

Understanding Obstructive Sleep Apnea

Obstructive sleep apnea (OSA) is a chronic disorder in which the upper airways are repeatedly blocked during sleep, leading to pauses in breathing.[1]

In the US, approximately
24 million
of adult Americans are estimated to have moderate-to-severe OSA.[1,2]

80%-90%
of patients with OSA are undiagnosed.[1,3]

In the current paradigm of care, the PCP has the best opportunity to screen and diagnose patients with OSA.[4]

Understanding the role you have as a PCP in recognizing and addressing OSA is an important step on the journey to managing OSA for your patients.

Common Symptoms

- Excessive daytime sleepiness[5,6]
- Unrefreshing sleep[5]
- Snoring[5,6]
- Episodes of stopped breathing during sleep[6]
- Abrupt awakenings accompanied by gasping or choking[5,6,a]



Uncommon Symptoms*

- Morning headaches[5,9,10]
- Brain fog[9]
- Insomnia[9-11]
- Depression[9-11]
- Fatigue[6,9-11]

*More commonly reported by women at screening

Risk Factors

- Obesity[7]
- Biological sex[7]
- Smoking[7]
- Medication and alcohol use[7,8]
- Craniofacial or oropharyngeal abnormalities[7]

Comorbidities[8]

- Type 2 diabetes
- Hypertension
- Stroke
- Heart failure
- Atrial fibrillation

Screening and Diagnosis

Screening: PCPs can screen for OSA during a regular visit[12] by asking questions about sleep, using brief questionnaires, and examining BMI,[14] neck circumference,[13,14] and tongue size.[15]

Diagnosis: PCPs can directly order an HSAT, while a sleep specialist is typically required for an in-lab sleep study.[12] If a patient receives a negative result from the HSAT, it is often recommended that they undergo an in-lab study for further evaluation.[16]

Treatment and Management

Personalize treatment tailored to each patient's needs, utilizing a multimodal approach and fostering collaborative care with the clinical team through a comprehensive, holistic approach.[17,18]

Consider scheduling follow-ups, as studies suggest that adherence to OSA therapy can be associated with improvements in quality of life.[19]

[a]As reported by bed partners.

BMI = body mass index; HSAT = home sleep apnea test; OSA = obstructive sleep apnea; PCP = primary care provider.

1. Mayo Clinic. Accessed October 9, 2024. www.mayoclinic.org/diseases-conditions/obstructive-sleep-apnea/symptoms-causes/syc-2035209
2. Benjafield AV, et al. *Lancet Respir Med*. 2019;7(8):687-698. 3. Finkel KJ, et al. *Sleep Med*. 2009;10(7):753-758. 4. Aurora RN, Quan SF. *J Clin Sleep Med*. 2016;12(8):1185-1187. 5. Gottlieb DJ, Punjabi NM. *JAMA*. 2020;323(14):1389-1400. 6. Yeghiazarians Y, et al. *Circulation*. 2021;144(3):e56-e67. 7. Mitra AK, et al. *Diseases*. 2021;9(88). 8. Arredondo E, et al. *Cureus*. 2021;13(9):e17843. 9. Meyer EJ, Wittert GA. *J Clin Endocrinol Metab*. 2024;109(3):e1267-e1279. 10. Saaresranta T, et al. *ERJ Open Res*. 2015;1(2):00063-2015. 11. Bouloukaki I, et al. *Med Princ Pract*. 2021;30(6):508-514. 12. Barnes N, Herbert, L. JNP. 2023;19(7):104649. 13. Jin J. *JAMA*. 2022;328(19):1988. 14. Caffo B, et al. *Sleep*. 2010;33(12):1641-1648. 15. Yu JL, Rosen I. *J Clin Sleep Med*. 2020;16(2):303-308. 16. Kapur VK, et al. *J Clin Sleep Med*. 2017;13(3):479-504. 17. Tsai MS, et al. *J Chin Med Assoc*. 2022;85:672-678. 18. Sutherland K, et al. *Multidiscip Respir Med*. 2018;13:44. 19. Bue AL, et al. *Sleep Breath*. 2020;24:533-540.

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