:57.480$  So these this points towards

NOTE Confidence: 0.86059335

00:41:57.480 --> 00:42:00.296 disparities for potentially being

NOTE Confidence: 0.86059335

 $00{:}42{:}00.296 \dashrightarrow 00{:}42{:}03.560$  exacerbated by you know at least

NOTE Confidence: 0.86059335

 $00{:}42{:}03.560 \dashrightarrow 00{:}42{:}06.500$  nocturnal hypoxia in particular as as

NOTE Confidence: 0.86059335

 $00{:}42{:}06.591 \dashrightarrow 00{:}42{:}09.797$  a as a risk for a trial fibrillation.

NOTE Confidence: 0.86059335

 $00:42:09.800 \longrightarrow 00:42:12.376$  We know that there are studies that

NOTE Confidence: 0.86059335

 $00:42:12.376 \longrightarrow 00:42:14.505$  have shown that after interventions

NOTE Confidence: 0.86059335

 $00:42:14.505 \longrightarrow 00:42:16.885$  such as cardioversion and ablation

 $00:42:16.885 \longrightarrow 00:42:19.796$  and and looking at recurrence

NOTE Confidence: 0.86059335

 $00:42:19.796 \longrightarrow 00:42:22.141$  of atrial fibrillation and those

NOTE Confidence: 0.86059335

 $00:42:22.141 \longrightarrow 00:42:24.930$  with sleep apnea who are treated for

NOTE Confidence: 0.86059335

 $00:42:24.930 \longrightarrow 00:42:27.751$  that sleep apnea that there is a

NOTE Confidence: 0.86059335

 $00{:}42{:}27.751 \dashrightarrow 00{:}42{:}30.433$  reduction in the recurrence of a trial

NOTE Confidence: 0.86059335

 $00:42:30.433 \longrightarrow 00:42:32.827$  fibrillation compared to those who are

NOTE Confidence: 0.86059335

00:42:32.827 --> 00:42:34.963 not treated for their sleep apnea.

NOTE Confidence: 0.86059335

 $00:42:34.970 \longrightarrow 00:42:36.818$  And there's these data also suggests

NOTE Confidence: 0.86059335

 $00:42:36.818 \longrightarrow 00:42:38.583$  that those who have recurrence

NOTE Confidence: 0.86059335

 $00:42:38.583 \longrightarrow 00:42:39.990$  of atrial fibrillation.

NOTE Confidence: 0.86059335

 $00{:}42{:}39.990 \dashrightarrow 00{:}42{:}43.878$  Tend to have more um degree of hypoxia as

NOTE Confidence: 0.86059335

 $00:42:43.878 \longrightarrow 00:42:47.509$  well and so in in the untreated group.

NOTE Confidence: 0.86059335

 $00{:}42{:}47.510 \dashrightarrow 00{:}42{:}50.084$  So again you know these recurrent

NOTE Confidence: 0.86059335

 $00:42:50.084 \longrightarrow 00:42:52.349$  themes of of hypoxia potentially

NOTE Confidence: 0.86059335

 $00:42:52.349 \longrightarrow 00:42:55.625$  you know playing a role here with

 $00:42:55.625 \longrightarrow 00:42:57.534$  recurrence of atrial fibrillation

NOTE Confidence: 0.86059335

 $00:42:57.534 \longrightarrow 00:43:00.908$  and that there may be some triggers

NOTE Confidence: 0.86059335

 $00{:}43{:}00.910 \dashrightarrow 00{:}43{:}03.339$ you know outside of where you know

NOTE Confidence: 0.86059335

 $00:43:03.339 \longrightarrow 00:43:05.650$  at least with ablation that that

NOTE Confidence: 0.86059335

00:43:05.650 --> 00:43:08.436 are being targeted and and could

NOTE Confidence: 0.86059335

 $00:43:08.508 \longrightarrow 00:43:10.388$  be the reason why there's.

NOTE Confidence: 0.86059335

00:43:10.390 --> 00:43:12.634 Continued the recurrence of

NOTE Confidence: 0.86059335

 $00:43:12.634 \longrightarrow 00:43:13.756$  atrial fibrillation.

NOTE Confidence: 0.86059335

 $00:43:13.760 \longrightarrow 00:43:16.063$  This was a you know just share

NOTE Confidence: 0.86059335

 $00:43:16.063 \longrightarrow 00:43:17.880$  with you some anecdotes.

NOTE Confidence: 0.86059335

 $00:43:17.880 \longrightarrow 00:43:19.623$  So this was a patient that presented

NOTE Confidence: 0.86059335

 $00{:}43{:}19.623 \dashrightarrow 00{:}43{:}21.697$  to our lab for a split night study.

NOTE Confidence: 0.86059335

 $00:43:21.700 \longrightarrow 00:43:23.849$  She had moderate degree of sleep apnea

NOTE Confidence: 0.86059335

 $00:43:23.849 \longrightarrow 00:43:26.196$  and a very high degree of activity

NOTE Confidence: 0.86059335

00:43:26.196 --> 00:43:28.230 that was noted on the baseline

NOTE Confidence: 0.86059335

 $00:43:28.294 \longrightarrow 00:43:30.676$  diagnostic portion of her sleep study.

00:43:30.680 --> 00:43:32.612 And it was pretty striking that

NOTE Confidence: 0.86059335

 $00{:}43{:}32.612 \dashrightarrow 00{:}43{:}34.553$  with the application of CPAP and

NOTE Confidence: 0.86059335

 $00{:}43{:}34.553 \dashrightarrow 00{:}43{:}36.311$  resolution of her sleep apnea there

NOTE Confidence: 0.86059335

00:43:36.311 --> 00:43:39.108 was a bit of a dose dependent sort

NOTE Confidence: 0.86059335

00:43:39.108 --> 00:43:40.540 of relationship with increasing.

NOTE Confidence: 0.86059335

 $00:43:40.540 \longrightarrow 00:43:43.320$  Pressure and the ultimate resolution

NOTE Confidence: 0.86059335

 $00:43:43.320 \longrightarrow 00:43:46.918$  of her degree of activity and in

NOTE Confidence: 0.86059335

00:43:46.918 --> 00:43:49.372 another patient 53 year old gentleman

NOTE Confidence: 0.86059335

 $00:43:49.372 \longrightarrow 00:43:52.004$  with atrial fibrillation and dilated

NOTE Confidence: 0.86059335

 $00{:}43{:}52.004 \dashrightarrow 00{:}43{:}54.316$  cardiomy opathy with known atrial

NOTE Confidence: 0.86059335

00:43:54.316 --> 00:43:56.999 fibrillation with the rate of heart

NOTE Confidence: 0.86059335

 $00:43:56.999 \longrightarrow 00:43:59.688$  rate of 100 to 1:20 at the baseline

NOTE Confidence: 0.86059335

 $00{:}43{:}59.688 \dashrightarrow 00{:}44{:}04.154$  was found to have severe sleep apnea.

NOTE Confidence: 0.86059335

00:44:04.160 --> 00:44:05.624 And per this hypnogram,

NOTE Confidence: 0.86059335

 $00:44:05.624 \longrightarrow 00:44:08.743$  you can see that he was started on

 $00:44:08.743 \longrightarrow 00:44:11.257$  CPAP and there was a progressive

NOTE Confidence: 0.86059335

 $00{:}44{:}11.260 \dashrightarrow 00{:}44{:}14.020$  improvement in his degree of sleep

NOTE Confidence: 0.86059335

 $00:44:14.020 \longrightarrow 00:44:17.016$  apnea and then he converted to

NOTE Confidence: 0.86059335

00:44:17.016 --> 00:44:20.202 a normal sinus rhythm during the

NOTE Confidence: 0.86059335

 $00:44:20.202 \longrightarrow 00:44:21.800$  application of CPAP.

NOTE Confidence: 0.86059335

00:44:21.800 --> 00:44:24.320 Now this could be happenstance,

NOTE Confidence: 0.86059335

 $00:44:24.320 \longrightarrow 00:44:25.840$  this is an anecdotal case,

NOTE Confidence: 0.86059335

 $00{:}44{:}25.840 \dashrightarrow 00{:}44{:}29.026$  but again this temporally was a

NOTE Confidence: 0.86059335

00:44:29.026 --> 00:44:31.966 pretty striking in terms of the that

NOTE Confidence: 0.86059335

 $00:44:31.966 \longrightarrow 00:44:34.410$  that kind of conversion to normal.

NOTE Confidence: 0.86059335

00:44:34.410 --> 00:44:36.650 Sinus rhythm.

NOTE Confidence: 0.86059335

 $00:44:36.650 \longrightarrow 00:44:41.286$  So you know based upon our current knowledge,

NOTE Confidence: 0.86059335

 $00:44:41.286 \longrightarrow 00:44:44.746$  we attempted to survey cardiologists

NOTE Confidence: 0.86059335

 $00:44:44.746 \longrightarrow 00:44:46.130$  and electrophysiologists

NOTE Confidence: 0.867980511666667

 $00:44:46.218 \longrightarrow 00:44:48.728$  internationally to get a sense

NOTE Confidence: 0.867980511666667

 $00{:}44{:}48.728 \dashrightarrow 00{:}44{:}51.873$  of clinical equipoise in terms of

 $00:44:51.873 \longrightarrow 00:44:54.049$  randomizing individuals to receive

NOTE Confidence: 0.867980511666667

 $00:44:54.049 \longrightarrow 00:44:56.769$  CPAP versus you know control

NOTE Confidence: 0.867980511666667

 $00:44:56.770 \longrightarrow 00:45:00.319$  whether that be sham CPAP or Umm,

NOTE Confidence: 0.867980511666667

00:45:00.320 --> 00:45:03.230 you know medical management of their

NOTE Confidence: 0.867980511666667

 $00:45:03.230 \longrightarrow 00:45:06.639$  underlying disease and and it was identified.

NOTE Confidence: 0.867980511666667

 $00:45:06.640 \longrightarrow 00:45:08.881$  Essentially that um,

NOTE Confidence: 0.867980511666667

 $00:45:08.881 \longrightarrow 00:45:11.869$  most cardiologists and Electrophysiologists

NOTE Confidence: 0.867980511666667

 $00{:}45{:}11.869 \to 00{:}45{:}14.929$  responded with certainty that that

NOTE Confidence: 0.867980511666667

 $00{:}45{:}14.929 \dashrightarrow 00{:}45{:}17.323$  there's benefit to treatment of sleep

NOTE Confidence: 0.867980511666667

 $00:45:17.323 \longrightarrow 00:45:19.888$  apnea in atrial fibrillation and so

NOTE Confidence: 0.867980511666667

 $00:45:19.888 \longrightarrow 00:45:22.730$  that I think is is interesting.

NOTE Confidence: 0.867980511666667

 $00{:}45{:}22.730 \dashrightarrow 00{:}45{:}26.552$  So despite our our negative clinical

NOTE Confidence: 0.867980511666667

 $00{:}45{:}26.552 \dashrightarrow 00{:}45{:}29.530$  trials such as SAVE and serve HF,

NOTE Confidence: 0.867980511666667

 $00:45:29.530 \longrightarrow 00:45:32.386$  they're at least in the from the

NOTE Confidence: 0.867980511666667

 $00:45:32.386 \longrightarrow 00:45:34.188$  standpoint of atrial fibrillation

 $00:45:34.188 \longrightarrow 00:45:36.698$  appears to be a general.

NOTE Confidence: 0.867980511666667

 $00{:}45{:}36.698 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}45{:}39.722$  Thinking that there is benefit to

NOTE Confidence: 0.867980511666667

 $00:45:39.722 \longrightarrow 00:45:42.388$  the treatment of of sleep apnea.

NOTE Confidence: 0.867980511666667

00:45:42.390 --> 00:45:45.134 So in one of the first randomized

NOTE Confidence: 0.867980511666667

 $00:45:45.134 \longrightarrow 00:45:47.307$  controlled trials to examine the

NOTE Confidence: 0.867980511666667

 $00:45:47.307 \longrightarrow 00:45:50.055$  impact of CPAP on atrial fibrillation

NOTE Confidence: 0.867980511666667

 $00:45:50.055 \longrightarrow 00:45:52.764$  recurrence is very you know small

NOTE Confidence: 0.867980511666667

 $00:45:52.764 \longrightarrow 00:45:54.909$  trial of 25 individuals after

NOTE Confidence: 0.867980511666667

 $00:45:54.909 \longrightarrow 00:45:57.104$  screening over 1700 individuals in

NOTE Confidence: 0.867980511666667

00:45:57.104 --> 00:45:59.309 clinical equipoise might have been

NOTE Confidence: 0.867980511666667

 $00{:}45{:}59.309 \dashrightarrow 00{:}46{:}02.211$  playing a role in the ability to to

NOTE Confidence: 0.867980511666667

00:46:02.211 --> 00:46:04.030 recruit participants for this trial.

NOTE Confidence: 0.867980511666667

 $00:46:04.030 \longrightarrow 00:46:07.425$  Those with an HIV greater than five

NOTE Confidence: 0.867980511666667

 $00:46:07.425 \longrightarrow 00:46:10.530$  were were randomized and and post

NOTE Confidence: 0.867980511666667

 $00:46:10.530 \longrightarrow 00:46:13.130$  cardioversion followed in terms of.

NOTE Confidence: 0.867980511666667

 $00:46:13.130 \longrightarrow 00:46:14.870$  Atrial fibrillation recurrence and

 $00:46:14.870 \longrightarrow 00:46:17.480$  there was essentially in this small

NOTE Confidence: 0.867980511666667

 $00{:}46{:}17.542 \dashrightarrow 00{:}46{:}19.552$  trial no difference between the two

NOTE Confidence: 0.867980511666667

00:46:19.552 --> 00:46:21.983 groups in terms of recurrence of

NOTE Confidence: 0.867980511666667

00:46:21.983 --> 00:46:24.294 atrial fibrillation in this trial,

NOTE Confidence: 0.867980511666667

00:46:24.294 --> 00:46:27.290 the A3 study the AF atrial fibrillation

NOTE Confidence: 0.867980511666667

00:46:27.369 --> 00:46:29.784 APTA airway pressure study this

NOTE Confidence: 0.867980511666667

 $00:46:29.784 \longrightarrow 00:46:31.554$  this was a randomized controlled

NOTE Confidence: 0.867980511666667

 $00:46:31.554 \longrightarrow 00:46:33.901$  trial of about 100 individuals with

NOTE Confidence: 0.867980511666667

 $00{:}46{:}33.901 \dashrightarrow 00{:}46{:}36.066$  moderate to severe sleep apnea,

NOTE Confidence: 0.867980511666667

00:46:36.070 --> 00:46:37.972 mainly obstructive events,

NOTE Confidence: 0.867980511666667

 $00:46:37.972 \longrightarrow 00:46:41.142$  those who were not sleepy

NOTE Confidence: 0.867980511666667

 $00:46:41.142 \longrightarrow 00:46:42.814$  within upnorth significantly.

NOTE Confidence: 0.867980511666667

 $00{:}46{:}42.814 \dashrightarrow 00{:}46{:}44.834$  Sleeping with an upward sleepiness

NOTE Confidence: 0.867980511666667

 $00:46:44.834 \longrightarrow 00:46:46.979$  scale score of less than 15,

NOTE Confidence: 0.867980511666667

 $00:46:46.980 \longrightarrow 00:46:49.146$  an ejection fraction of more than

00:46:49.150 --> 00:46:52.237 45% who were had a BMI of less than

NOTE Confidence: 0.867980511666667

 $00:46:52.237 \longrightarrow 00:46:55.349$  forty were eligible to participate in.

NOTE Confidence: 0.867980511666667

 $00:46:55.350 \longrightarrow 00:46:58.157$  They used a CPAP running period in

NOTE Confidence: 0.867980511666667

 $00:46:58.157 \longrightarrow 00:47:00.250$  an implantable loop recorder with

NOTE Confidence: 0.867980511666667

 $00:47:00.250 \longrightarrow 00:47:03.008$  the notion of looking at a three

NOTE Confidence: 0.867980511666667

 $00{:}47{:}03.008 \dashrightarrow 00{:}47{:}04.853$  month at rial fibrillation a burden

NOTE Confidence: 0.867980511666667

 $00:47:04.853 \longrightarrow 00:47:07.364$  and those who were randomized to

NOTE Confidence: 0.867980511666667

 $00{:}47{:}07.364 \dashrightarrow 00{:}47{:}09.136$  CPAP versus supportive care.

NOTE Confidence: 0.867980511666667

00:47:09.140 --> 00:47:12.234 And you know they did not see

NOTE Confidence: 0.867980511666667

 $00:47:12.234 \longrightarrow 00:47:14.309$  any differences between the two.

NOTE Confidence: 0.867980511666667

 $00{:}47{:}14.310 \dashrightarrow 00{:}47{:}16.566$  Groups in terms of the atrial

NOTE Confidence: 0.867980511666667

00:47:16.566 --> 00:47:18.014 fibrillation burden but recognize

NOTE Confidence: 0.867980511666667

 $00:47:18.014 \longrightarrow 00:47:20.096$  that they may have been underpowered

NOTE Confidence: 0.867980511666667

 $00:47:20.096 \longrightarrow 00:47:22.068$  to observe that, you know,

NOTE Confidence: 0.867980511666667

00:47:22.068 --> 00:47:24.852 change and difference because of the

NOTE Confidence: 0.867980511666667

 $00{:}47{:}24.852 \dashrightarrow 00{:}47{:}27.700$  lower than anticipated burden of

 $00:47:27.700 \longrightarrow 00:47:30.675$  atrial fibrillation that was observed.

NOTE Confidence: 0.879805045714286

 $00:47:32.730 \longrightarrow 00:47:35.768$  In terms of you know causal relationships,

NOTE Confidence: 0.879805045714286

 $00:47:35.770 \longrightarrow 00:47:39.538$  there's a a Mendelian randomization study

NOTE Confidence: 0.879805045714286

00:47:39.538 --> 00:47:43.389 that was conducted to further better

NOTE Confidence: 0.879805045714286

 $00:47:43.389 \longrightarrow 00:47:46.654$  understand the these causal relationships

NOTE Confidence: 0.879805045714286

 $00:47:46.654 \longrightarrow 00:47:51.822$  and it was identified that the risk for of

NOTE Confidence: 0.879805045714286

00:47:51.822 --> 00:47:54.302 atrial fibrillation based upon recognizing

NOTE Confidence: 0.879805045714286

 $00:47:54.302 \longrightarrow 00:47:56.910$  known genetic markers was genetically

NOTE Confidence: 0.879805045714286

 $00{:}47{:}56.910 \dashrightarrow 00{:}47{:}58.554$  predicted obstructive sleep apnea.

NOTE Confidence: 0.879805045714286

 $00:47:58.554 \longrightarrow 00:48:01.020$  And and so there there are

NOTE Confidence: 0.879805045714286

 $00:48:01.095 \longrightarrow 00:48:02.850$  some data here to suggest.

NOTE Confidence: 0.879805045714286

00:48:02.850 --> 00:48:04.534 Um, you know, potential,

NOTE Confidence: 0.879805045714286

 $00{:}48{:}04.534 \dashrightarrow 00{:}48{:}08.640$ you know, causal relationship.

NOTE Confidence: 0.879805045714286

 $00:48:08.640 \longrightarrow 00:48:11.447$  We also know that it is challenging

NOTE Confidence: 0.879805045714286

 $00:48:11.447 \longrightarrow 00:48:14.394$  to identify sleep apnea and those

 $00:48:14.394 \longrightarrow 00:48:16.059$  with cardiovascular disease,

NOTE Confidence: 0.879805045714286

 $00{:}48{:}16.060 \dashrightarrow 00{:}48{:}18.304$  including a trial fibrillation.

NOTE Confidence: 0.879805045714286

 $00:48:18.304 \longrightarrow 00:48:23.074$  So Doctor May leverage some of the

NOTE Confidence: 0.879805045714286

 $00:48:23.074 \longrightarrow 00:48:26.330$  safety data to better identify if

NOTE Confidence: 0.879805045714286

 $00:48:26.330 \longrightarrow 00:48:28.885$  there are enhanced ways that we can

NOTE Confidence: 0.879805045714286

 $00:48:28.885 \longrightarrow 00:48:31.220$  screen for obstructive sleep apnea.

NOTE Confidence: 0.879805045714286

 $00:48:31.220 \longrightarrow 00:48:34.316$  So she looked at the upward sleepiness scale.

NOTE Confidence: 0.879805045714286 00:48:34.320 --> 00:48:35.322 Score. Stop.

NOTE Confidence: 0.879805045714286

00:48:35.322 --> 00:48:38.829 Bang, the Berlin and the Nosus and.

NOTE Confidence: 0.879805045714286

 $00:48:38.830 \longrightarrow 00:48:43.358$  And then um looked at some of the

NOTE Confidence: 0.879805045714286

 $00{:}48{:}43.358 \dashrightarrow 00{:}48{:}45.072$  individual characteristics and

NOTE Confidence: 0.879805045714286

 $00:48:45.072 \longrightarrow 00:48:48.453$  symptoms and found that the nabs.

NOTE Confidence: 0.879805045714286

00:48:48.460 --> 00:48:50.812 Including neck circumference, age,

NOTE Confidence: 0.879805045714286

 $00{:}48{:}50.812 \dashrightarrow 00{:}48{:}54.340$  BMI may perform better than some

NOTE Confidence: 0.879805045714286

 $00:48:54.430 \longrightarrow 00:48:57.000$  of these other questionnaires in

NOTE Confidence: 0.879805045714286

 $00{:}48{:}57.000 \dashrightarrow 00{:}48{:}59.326$  terms of screening for obstructive

00:48:59.326 --> 00:49:01.918 sleep apnea in this population with

NOTE Confidence: 0.879805045714286

00:49:01.918 --> 00:49:03.610 paroxysmal atrial fibrillation.

NOTE Confidence: 0.879805045714286

 $00:49:03.610 \longrightarrow 00:49:06.712$  So she compared this these the

NOTE Confidence: 0.879805045714286

00:49:06.712 --> 00:49:08.780 performance of these screeners

NOTE Confidence: 0.879805045714286

 $00:49:08.870 \longrightarrow 00:49:11.980$  in those with paroxysmal atrial

NOTE Confidence: 0.879805045714286

 $00:49:11.980 \longrightarrow 00:49:14.468$  fibrillation compared to controls.

NOTE Confidence: 0.879805045714286

 $00:49:14.470 \longrightarrow 00:49:18.460$  So when thinking about sleep apnea and

NOTE Confidence: 0.879805045714286

 $00:49:18.460 \longrightarrow 00:49:21.978$  atrial fibrillation and elements of of

NOTE Confidence: 0.879805045714286

 $00{:}49{:}21.978 \dashrightarrow 00{:}49{:}25.410$  the clinical pathway and integrated care,

NOTE Confidence: 0.879805045714286

 $00:49:25.410 \longrightarrow 00:49:28.395$  certainly there are these sleep

NOTE Confidence: 0.879805045714286

 $00:49:28.395 \longrightarrow 00:49:30.783$  endophenotypes to be considered

NOTE Confidence: 0.879805045714286

 $00:49:30.783 \longrightarrow 00:49:34.060$  and what specific endophenotypes.

NOTE Confidence: 0.879805045714286

 $00{:}49{:}34.060 \dashrightarrow 00{:}49{:}38.996$  And you know may be most related to even

NOTE Confidence: 0.879805045714286

 $00:49:39.000 \longrightarrow 00:49:41.168$  atrial fibrillation and understanding

NOTE Confidence: 0.879805045714286

 $00:49:41.168 \longrightarrow 00:49:43.878$  the key physiologic stressors as

 $00:49:43.878 \longrightarrow 00:49:46.557$  we've we've reviewed a little bit

NOTE Confidence: 0.879805045714286

 $00:49:46.557 \longrightarrow 00:49:49.056$  with the with the experimental data

NOTE Confidence: 0.879805045714286

 $00:49:49.056 \longrightarrow 00:49:51.536$  the role of mobile health monitoring

NOTE Confidence: 0.879805045714286

 $00:49:51.536 \longrightarrow 00:49:55.284$  for for screening strategies you know

NOTE Confidence: 0.879805045714286

 $00:49:55.284 \longrightarrow 00:49:57.694$  to to monitor concomitantly these

NOTE Confidence: 0.879805045714286

00:49:57.694 --> 00:50:01.303 sleep and and and ECG monitoring

NOTE Confidence: 0.879805045714286

 $00:50:01.303 \longrightarrow 00:50:03.888$  and and understanding better how

NOTE Confidence: 0.879805045714286

 $00:50:03.888 \longrightarrow 00:50:06.907$  this really impacts our outcomes.

NOTE Confidence: 0.879805045714286

 $00:50:06.910 \longrightarrow 00:50:09.626$  In terms of burden of atrial fibrillation

NOTE Confidence: 0.879805045714286

00:50:09.626 --> 00:50:12.070 and also patient reported outcomes,

NOTE Confidence: 0.879805045714286

 $00:50:12.070 \longrightarrow 00:50:15.270$  clinical outcomes in atrial fibrillation.

NOTE Confidence: 0.879805045714286

 $00:50:15.270 \longrightarrow 00:50:18.798$  And so the various you know paradigms

NOTE Confidence: 0.879805045714286

 $00:50:18.798 \longrightarrow 00:50:21.825$  have been proposed and I think

NOTE Confidence: 0.879805045714286

 $00:50:21.825 \longrightarrow 00:50:24.190$  technology is is advancing and

NOTE Confidence: 0.879805045714286

 $00:50:24.190 \longrightarrow 00:50:27.198$  this is an area I think that is

NOTE Confidence: 0.879805045714286

00:50:27.198 --> 00:50:29.709 of interest in terms of seeing,

 $00:50:29.710 \longrightarrow 00:50:33.133$  evaluating the the merits of of

NOTE Confidence: 0.879805045714286

 $00:50:33.133 \longrightarrow 00:50:36.238$  conducting mobile you know using mobile.

NOTE Confidence: 0.879805045714286

 $00:50:36.240 \longrightarrow 00:50:40.146$  Technology to be to monitor ECG and

NOTE Confidence: 0.879805045714286

 $00:50:40.146 \longrightarrow 00:50:42.594$  and sleep data and also telehealth

NOTE Confidence: 0.879805045714286

 $00:50:42.594 \longrightarrow 00:50:45.934$  and in the management of obstructive

NOTE Confidence: 0.879805045714286

 $00:50:45.934 \longrightarrow 00:50:48.984$  sleep apnea and atrial fibrillation.

NOTE Confidence: 0.879805045714286

 $00:50:48.990 \longrightarrow 00:50:52.798$  And so you know the the role of

NOTE Confidence: 0.879805045714286

 $00:50:52.798 \longrightarrow 00:50:55.934$  apps for example in being able to

NOTE Confidence: 0.879805045714286

 $00{:}50{:}55.934 \dashrightarrow 00{:}50{:}57.770$  screen for sleep apnea in those

NOTE Confidence: 0.879805045714286

 $00:50:57.835 \longrightarrow 00:50:59.428$  with atrial fibrillation.

NOTE Confidence: 0.879805045714286

 $00{:}50{:}59.430 \dashrightarrow 00{:}51{:}01.959$  You know you know looking at some of these

NOTE Confidence: 0.879805045714286

 $00{:}51{:}01.959 \dashrightarrow 00{:}51{:}03.832$ sleep physiologic variables you know

NOTE Confidence: 0.879805045714286

 $00{:}51{:}03.832 \dashrightarrow 00{:}51{:}06.420$  home sleep apnea testing versus in lab.

NOTE Confidence: 0.879805045714286

 $00{:}51{:}06.420 \dashrightarrow 00{:}51{:}08.845$  Only sonography you know better

NOTE Confidence: 0.879805045714286

00:51:08.845 --> 00:51:12.380 in an enhanced pathways to to use

 $00:51:12.380 \longrightarrow 00:51:14.945$  potentially cloud based platforms to

NOTE Confidence: 0.879805045714286

 $00{:}51{:}14.950 \dashrightarrow 00{:}51{:}17.410$  communicate even feedback with the

NOTE Confidence: 0.879805045714286

 $00:51:17.410 \longrightarrow 00:51:21.190$  patient and in in real time and

NOTE Confidence: 0.879805045714286

00:51:21.190 --> 00:51:24.130 again the ability to do more longer

NOTE Confidence: 0.879805045714286

 $00:51:24.130 \longrightarrow 00:51:26.417$  term monitoring to understand even

NOTE Confidence: 0.879805045714286

 $00{:}51{:}26.417 \dashrightarrow 00{:}51{:}28.986$  how the the impact of treatment

NOTE Confidence: 0.879805045714286

 $00:51:28.986 \longrightarrow 00:51:31.471$  to sleep disorder breathing on

NOTE Confidence: 0.879805045714286

 $00:51:31.471 \longrightarrow 00:51:33.699$  burden of a trial fibrillation.

NOTE Confidence: 0.879805045714286

00:51:33.700 --> 00:51:34.040 Um,

NOTE Confidence: 0.879805045714286

 $00:51:34.040 \longrightarrow 00:51:36.420$  there's a sleep app that has been

NOTE Confidence: 0.879805045714286

 $00{:}51{:}36.420 {\:{\circ}{\circ}{\circ}}>00{:}51{:}38.891$  developed by our group that we

NOTE Confidence: 0.879805045714286

 $00:51:38.891 \longrightarrow 00:51:40.607$  are currently integrating into

NOTE Confidence: 0.879805045714286

 $00{:}51{:}40.607 \dashrightarrow 00{:}51{:}42.863$  our electronic medical record to

NOTE Confidence: 0.879805045714286

00:51:42.863 --> 00:51:45.073 screen for common sleep disorders,

NOTE Confidence: 0.80890921375

00:51:45.080 --> 00:51:46.220 sleep apnea, insomnia,

NOTE Confidence: 0.80890921375

 $00:51:46.220 \longrightarrow 00:51:48.120$  sleep duration and shift work.

 $00:51:48.120 \longrightarrow 00:51:51.011$  And this is something that may that

NOTE Confidence: 0.80890921375

 $00:51:51.011 \longrightarrow 00:51:53.674$  we're using in our heart failure

NOTE Confidence: 0.80890921375

00:51:53.674 --> 00:51:56.350 program and will be launching in

NOTE Confidence: 0.80890921375

00:51:56.350 --> 00:51:58.294 our atrial fibrillation patient

NOTE Confidence: 0.80890921375

 $00:51:58.294 \longrightarrow 00:52:01.282$  population as well as we have

NOTE Confidence: 0.80890921375

 $00:52:01.282 \longrightarrow 00:52:03.879$  seen that sleep apnea and and.

NOTE Confidence: 0.80890921375

 $00:52:03.880 \longrightarrow 00:52:06.166$  Curtailed sleep in particular may be

NOTE Confidence: 0.80890921375

 $00:52:06.166 \longrightarrow 00:52:08.639$  playing a role in the pathophysiology

NOTE Confidence: 0.80890921375

 $00:52:08.639 \longrightarrow 00:52:11.261$  of atrial fibrillation and and most

NOTE Confidence: 0.80890921375

 $00:52:11.261 \longrightarrow 00:52:13.948$  of the the work that has been

NOTE Confidence: 0.80890921375

 $00:52:13.948 \longrightarrow 00:52:16.554$  done so far in terms of looking at

NOTE Confidence: 0.80890921375

 $00:52:16.554 \longrightarrow 00:52:18.359$  interventions is focused on CPAP.

NOTE Confidence: 0.80890921375

 $00{:}52{:}18.360 {\:{\circ}{\circ}{\circ}}>00{:}52{:}20.552$  But you know it would be of interest

NOTE Confidence: 0.80890921375

 $00:52:20.552 \longrightarrow 00:52:22.888$  to know how other interventions such

NOTE Confidence: 0.80890921375

 $00:52:22.888 \longrightarrow 00:52:25.038$  as hypoglossal nerve stimulation in

 $00:52:25.038 \longrightarrow 00:52:27.681$  this novel continuous negative external

NOTE Confidence: 0.80890921375

00:52:27.681 --> 00:52:30.500 pressure you know and and other

NOTE Confidence: 0.80890921375

 $00:52:30.500 \longrightarrow 00:52:33.890$  innovative treatments how those influence.

NOTE Confidence: 0.80890921375

 $00:52:33.890 \longrightarrow 00:52:36.900$  Um atrial fibrillation outcomes and

NOTE Confidence: 0.80890921375

 $00:52:36.900 \longrightarrow 00:52:39.910$  and would those interventions provide

NOTE Confidence: 0.80890921375

 $00:52:40.002 \longrightarrow 00:52:43.070$  any benefit for the sake of time I'm

NOTE Confidence: 0.80890921375

00:52:43.070 --> 00:52:45.690 going to skip over these slides.

NOTE Confidence: 0.80890921375

00:52:45.690 --> 00:52:49.658 But you know I think there are opportunities

NOTE Confidence: 0.80890921375

 $00{:}52{:}49.658 {\:\dashrightarrow\:} 00{:}52{:}53.718$  to to look at you know sleep disruption,

NOTE Confidence: 0.80890921375

 $00:52:53.718 \longrightarrow 00:52:56.400$  physiologic and symptom based biomarkers

NOTE Confidence: 0.80890921375

 $00:52:56.400 \longrightarrow 00:52:59.680$  and some of the great work conducted by

NOTE Confidence: 0.80890921375

 $00{:}52{:}59.680 \dashrightarrow 00{:}53{:}03.237$  Doctor Zinchuk for example and in trying

NOTE Confidence: 0.80890921375

 $00:53:03.237 \longrightarrow 00:53:05.281$  to understand the interrelationships.

NOTE Confidence: 0.80890921375

 $00:53:05.290 \longrightarrow 00:53:08.728$  Between these these variables and how,

NOTE Confidence: 0.80890921375

 $00:53:08.730 \longrightarrow 00:53:12.168$  how this can can help us in a more

NOTE Confidence: 0.80890921375

 $00:53:12.168 \longrightarrow 00:53:15.556$  refined and better way predict outcomes.

 $00:53:15.560 \longrightarrow 00:53:18.840$  So we are right now working with IBM

NOTE Confidence: 0.80890921375

 $00{:}53{:}18.840 {\:{\circ}{\circ}{\circ}}>00{:}53{:}22.923$  on a Discovery Accelerator grant to to

NOTE Confidence: 0.80890921375

 $00{:}53{:}22.923 \dashrightarrow 00{:}53{:}26.680$  leverage some of our clinical data.

NOTE Confidence: 0.80890921375 00:53:26.680 --> 00:53:27.168 Uh, NOTE Confidence: 0.80890921375

 $00{:}53{:}27.168 \dashrightarrow 00{:}53{:}31.432$  from our our registry to be able to to

NOTE Confidence: 0.80890921375

 $00:53:31.432 \longrightarrow 00:53:34.600$  to see if we can come up with better

NOTE Confidence: 0.80890921375

00:53:34.698 --> 00:53:37.160 ways even using you know these indices,

NOTE Confidence: 0.80890921375

00:53:37.160 --> 00:53:38.756 just hypoxic sleep apnea,

NOTE Confidence: 0.80890921375

 $00{:}53{:}38.756 \dashrightarrow 00{:}53{:}40.751$  specific hypoxic burden and heart

NOTE Confidence: 0.80890921375

 $00:53:40.751 \longrightarrow 00:53:43.584$  rate arousal responses that and and

NOTE Confidence: 0.80890921375

 $00:53:43.584 \longrightarrow 00:53:45.480$  perhaps potentially these integrated

NOTE Confidence: 0.80890921375

 $00{:}53{:}45.480 \dashrightarrow 00{:}53{:}47.700$  measures to better predict outcomes.

NOTE Confidence: 0.80890921375

 $00:53:47.700 \longrightarrow 00:53:50.451$  So in terms of our current state

NOTE Confidence: 0.80890921375

 $00:53:50.451 \longrightarrow 00:53:51.237$  of knowledge,

NOTE Confidence: 0.80890921375

 $00:53:51.240 \longrightarrow 00:53:53.370$  sleep apnea is associated with

00:53:53.370 --> 00:53:55.074 nocturnal incident atrial and

NOTE Confidence: 0.80890921375

 $00:53:55.074 \longrightarrow 00:53:57.120$  ventricular arrhythmias the unexplained.

NOTE Confidence: 0.80890921375

 $00:53:57.120 \longrightarrow 00:53:58.920$  Increasing atrial fibrillation epidemic

NOTE Confidence: 0.80890921375

00:53:58.920 --> 00:54:01.530 is at least partially attributable,

NOTE Confidence: 0.80890921375

00:54:01.530 --> 00:54:03.750 most likely to untreated sleep

NOTE Confidence: 0.80890921375

 $00:54:03.750 \longrightarrow 00:54:05.970$  apnea and unrecognized sleep apnea.

NOTE Confidence: 0.80890921375

 $00:54:05.970 \longrightarrow 00:54:08.450$  And accruing data really strongly

NOTE Confidence: 0.80890921375

 $00:54:08.450 \longrightarrow 00:54:09.938$  implicate autonomic dysfunction

NOTE Confidence: 0.80890921375

 $00:54:09.938 \longrightarrow 00:54:12.111$  as well as other mechanisms.

NOTE Confidence: 0.80890921375

 $00:54:12.111 \longrightarrow 00:54:16.038$  In terms of culprits in the relationship

NOTE Confidence: 0.80890921375

 $00{:}54{:}16.038 \dashrightarrow 00{:}54{:}19.030$  between sleep apnea and arrhythmia,

NOTE Confidence: 0.80890921375

00:54:19.030 --> 00:54:21.880 the epidemiologic data data really points

NOTE Confidence: 0.80890921375

 $00:54:21.880 \longrightarrow 00:54:24.869$  towards the strong magnitude of association,

NOTE Confidence: 0.80890921375

00:54:24.870 --> 00:54:27.284 monotonic relationships,

NOTE Confidence: 0.80890921375

 $00:54:27.284 \longrightarrow 00:54:29.698$  temporal relationships.

NOTE Confidence: 0.80890921375

00:54:29.700 --> 00:54:31.932 You know in terms of the the relationship

 $00:54:31.932 \longrightarrow 00:54:33.994$  of sleep apnea and atrial fibrillation

NOTE Confidence: 0.80890921375

 $00:54:33.994 \longrightarrow 00:54:36.166$  and some data pointing more towards

NOTE Confidence: 0.80890921375

 $00{:}54{:}36.229 \dashrightarrow 00{:}54{:}37.769$ central versus obstructive apnea

NOTE Confidence: 0.80890921375

 $00:54:37.769 \longrightarrow 00:54:40.079$  and other data also pointing towards

NOTE Confidence: 0.80890921375

 $00:54:40.080 \longrightarrow 00:54:43.580$  sleep related hypoxia as it relates to

NOTE Confidence: 0.80890921375

 $00:54:43.580 \longrightarrow 00:54:46.180$  increased incident atrial fibrillation.

NOTE Confidence: 0.80890921375

 $00:54:46.180 \longrightarrow 00:54:48.635$  Certainly there are you know

NOTE Confidence: 0.80890921375

00:54:48.635 --> 00:54:49.617 retrospective data,

NOTE Confidence: 0.80890921375

 $00{:}54{:}49.620 {\:{\mbox{--}}\!>}\ 00{:}54{:}51.130$  meta analysis of these retrospective

NOTE Confidence: 0.80890921375

 $00{:}54{:}51.130 \dashrightarrow 00{:}54{:}52.640$  data that suggests that sleep

NOTE Confidence: 0.80890921375

 $00{:}54{:}52.686 {\:{\mbox{--}}}{>}\ 00{:}54{:}54.202$ apnea treatment reduces recurrence

NOTE Confidence: 0.80890921375

 $00:54:54.202 \longrightarrow 00:54:55.339$  of atrial fibrillation,

NOTE Confidence: 0.80890921375

 $00{:}54{:}55.340 \dashrightarrow 00{:}54{:}57.762$  findings that have not been borne out

NOTE Confidence: 0.80890921375

 $00:54:57.762 \longrightarrow 00:54:59.939$  with these recent relatively small.

NOTE Confidence: 0.80890921375

 $00:54:59.940 \longrightarrow 00:55:02.460$  Clinical trials.

00:55:02.460 --> 00:55:03.138 And uh,

NOTE Confidence: 0.80890921375

 $00{:}55{:}03.138 \operatorname{--}{>} 00{:}55{:}05.850$ you know sleep apnea as we reviewed it,

NOTE Confidence: 0.80890921375

 $00:55:05.850 \longrightarrow 00:55:07.768$  you know at the beginning is associated

NOTE Confidence: 0.80890921375

00:55:07.768 --> 00:55:09.270 with sudden nocturnal cardiac death,

NOTE Confidence: 0.80890921375

 $00:55:09.270 \longrightarrow 00:55:11.778$  the potential role for periodic limb

NOTE Confidence: 0.80890921375

 $00:55:11.778 \longrightarrow 00:55:14.072$  movements during sleep with work done

NOTE Confidence: 0.80890921375

00:55:14.072 --> 00:55:16.264 by Doctor May in in terms of and

NOTE Confidence: 0.80890921375

 $00:55:16.339 \longrightarrow 00:55:18.655$  those associated with the arousals and

NOTE Confidence: 0.80890921375

 $00:55:18.655 \longrightarrow 00:55:21.202$  that really you know being related

NOTE Confidence: 0.80890921375

 $00:55:21.202 \longrightarrow 00:55:23.707$  to cardiac arrhythmia as well.

NOTE Confidence: 0.80890921375

00:55:23.710 --> 00:55:26.006 So there are many you know knowledge

NOTE Confidence: 0.80890921375

 $00:55:26.006 \longrightarrow 00:55:26.990$  gaps to be

NOTE Confidence: 0.848654967272727

 $00:55:27.062 \longrightarrow 00:55:29.504$  considered, you know, understanding

NOTE Confidence: 0.848654967272727

 $00{:}55{:}29.504 \dashrightarrow 00{:}55{:}31.178$  better subgroups susceptibilities

NOTE Confidence: 0.848654967272727

 $00:55:31.178 \longrightarrow 00:55:33.410$  to specific physiologic triggers.

NOTE Confidence: 0.848654967272727

 $00:55:33.410 \longrightarrow 00:55:35.910$  Um, designing the clinical trials.

00:55:35.910 --> 00:55:38.080 Uh, you know, clinical equipoise

NOTE Confidence: 0.848654967272727

00:55:38.080 --> 00:55:41.365 being one area that you know to

NOTE Confidence: 0.848654967272727

00.55.41.365 --> 00.55.43.725 consider where on the trajectory of

NOTE Confidence: 0.848654967272727

 $00:55:43.725 \longrightarrow 00:55:45.225$  atrial fibrillation to intervene.

NOTE Confidence: 0.848654967272727

 $00:55:45.230 \longrightarrow 00:55:47.435$  How you know to consider those who

NOTE Confidence: 0.848654967272727

 $00{:}55{:}47.435 \dashrightarrow 00{:}55{:}49.618$  are sleepy versus non sleepy, obese.

NOTE Confidence: 0.848654967272727

 $00:55:49.618 \longrightarrow 00:55:53.174$  Those are who are potentially more obese

NOTE Confidence: 0.848654967272727

00:55:53.174 --> 00:55:56.356 versus not better identifying prediction

NOTE Confidence: 0.848654967272727

 $00:55:56.356 \longrightarrow 00:55:59.966$  of arrhythmia development specific to

NOTE Confidence: 0.848654967272727

 $00{:}55{:}59.966 \dashrightarrow 00{:}56{:}04.159$  sleep apnea development of collaborative.

NOTE Confidence: 0.848654967272727

 $00:56:04.160 \longrightarrow 00:56:05.351$  Clinical care models.

NOTE Confidence: 0.848654967272727

 $00:56:05.351 \longrightarrow 00:56:08.685$  So this is being such a sort of

NOTE Confidence: 0.848654967272727

 $00{:}56{:}08.685 \dashrightarrow 00{:}56{:}11.065$  breathing is now recognized by

NOTE Confidence: 0.848654967272727

 $00{:}56{:}11.065 \dashrightarrow 00{:}56{:}13.290$  various societies in terms of.

NOTE Confidence: 0.848654967272727

00:56:13.290 --> 00:56:16.080 Serving as a preventative risk

 $00:56:16.080 \longrightarrow 00:56:17.754$  for sleep apnea,

NOTE Confidence: 0.848654967272727

 $00{:}56{:}17.760 \dashrightarrow 00{:}56{:}20.580$  the role of the autonomic function

NOTE Confidence: 0.848654967272727

 $00:56:20.580 \longrightarrow 00:56:23.668$  has been identified in this NIH

NOTE Confidence: 0.848654967272727

00:56:23.668 --> 00:56:28.396 workshop report and and with specific,

NOTE Confidence: 0.848654967272727 00:56:28.400 --> 00:56:29.292 you know, NOTE Confidence: 0.848654967272727

00:56:29.292 --> 00:56:31.968 comment on sleep apnea in particular

NOTE Confidence: 0.848654967272727

 $00:56:31.968 \longrightarrow 00:56:35.635$  and a recent American Heart Association

NOTE Confidence: 0.848654967272727

 $00:56:35.635 \longrightarrow 00:56:38.051$  statement has also provided an

NOTE Confidence: 0.848654967272727

 $00:56:38.051 \longrightarrow 00:56:41.171$  overview of this and and are also some

NOTE Confidence: 0.848654967272727

 $00:56:41.171 \longrightarrow 00:56:43.906$  recommendations charting the way forward.

NOTE Confidence: 0.848654967272727

 $00{:}56{:}43.910 \dashrightarrow 00{:}56{:}47.004$  And uh, a tentative sort of stepped

NOTE Confidence: 0.848654967272727

 $00:56:47.004 \longrightarrow 00:56:49.979$  care model that can be considered,

NOTE Confidence: 0.848654967272727

 $00:56:49.980 \longrightarrow 00:56:52.260$  uh, with the identification

NOTE Confidence: 0.848654967272727

 $00:56:52.260 \longrightarrow 00:56:55.110$  and treatment of sleep apnea.

NOTE Confidence: 0.848654967272727

 $00:56:55.110 \longrightarrow 00:56:57.330$  In, in, in those with cardiac,

NOTE Confidence: 0.848654967272727

 $00:56:57.330 \longrightarrow 00:57:01.470$  arrhythmia, atrial, ventricular, and.

 $00{:}57{:}01.470 \dashrightarrow 00{:}57{:}03.202$  Conduction delay arrhythmias um

NOTE Confidence: 0.848654967272727

 $00{:}57{:}03.202 \dashrightarrow 00{:}57{:}07.164$  so I will leave it at that and I I

NOTE Confidence: 0.848654967272727

00:57:07.164 --> 00:57:09.570 thank you so much for your time.

NOTE Confidence: 0.861544194444444

00:57:14.150 --> 00:57:16.628 Thank you Doctor Mehra for this

NOTE Confidence: 0.861544194444444

 $00{:}57{:}16.628 \dashrightarrow 00{:}57{:}18.887$  excellent a mazing talk and I would

NOTE Confidence: 0.861544194444444

00:57:18.887 --> 00:57:21.260 like to open the floor for questions.

NOTE Confidence: 0.861544194444444

 $00:57:21.260 \longrightarrow 00:57:24.490$  And I think we have a question here from SI.

NOTE Confidence: 0.861544194444444

 $00:57:24.490 \longrightarrow 00:57:27.080$  Is there heart problems such as CVD

NOTE Confidence: 0.861544194444444

00:57:27.080 --> 00:57:29.310 reversely lead to sleep disorder?

NOTE Confidence: 0.86154419444444

 $00:57:29.310 \longrightarrow 00:57:31.606$  I think there is just a reverse

NOTE Confidence: 0.861544194444444

 $00:57:31.606 \longrightarrow 00:57:32.590$  association between cardiovascular

NOTE Confidence: 0.861544194444444

 $00{:}57{:}32.646 \to 00{:}57{:}33.990$  disease and sleep disorder.

NOTE Confidence: 0.828946666

 $00{:}57{:}35.620 \to 00{:}57{:}39.825$  So, uh, meaning is there getting

NOTE Confidence: 0.828946666

 $00:57:39.825 \longrightarrow 00:57:41.850$  at the directionality in terms

NOTE Confidence: 0.828946666

 $00:57:41.850 \longrightarrow 00:57:43.588$  of is, is that the question?

 $00:57:43.600 \longrightarrow 00:57:44.980$  Yes, I think that's the question.

NOTE Confidence: 0.768660766666667

 $00:57:44.980 \longrightarrow 00:57:47.500$  Is there a hard problem such as CVD

NOTE Confidence: 0.768660766666667

 $00:57:47.500 \longrightarrow 00:57:49.258$  reversely leading to sleep disorder?

NOTE Confidence: 0.810163348

00:57:49.860 --> 00:57:51.140 Yeah, I mean I think,

NOTE Confidence: 0.810163348

 $00:57:51.140 \longrightarrow 00:57:55.248$  you know, there certainly.

NOTE Confidence: 0.810163348

 $00:57:55.250 \longrightarrow 00:57:58.130$  With what comes to mind is heart failure,

NOTE Confidence: 0.810163348

 $00:57:58.130 \longrightarrow 00:58:01.406$  right? I think with the compromise left

NOTE Confidence: 0.810163348

00:58:01.406 --> 00:58:03.590 ventricle pulmonary congestion, you know,

NOTE Confidence: 0.810163348

00:58:03.590 --> 00:58:05.600 central sleep disorder breathing, you know,

NOTE Confidence: 0.810163348

 $00:58:05.600 \longrightarrow 00:58:07.658$  so I think there are and, and you know,

NOTE Confidence: 0.810163348

 $00{:}58{:}07.658 {\:\dashrightarrow\:} 00{:}58{:}08.838$  central sleep sort of breathing,

NOTE Confidence: 0.810163348

 $00{:}58{:}08.840 --> 00{:}58{:}11.576$  then you know, leading to to

NOTE Confidence: 0.810163348

 $00:58:11.576 \longrightarrow 00:58:13.990$  negative influences on the heart.

NOTE Confidence: 0.810163348

 $00:58:13.990 \longrightarrow 00:58:17.644$  I think that comes to my mind

NOTE Confidence: 0.810163348

 $00:58:17.644 \longrightarrow 00:58:20.458$  at the forefront when looking

NOTE Confidence: 0.810163348

 $00:58:20.458 \longrightarrow 00:58:22.330$  at atrial fibrillation.

00:58:22.330 --> 00:58:25.192 At least you know, a couple of the studies.

NOTE Confidence: 0.810163348

 $00{:}58{:}25.200 \dashrightarrow 00{:}58{:}28.180$  That we discussed seemed to

NOTE Confidence: 0.810163348

 $00:58:28.180 \longrightarrow 00:58:31.160$  suggest that it's more the,

NOTE Confidence: 0.810163348

00:58:31.160 --> 00:58:33.308 you know, apric events,

NOTE Confidence: 0.810163348

 $00:58:33.308 \longrightarrow 00:58:36.636$  hypotonic events that are you know

NOTE Confidence: 0.810163348

 $00:58:36.636 \longrightarrow 00:58:38.400$  directionally leading directionality

NOTE Confidence: 0.810163348

 $00:58:38.400 \longrightarrow 00:58:41.980$  leading to to the arrhythmic events.

NOTE Confidence: 0.810163348

 $00:58:41.980 \longrightarrow 00:58:44.044$  You know in terms of the

NOTE Confidence: 0.810163348

 $00:58:44.044 \longrightarrow 00:58:45.076$  case crossover design.

NOTE Confidence: 0.810163348

 $00:58:45.080 \longrightarrow 00:58:48.312$  And then also in terms of the work

NOTE Confidence: 0.810163348

00:58:48.312 --> 00:58:51.373 with Doctor Linz and his continuous

NOTE Confidence: 0.810163348

 $00:58:51.373 \longrightarrow 00:58:53.332$  monitoring of respiratory monitoring

NOTE Confidence: 0.810163348

 $00{:}58{:}53.332 \dashrightarrow 00{:}58{:}55.948$  looking obvious hypopneas as well as.

NOTE Confidence: 0.810163348

00:58:55.950 --> 00:58:57.966 Looking at the arrhythmic events now,

NOTE Confidence: 0.810163348

 $00:58:57.970 \longrightarrow 00:59:00.385$  how how well validated is that cardiac

00:59:00.385 --> 00:59:02.910 monitor and picking up the apneas hypopneas,

NOTE Confidence: 0.810163348

 $00:59:02.910 \longrightarrow 00:59:04.510 \text{ I I don't know},$ 

NOTE Confidence: 0.810163348

00:59:04.510 --> 00:59:05.710 but you know,

NOTE Confidence: 0.810163348

 $00:59:05.710 \longrightarrow 00:59:07.750$  the the data that we have in hand

NOTE Confidence: 0.810163348

 $00:59:07.750 \longrightarrow 00:59:10.082$  seems to suggest at least when it

NOTE Confidence: 0.810163348

 $00:59:10.082 \longrightarrow 00:59:12.150$  comes to atrial fibrillation that Umm,

NOTE Confidence: 0.810163348

00:59:12.150 --> 00:59:12.802 you know,

NOTE Confidence: 0.810163348

 $00:59:12.802 \dashrightarrow 00:59:15.084$  sleep apnea seems to be the driver

NOTE Confidence: 0.810163348

 $00:59:15.084 \longrightarrow 00:59:17.633$  now there could be some reverse

NOTE Confidence: 0.810163348

 $00:59:17.633 \longrightarrow 00:59:19.353$  directionality there as well.

NOTE Confidence: 0.810163348

00:59:19.360 --> 00:59:21.800 And you know and I if I had to to guess,

NOTE Confidence: 0.810163348

 $00:59:21.800 \longrightarrow 00:59:24.152$  I would anticipate there would be some

NOTE Confidence: 0.810163348

 $00{:}59{:}24.152 \dashrightarrow 00{:}59{:}25.619$  some reverse directionality as well.

NOTE Confidence: 0.810163348

 $00{:}59{:}26.560 \dashrightarrow 00{:}59{:}28.860$  Thank you.

NOTE Confidence: 0.925957358333333

 $00:59:28.860 \longrightarrow 00:59:30.276$  I don't see any other questions.

NOTE Confidence: 0.925957358333333

 $00:59:30.280 \longrightarrow 00:59:31.616$  I have a question.

00:59:31.616 --> 00:59:34.075 So in terms of relation between the

NOTE Confidence: 0.925957358333333

00:59:34.075 --> 00:59:36.367 hypoxia and Afib that you mentioned,

NOTE Confidence: 0.925957358333333

 $00:59:36.370 \longrightarrow 00:59:39.338$  you know there are many measures for hypoxia,

NOTE Confidence: 0.925957358333333

 $00:59:39.340 \longrightarrow 00:59:42.707$  you know like means that oxygen saturations

NOTE Confidence: 0.925957358333333

 $00:59:42.707 \longrightarrow 00:59:45.579$  now their saturation the time below 90.

NOTE Confidence: 0.925957358333333

 $00:59:45.580 \longrightarrow 00:59:47.734$  Is there anyone that's more predictive

NOTE Confidence: 0.925957358333333

00:59:47.734 --> 00:59:49.905 you know like clinicians perhaps could

NOTE Confidence: 0.925957358333333

 $00:59:49.905 \longrightarrow 00:59:51.915$  talk to their patient about that,

NOTE Confidence: 0.925957358333333

 $00:59:51.920 \longrightarrow 00:59:53.190$  could you comment on that?

NOTE Confidence: 0.83190441555556

 $00:59:54.720 \longrightarrow 00:59:59.355$  Sure. I I think you know what we're seeing.

NOTE Confidence: 0.83190441555556

 $00:59:59.360 \longrightarrow 01:00:01.676$  Is. You know, in general with

NOTE Confidence: 0.83190441555556

 $01:00:01.676 \longrightarrow 01:00:03.220$  the epidemiologic work that

NOTE Confidence: 0.83190441555556

 $01{:}00{:}03.297 \dashrightarrow 01{:}00{:}05.129$  has historically been done,

NOTE Confidence: 0.83190441555556

 $01:00:05.130 \longrightarrow 01:00:07.410$  percentage of sleep time spent below

NOTE Confidence: 0.83190441555556

 $01:00:07.410 \longrightarrow 01:00:10.178$  90% has been the measure that has

 $01:00:10.178 \longrightarrow 01:00:13.291$  been thought to be the one which is

NOTE Confidence: 0.83190441555556

01:00:13.291 --> 01:00:16.090 kind of getting at the maybe more

NOTE Confidence: 0.83190441555556

01:00:16.090 --> 01:00:19.090 cumulative burden of of that hypoxia.

NOTE Confidence: 0.83190441555556

01:00:19.090 --> 01:00:23.358 And now of course with the cutting edge

NOTE Confidence: 0.831904415555556

01:00:23.358 --> 01:00:27.306 work by Doctor Azar Barzan and others,

NOTE Confidence: 0.83190441555556

01:00:27.310 --> 01:00:29.218 you know, are showing that it's,

NOTE Confidence: 0.83190441555556

 $01:00:29.220 \longrightarrow 01:00:30.640$  you know, this sleep apnea.

NOTE Confidence: 0.83190441555556

 $01:00:30.640 \longrightarrow 01:00:33.472$  Specific hypoxic burden uh may be

NOTE Confidence: 0.831904415555556

 $01:00:33.472 \longrightarrow 01:00:36.623$  a more accurate and refined measure

NOTE Confidence: 0.83190441555556

01:00:36.623 --> 01:00:39.558 of that nocturnal hypoxia that's

NOTE Confidence: 0.831904415555556

 $01{:}00{:}39.558 \dashrightarrow 01{:}00{:}42.646$  specific to sleep apnea in terms

NOTE Confidence: 0.83190441555556

 $01:00:42.646 \longrightarrow 01:00:45.397$  of getting at that area under the

NOTE Confidence: 0.83190441555556

 $01{:}00{:}45.397 \dashrightarrow 01{:}00{:}48.328$  curve related to the discrete apnic

NOTE Confidence: 0.831904415555556

01:00:48.328 --> 01:00:51.114 and hypotonic events and maybe a

NOTE Confidence: 0.83190441555556

01:00:51.114 --> 01:00:55.290 more accurate measure of of that and

NOTE Confidence: 0.83190441555556

01:00:55.290 --> 01:00:59.430 but you're right how clinically?

01:00:59.430 --> 01:01:00.129 You know uh,

NOTE Confidence: 0.83190441555556

 $01:01:00.129 \longrightarrow 01:01:02.051$  can we can we pull that measure out

NOTE Confidence: 0.83190441555556

 $01:01:02.051 \longrightarrow 01:01:03.682$  and and be able to discuss that

NOTE Confidence: 0.83190441555556

01:01:03.682 --> 01:01:05.635 with our patients and you know it

NOTE Confidence: 0.83190441555556

01:01:05.635 --> 01:01:07.521 doesn't seem that we're there yet,

NOTE Confidence: 0.83190441555556

01:01:07.521 --> 01:01:09.776 but certainly there are very

NOTE Confidence: 0.83190441555556

01:01:09.776 --> 01:01:12.105 compelling data showing that this

NOTE Confidence: 0.831904415555556

01:01:12.105 --> 01:01:14.446 sleep apnea hypoxic burden is,

NOTE Confidence: 0.83190441555556

 $01:01:14.446 \longrightarrow 01:01:17.126$  is related to cardiovascular outcomes

NOTE Confidence: 0.83190441555556

01:01:17.126 --> 01:01:20.758 and and and I think I imagine

NOTE Confidence: 0.83190441555556

 $01:01:20.758 \longrightarrow 01:01:23.306$  we are on the path towards you

NOTE Confidence: 0.83190441555556

 $01:01:23.306 \longrightarrow 01:01:27.650$  know being able to generate that

NOTE Confidence: 0.83190441555556

 $01{:}01{:}27.650 \dashrightarrow 01{:}01{:}30.596$  measure clinically so that we can.

NOTE Confidence: 0.83190441555556

 $01:01:30.600 \longrightarrow 01:01:31.950$  Use that as a guide.

NOTE Confidence: 0.822615618333333

01:01:32.930 --> 01:01:35.570 Alright, thank you.

01:01:35.570 --> 01:01:38.210 Any other questions?

NOTE Confidence: 0.822615618333333

 $01:01:38.210 \longrightarrow 01:01:40.570$  In the interest of time

NOTE Confidence: 0.822615618333333

 $01:01:40.570 \longrightarrow 01:01:43.510$  if there's no questions.

NOTE Confidence: 0.822615618333333

 $01:01:43.510 \longrightarrow 01:01:45.304$  I would like to thank everyone

NOTE Confidence: 0.822615618333333

 $01:01:45.304 \longrightarrow 01:01:46.500$  and especially Doctor Mehra

NOTE Confidence: 0.822615618333333

 $01:01:46.552 \longrightarrow 01:01:47.788$  for this excellent talk.

NOTE Confidence: 0.822615618333333

 $01:01:47.790 \longrightarrow 01:01:50.280$  Learned a lot. Umm.

NOTE Confidence: 0.875020114444445

 $01:01:50.970 \longrightarrow 01:01:52.345$  A wonderful. Thank you so

NOTE Confidence: 0.8750201144444445

 $01:01:52.345 \longrightarrow 01:01:53.445$  much for the invitation.

NOTE Confidence: 0.875020114444445

 $01:01:53.450 \longrightarrow 01:01:55.866$  It was lovely to see you all and

NOTE Confidence: 0.8750201144444445

 $01{:}01{:}55.866 \dashrightarrow 01{:}01{:}58.129$  done and I appreciate it and

NOTE Confidence: 0.875020114444445

 $01:01:58.129 \longrightarrow 01:02:00.099$  happy New Year to everybody.

NOTE Confidence: 0.906552546666667

 $01:02:00.510 \longrightarrow 01:02:03.070$  Thank you. Happy New Year everyone. Bye, bye.

NOTE Confidence: 0.89447445

 $01:02:04.100 \longrightarrow 01:02:04.540$  Bye, bye.