

Conflict of Interest Disclosures: Both authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.

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Sleep-Disordered Breathing and Cognitive Impairment in Older Women

To the Editor: In their study, Dr Yaffe and colleagues¹ concluded that older women with sleep-disordered breathing are more likely to suffer cognitive decline. However, the patients in both study groups, with and without sleep-disordered breathing, had mild cognitive impairment at baseline (mean Mini-Mental State Examination [MMSE] scores of 25.1 and 24.9, respectively). Almost 5 years later, both groups received another cognitive assessment. The authors found 44.8% of women with sleep-disordered breathing developed mild cognitive impairment or dementia compared with 31.1% of those without it. Because patients in both groups started the study with mild cognitive impairment, what percentage developed dementia? How did the MMSE scores change over time? In addition, the authors used different instruments in the 5-year cognitive assessments, making it difficult to appreciate the difference between the 2 groups over time.

Why did patients initially diagnosed with sleep-disordered breathing (an apnea-hypopnea index of 15 or more) not receive treatment with continuous positive airway pressure or bilevel positive airway pressure, the standard of care for such patients?

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1. Yaffe K, Laffan AM, Harrison SL, et al. Sleep-disordered breathing, hypoxia, and risk of mild cognitive impairment and dementia in older women. *JAMA*. 2011;306(6):613-619.

In Reply: Drs Gianakos and Mehra raise concerns that participants in our study may have already developed mild cognitive impairment at baseline. The cognitive test scores presented in Table 1 in the article were results from the shortened version of the MMSE, which is scored out of 26 points, rather than the 30-point scale of the full MMSE. Although we cannot be sure that participants in our cohort did not have some subtle pre-clinical cognitive impairment at baseline and that this was greater among women with sleep-disordered breathing, the 2 groups had very similar mean (SD) test scores: 24.9 (1.2) for women without sleep-disordered breathing and 25.1 (1.1) for those with sleep-disordered breathing ($P = .22$). In the analysis, we also addressed this issue by excluding any suspected cases of cognitive impairment before the 5-year follow-up cognitive assess-

ment, defined as those participants with a physician's diagnosis of dementia or Alzheimer disease or a low cognitive test score. In addition, when dementia and mild cognitive impairment were analyzed separately, the associations with sleep-disordered breathing were similar, albeit with reduced power (unadjusted odds ratio for mild cognitive impairment or dementia, 1.80 [95% CI, 1.10-2.93]; for mild cognitive impairment, 1.88 [95% CI, 1.04-3.40]; for dementia, 1.70 [95% CI, 0.88-3.27]).

We appreciate the issue of standard of care for patients with sleep-disordered breathing. Because the Sleep and Cognition Study was an observational research study and not a clinical assessment, participants received a feedback report of their polysomnography results that could be shared with their physicians; however, we were not able to initiate or provide treatment. Despite these limitations, we believe that our results confirm an association between sleep-disordered breathing and risk of cognitive impairment and warrant future research in the field.

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Organ Transplantation and Regulation in China

To the Editor: In their Commentary, Drs Shi and Chen wrote that “[t]he Chinese government has strictly followed the guiding principles of the World Health Organization for organ transplantation.”¹ However, the guiding principles require that prior to organ removal, consent must be obtained.² The preamble of the guiding principles gives further direction by stating that protection of “vulnerable persons from coercion and improper inducement to donate organs” is of particular concern.² Yet Shi and Chen wrote that “sentenced convicts have become the main organ source for transplantation.” According to the World Medical Association, prisoners are not considered to be in a position to give consent freely.³

The authors mentioned that “traditional culture plays an important role in preventing some volunteers from donating organs,” yet the reluctance to donate organs is deeply rooted in Chinese culture. Between 2003 and 2009, there were only 130 voluntary organ donations in all of China.⁴ In 2010, the Chinese Red Cross Society and the Chinese Ministry of Health launched a pilot program for voluntary organ donation, which generated fewer than 100 organs.⁴ According to a survey conducted by the Guangzhou Medical College, 41% of correspondents attributed their reluctance

to donate organs to cultural traditions, while another 25% named corruption in the medical profession as the reason.⁴ In 2011, a provincial-level survey in Henan showed that 78.9% of correspondents were against connecting organ donation to a driver's license because even considering the possibility of a traffic accident would bring bad fortune.⁴

Between 2000 and 2005, approximately 60 000 transplants were performed, with up to 20 000 transplants in 2005.⁵ The reluctance to donate organs contrasts with the large number of performed transplants. Without transparency in the number of executions and other organ sources, there is a question about where the organs for transplantation come from.

An investigation by Matas and Kilgour⁵ alleged that organs were harvested from living Falun Dafa practitioners, a group of people who are persecuted in China for their spiritual beliefs. Matas and Kilgour stated that, "Falun Gong practitioners in detention are systematically subjected to blood tests and organ examinations," and during telephone calls to different hospitals in China, the physicians on the telephone admitted they would use organs from Falun Gong practitioners.⁵ Killing people to harvest their organs to use the organs for transplantation elsewhere leads to medicine ad absurdum.

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In Reply: In China, although organs harvested from condemned prisoners are not specifically restricted from use in transplantation, the organ procurement procedures are strictly compliant with specifications. If a sentenced convict would like to donate his organs, the convict and his family must submit an official application and sign an informed consent statement with a lawyer present. Before execution, the convict is asked to confirm his organ donation again, and if consent is reneged, organ procurement is explicitly prohibited. Dr Trey and colleagues mention that in 2005, transplant figures peaked with 20 000 transplants. However, as organ transplant specialists, we and our colleagues have never heard of this many transplants per year in China; the number in 2006 was 11 000.¹

Trey et al further surmise that the organs might have been harvested from living Falun Dafa practitioners. We have not heard of such forced organ harvesting.

We agree that the use of executed prisoners as a source of organ transplants is unwise for the healthy development of transplant medicine. In China, underlying problems and dilemmas exist with regard to an insufficient number of donated organs.² China officially initiated a pilot program of voluntary organ donation in 2010 to reduce the dependence on organs from executed convicts. This organ allocation and sharing system³ and organ transplant registries⁴ are currently in operation and will help improve the transparency, equity, and supervision of Chinese organ transplantation.

Originally, the organ donation program progressed slowly because of traditional cultural considerations, insufficient transparency of organ donation procedures, and dissatisfaction with national transplant management systems. However, with the popularization of the Donation after Cardiac Death (DCD) program, more Chinese citizens in developed provinces or cities have understood the value of organ donation. The number of individuals signing organ donation consent forms and supporting DCD programs is increasing in China today.⁵ Data from the China organ allocation and sharing system indicate that through September 17, 2011, 97 individuals have donated organs, including 69 liver transplants and 53 kidney transplants.³ This outcome reached the target goal of 100 transplants, which was set at the beginning of the pilot program. The program will be implemented nationally in the near future.⁶ Many outstanding issues, including DCD classification criteria and selection criteria pertaining to the wait-list, have been clarified recently. Huang Jiefu, the vice minister of the Chinese Health Ministry, expressed hope that using executed prisoners as a source of organs would be eliminated in China within the next 5 years.⁶

Although current organ donation sources are still insufficient to provide transplants for all who need them in the population, gradual progress in organ transplantation and regulation indicates the positive direction in which Chinese society is moving.

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