

DID YOU KNOW?

Obstructive Sleep Apnea (OSA)



Patients often do not mention sleep-related issues during appointments.¹

- >55% of patients with trouble sleeping do not speak to their primary care provider (PCP) about sleep issues¹
- PCPs can help identify patients at higher risk of OSA by asking questions about their patients' snoring, sleep habits, and daytime sleepiness^{1,2}



OSA can be difficult to recognize and diagnose.

- ~90% of people with OSA are undiagnosed^{3,4}
- OSA affects more than just older patients and patients who are overweight or have obesity³



Female patients often do not present with OSA-specific symptoms, including snoring.⁵⁻⁷

- Non-specific symptoms may include depression, irritability, fatigue, insomnia, brain fog, and low libido⁵⁻⁸



Patients with OSA often present with cardiometabolic co-morbidities.⁹⁻¹¹

- OSA and cardiometabolic diseases (eg, obesity, hypertension, type 2 diabetes, heart failure) can potentiate one another^{6,11,12}
- Managing OSA is critical for patients' cardiometabolic health



Some patients do not want to visit a sleep specialist or go to a lab for sleep studies.¹³

- PCPs can order home sleep apnea tests (HSATs) directly without involving a sleep specialist¹⁴
- HSATs can be performed in patients' homes¹⁴



Some patients are resistant to using a continuous positive air pressure (CPAP) machine because of perceptions about noise and discomfort.^{13,15}

- Modern CPAP machines are smaller, quieter, and more comfortable than earlier designs¹⁵
- Mandibular advancement devices and hypoglossal nerve stimulation offer alternative treatment options¹²

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