

18. **Somers VK**, Dyken ME, Clary MP, *et al*. Sympathetic neural mechanisms in obstructive sleep apnea. *J Clin Invest* 1995;**96**:1904.
19. **Spath-Schwalbe E**, Goffertje M, Kern W, *et al*. Sleep disruption alters nocturnal ACTH and cortisol secretory patterns. *Biol Psychiatry* 1991;**29**:575–84.
20. **Spiegel K**, Leproult R, Van Cauter E. Impact of sleep debt on metabolic and endocrine function. *Lancet* 1999;**354**:1435–9.
21. **Gottlieb DJ**, Punjabi NM, Newman AB, *et al*. Association of sleep time with diabetes mellitus and impaired glucose tolerance. *Arch Intern Med* 2005;**165**:863–7.
22. **Zhan G**, Serrano F, Fenik P, *et al*. NADPH oxidase mediates hypersomnolence and brain oxidative injury in a murine model of sleep apnea. *Am J Respir Crit Care Med* 2005;**172**:921–9.
23. **Gozal D**, Kheirandish L. Sleepiness and neurodegeneration in sleep-disordered breathing: convergence of signaling cascades. *Am J Respir Crit Care Med* 2005;**171**:1325–7.
24. **Matthews DR**, Hosker JP, Rudenski AS, *et al*. Homeostatic model assessment: insulin resistance and B-cell function from fasting glucose and insulin concentrations in man. *Diabetologia* 1985;**28**:412–19.
25. **Coughlin SR**, Mawdsley L, Mugarza JA, *et al*. Obstructive sleep apnoea is independently associated with an increased prevalence of metabolic syndrome. *Eur Heart J* 2004;**25**:735–41.
26. **McArdle N**, Hillman D, Beilin L, *et al*. Metabolic risk factors for vascular disease in obstructive sleep apnea: a matched controlled study. *Am J Respir Crit Care Med* 2007;**175**:190–5.
27. **Elmasry A**, Janson C, Lindberg E, *et al*. The role of habitual snoring and obesity in the development of diabetes: a 10-year follow-up study in a male population. *J Intern Med* 2000;**248**:13–20.
28. **Sharma SK**, Kumpawat S, Goel A, *et al*. Obesity, and not obstructive sleep apnea, is responsible for metabolic abnormalities in a cohort with sleep-disordered breathing. *Sleep Med* 2007;**8**:12–17.
29. **Davies RJ**, Turner R, Crosby J, *et al*. Plasma insulin and lipid levels in untreated obstructive sleep apnoea and snoring: their comparison with matched controls and response to treatment. *J Sleep Res* 1994;**3**:180–5.
30. **Lindberg E**, Berne C, Elmasry A, *et al*. CPAP treatment of a population-based sample—what are the benefits and the treatment compliance? *Sleep Med* 2006;**7**:553–60.
31. **Coughlin SR**, Mawdsley L, Mugarza JA, *et al*. Cardiovascular and metabolic effects of CPAP in obese males with OSA. *Eur Respir J* 2007;**29**:720–7.
32. **West SD**, Nicoll DJ, Wallace TM, *et al*. The effect of CPAP on insulin resistance and HbA1c in men with obstructive sleep apnoea and type 2 diabetes. *Thorax* 2007;**62**:969–74.
33. **Barbe F**, Mayoralas LR, Duran J, *et al*. Treatment with continuous positive airway pressure is not effective in patients with sleep apnea but no daytime sleepiness, a randomized, controlled trial. *Ann Intern Med* 2001;**134**:1015–23.
34. **Lindberg E**, Berne C, Franklin KA, *et al*. Snoring and daytime sleepiness as risk factors for hypertension and diabetes in women—a population-based study. *Respir Med* 2007;**101**:1283–90.
35. **Robinson GV**, Smith DM, Langford BA, *et al*. Continuous positive airway pressure does not reduce blood pressure in nonsleepy hypertensive OSA patients. *Eur Respir J* 2006;**27**:1229–35.
36. **Mediano O**, Barcelo A, de la Peña M, *et al*. Daytime sleepiness and polysomnographic variables in sleep apnoea patients. *Eur Respir J* 2007;**30**:110–13.
37. **Sandhu MS**, Heald AH, Gibson JM, *et al*. Circulating concentrations of insulin-like growth factor-I and development of glucose intolerance: a prospective observational study. *Lancet* 2002;**359**:1740–5.
38. **Moses AC**, Young SC, Morrow LA, *et al*. Recombinant human insulin-like growth factor I increases insulin sensitivity and improves glycemic control in type II diabetes. *Diabetes* 1996;**45**:91–100.
39. **Morrow LA**, O'Brien MB, Moller DE, *et al*. Recombinant human insulin-like growth factor-I therapy improves glycemic control and insulin action in the type A syndrome of severe insulin resistance. *J Clin Endocrinol Metab* 1994;**79**:205–10.

Lung alert

Alpha-1-antitrypsin deficiency and increased lung cancer risk

Lung cancer development is a multifaceted process involving environmental and genetic factors, but their intricate interaction and extent of predisposition remains ill-defined. This study investigated the role of alpha₁-antitrypsin deficiency (α_1 ATD), chronic obstructive pulmonary disease (COPD) and tobacco smoke exposure in lung cancer development in 1856 patients with lung cancer. The two control groups were free of any cancer and comprised 1585 community residents and 902 full siblings of patients. The α_1 AT alleles were tested in 1443 patients, 797 unrelated controls and 902 full siblings. The carrier rate was 13.4%, 7.8% and 9.9%, respectively.

The findings suggest that α_1 ATD carriers are at a 70–100% increased risk of lung cancer, particularly adenocarcinoma and squamous cell subtypes (adjusted for the effects of tobacco smoke exposure and COPD). Depending on smoking intensity, smokers were noted to have a 2–9-fold higher risk of lung cancer than never smokers. The study also confirmed that COPD, which conferred a greater than 6-fold risk of developing lung cancer, is an independent risk factor with an expected population attributable risk of 10–12%.

The study demonstrates complex gene-environment interplay in lung cancer development and indicates the potential benefit in identifying α_1 ATD carriers who may be susceptible to carcinogens. The possible underdiagnosis of COPD, use of community-based controls and likelihood of ethnic stratification are potential limitations of the study. The authors suggest further studies to examine whether the excess risk of lung cancer in patients with COPD stems from emphysema, chronic bronchitis or both.

- Yang P, Sun Z, Krowka MJ, *et al*. Alpha1-antitrypsin deficiency carriers, tobacco smoke, chronic obstructive pulmonary disease, and lung cancer risk. *Arch Intern Med* 2008;**168**:1097–103

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