

Recognizing Patients at High Risk for Moderate-to-Severe Obstructive Sleep Apnea (OSA)

Up to 90% of individuals with OSA are **undiagnosed** and **untreated.**[1,2]



Identifying OSA symptoms and features is key to recognition.[3-7]

Hallmark Symptoms



Snoring[3,4]



Breathing pauses, choking, or gasping during sleep[3,4]



Unrefreshing sleep[a,3]



Daytime sleepiness[a,b,3,4]



Morning headache[3,7,8]



Large neck circumference[4]

OSA can present heterogeneously.[3-7]

Nonspecific Symptoms



Brain fog and difficulty concentrating[7]



Insomnia[7-9]



Decreased Libido[4]



Depression and irritability[a,7,8]



Fatigue[4,7-9]

[a]The relationship between OSA severity and accompanying symptoms, such as daytime sleepiness, unrefreshing sleep, and depression, is not well established.[5] [b]Daytime symptoms, such as sleepiness, and apnea-hypopnea index measurements of the severity of OSA are not strongly correlated.[5]

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Common Chronic Conditions Associated with OSA.[4,10]

Consider screening for OSA in patients with resistant hypertension, pulmonary hypertension, or recurrent atrial fibrillation (after cardioversion or ablation).[4]

- Obesity[11]
- Type 2 diabetes[10]
- Hypertension[10]
- Stroke[10]
- Atrial fibrillation[10]
- Heart failure[10]

Men are more likely to present with **hallmark** OSA symptoms.[12]

Men and women may present different symptoms of OSA during initial evaluation.[7-9]

Women often present with **nonspecific** OSA symptoms, making diagnosis more challenging.[8,9]

Female patients may be screened for OSA less often due to the nonspecific nature of their symptoms.[8]

See the "Screening and Diagnostic Tools for OSA" tip sheet to learn how to help patients who you suspect have OSA.

References

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