It is possible that this fact might be due to under-reporting of symptoms in elderly patients though it remains unclear. However, some authors have reported that sleep-disordered breathing is also very frequent in older persons. Cardiovascular disturbances are among the most important complications in OSA patients producing severe morbidity and mortality, especially in untreated patients. A high prevalence of OSA has been demonstrated in patients with atrial fibrillation. Importantly, among OSA patients, those correctly treated with continuous positive airway pressure who underwent direct current cardioversion for atrial fibrillation, a significant reduction in the recurrence rate for atrial fibrillation of nearly 50% has been reported. On the other hand, obesity is the main risk factor for developing OSA and a large proportion of obese patients are affected by OSA. Approximately one-third of Americans older than 60 years of age have obesity and that prevalence of obesity in elderly subjects will likely continue to increase.

In our opinion, it would be of interest to have data on both body weight and sleep parameters for patients with new-onset or recurrent atrial tachyarrhythmia because the diagnosis and correct treatment of sleep-disordered breathing might have modified the results of the present study in terms of arrhythmia relapse and mortality rates.

References