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Introduction

Sleep disordered breathing (SDB) is common and is often unrecognised in patients with cardiovascular disease. It can both cause and be caused by cardiovascular disease. There is increasing epidemiological evidence linking SDB with the development of systemic hypertension and ischaemic heart disease. Approximately 50% of patients with symptomatic congestive heart failure develop Cheyne-Stokes respiration secondary to the hyperventilation, prolonged circulation time, and reduced blood gas buffering capacity present in these patients. Nasal continuous positive airway pressure (CPAP) is well established as the primary treatment of obstructive sleep apnoea. It has been shown to reduce systemic blood pressure and improve left ventricular function in selected patients with obstructive sleep apnoea and coexisting cardiovascular disease. Recent studies also suggest that nasal CPAP is a promising non-pharmacological adjuvant therapy in patients with congestive heart failure and Cheyne-Stokes respiration.

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