SUPPLEMENTAL MATERIAL

METHODS

Clinical evaluation

Anthropometric, clinical, and sleep data were collected in each patient, based on the same set of information using questionnaires and direct measurements. OSA symptoms, sleepiness while driving, subjective total sleep time, and Epworth sleepiness scale (ESS)¹ were ascertained based on the previous four weeks.

Sleep study

Attended PSG was performed in the sleep laboratories. The PSG records were manually scored using conventional criteria. Sleep staging was scored according to the criteria of the American Academy of Sleep Medicine.² Arousals were scored as defined in the ASDA Atlas Task Force Report on EEG Arousals.³ Apnea was defined as the absence of airflow (>90% reduction) for at least 10 seconds and a hypopnea as a discernible airflow reduction (>30% and <90%) for at least 10 seconds with a \geq 3% drop in oxyhemoglobin saturation (SaO2) or final arousal.

Laboratory determinations

Laboratory data included complete blood count (Cell-Dyn Sapphire platform, Abbott Diagnostics), coagulation, as well as kidney and liver function tests (Architect c16000 platform, Abbott Diagnostics, US). Insulin was measured by a Cobas e-411 platform (Roche Diagnostics GmbH, Germany) with a reference range of 3 to 25 µUI/mL.

Statistical Analysis

REFERENCES

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