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## Importance of treating obesity in adult obstructive sleep apnea patients

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Many adults with obstructive sleep apnea (OSA) are obese. Obesity is an aggravating factor for OSA. In addition, obesity is a risk/aggravating factor for cardiometabolic diseases in these patients. The usual treatment for moderate/severe OSA is continuous positive airway pressure (CPAP). However, CPAP has been associated with weight gain and has not been found to improve cardiovascular disease (CVD) status. Therefore, the question arises: In the treatment of adults with obesity and OSA, is weight loss indicated? Randomized-controlled studies of adults with OSA and obesity demonstrate that weight loss is correlated with a decrease in apnea/hypopnea index (AHI), improving OSA severity. In fact, weight loss can lead to amelioration of OSA. However, none of the multiple published clinical practice guidelines on the treatment of OSA prioritize weight loss as a primary treatment modality for OSA, nor provide guidelines for obesity management. Therefore, a committee was empaneled composed of sleep, behavioral, and nutrition experts to make evidence-based recommendations for the treatment of obesity in adults with obesity and OSA. The major recommendation resulting from this process: A combination of dieting, exercise and behavioral management with long-term follow up is strongly recommended. Dieting alone is better than no dieting. Exercise alone is not recommended. Obesity pharmacologic or bariatric surgical treatment should be considered for individuals who fail a comprehensive behavioral weight management program and meet certain inclusion criteria for these treatments.

**Conclusion:** Weight management should be an important component of the therapeutic program for adults with obesity and OSA.

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