Supplemental Material E3

Sub-analysis in females

OSA (n =82) were older, had higher percentage of postmenopausal state, WC, NC and reported more sleep hours per night compared to non-OSA (n = 33) (Table e-4).

The percentage of MetS, even though lower than in the entire sample (57% vs 60%), was higher in OSA compared to non-OSA females (66% vs 33%, p 0.001) and showed the same differences for individual components as the total sample (Figure e-2). After adjusting for age, BMI, post-menopausal state and fat mass percentage, the association of OSA and MetS in morbidly obese women was similar to that in the whole group: binary logistic regression showed that the presence of OSA analyzed by AHI $\geq$ 15 events/hour, study time with SpO2<90% $\geq$ 3.30 and the combination of both OSA markers increased the odds of having MetS by 2.79 (p 0.033, 95% CI 1.09 – 7.17), 3.90 (p 0.003, 95% CI 1.61 – 9.46) and 2.47 (p 0.002, 95% CI 1.39 – 4.38), respectively (Table e-5). Adding smoking and obesity duration to the model did not modify significantly the results (data not shown).