

## ABSTRACT

*Background:* Sufficiently long and high-quality sleep is necessary for the daily renewal of brain and cognitive activity as well as for the maintenance of the whole organism. Apnea is defined as complete cessation of respiration or reduction of respiratory flow by more than 90% continuously for at least 10 seconds. The repeated respiratory arrest comes in repeated series. They are caused by episodes of upper airway obstruction, caused by an increased tendency of the airway walls to collapse. Sleep is an important lifestyle factor that needs to be addressed along with diet and physical activity. Short sleep leads to greater desire for food and sweets high in fat.

*Aim:* The aim of this work was to determine the eating habits of patients with sleep apnea syndrome (OSA) and to compare the data with patients with simple ronchopathy.

*Methodology:* Data collection took place in a specialized ENT clinic for sleep disorders at the University Hospital Ostrava for three months. A questionnaire was completed with newly arrived patients with regard to the eating habits of patients and anthropometric indicators, and physical activity. After that, the patients were clinically examined, and a limited polygraphy was performed, according to which the patients were divided. The collected data were statistically evaluated.

*Main results:* AHI patients: severe OSA 57 % men (15 patients), moderate OSA 26 % men (9 patients), simple ronchopathy 15 % men (8 patients).

Significant differences in the consumption of suitable food (vegetables) and unsuitable food and delicacies (sweets and savory treats). Consumption of raw vegetables - patients with simple ronchopathy - 63% once a day, patients with severe OSA - 27% once a day. Consumption of sweets and sweet treats - patients with simple ronchopathy - 50% once a week, patients with moderate OSA 33% once a week, patients with severe OSA 53% 2-3 times a week.

*Conclusion and recommendations:* The collected data showed poorer eating habits in patients with OSA than in patients with simple ronchopathy. There is also a clear link with the severity of OSA. Obvious prevention, especially of associated OSA comorbidity, is the timely referral of the patient to a specialized clinic and the cooperation of a general practitioner and a nutrition therapist.

**keywords:** apnea / hypopnea index, sleep, nutrition, physical activity