



SCREEN

DIAGNOSE

2



MANAGE

# 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.<sup>1</sup>

In the US, approximately

**24 million**

of adult Americans are estimated to have moderate-to-severe OSA.<sup>1,2</sup>

**In the current paradigm of care, the PCP has the best opportunity to screen and diagnose patients with OSA.<sup>4</sup>**

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.



**80%-90%**

of patients with OSA are undiagnosed.<sup>1,3</sup>

## Common Symptoms



- Excessive daytime sleepiness<sup>5,6</sup>
- Unrefreshing sleep<sup>5</sup>
- Snoring<sup>5,6</sup>
- Episodes of stopped breathing during sleep<sup>6</sup>
- Abrupt awakenings accompanied by gasping or choking<sup>5,6,a</sup>



## Uncommon Symptoms\*

- Morning headaches<sup>5,9,10</sup>
- Brain fog<sup>9</sup>
- Insomnia<sup>9-11</sup>
- Depression<sup>9-11</sup>
- Fatigue<sup>6,9-11</sup>

\*More commonly reported by women at screening

## Risk Factors



- Obesity<sup>7</sup>
- Biological sex<sup>7</sup>
- Smoking<sup>7</sup>
- Medication and alcohol use<sup>7,8</sup>
- Craniofacial or oropharyngeal abnormalities<sup>7</sup>



## Comorbidities<sup>8</sup>

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

## Screening and Diagnosis

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

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

## 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.<sup>17,18</sup>



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

\*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](https://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.

