MyCardioAdvocate™

Obstructive Sleep Apnea & CV Risk

When the most dangerous thing you do all day happens while you sleep

No 2026 guideline changes

Why This Matters

Obstructive sleep apnea (OSA) is epidemic and profoundly underdiagnosed. Over 80% of moderate-to-severe OSA cases are undetected. OSA is not just a sleep issue—it is a cardiometabolic engine. Each apneic episode triggers hypoxemia, arousals, and sympathetic surges. Over hours of sleep, this translates to systemic hypertension, atrial fibrillation, metabolic dysfunction, and accelerated atherosclerosis. OSA is now recognized as a major contributor to hypertension, AFib, and overall cardiometabolic risk. It is a component of CKM syndrome. Screening for and treating OSA can transform cardiometabolic outcomes.

Why OSA Flies Under the Radar

- **Normalization of snoring:** Snoring and witnessed apneas are often dismissed as annoying rather than dangerous.
- **Daytime symptoms overlooked:** Fatigue, morning headaches, and poor concentration are attributed to stress or aging.
- **AFib connection missed:** OSA is a major cause of atrial fibrillation, yet patients are not screened.
- **BP control failure:** Resistant hypertension is often due to untreated OSA, not medication optimization.
- **Testing barriers:** Sleep testing is inconvenient, expensive, and underutilized even when symptoms are obvious.

MyCardioAdvocate™ Checklist: Obstructive Sleep Apnea

1. Screen for OSA Risk Factors

Answer honestly: Do you snore? Does your bed partner report breathing pauses? Do you wake gasping or choking? Do you have morning headaches, daytime sleepiness, or nocturia? Any 'yes' warrants formal testing.

2. Request a Sleep Study If Symptomatic

If you have symptoms or are at high risk (older age, male sex, obesity, hypertension, AFib), request a sleep study. Home sleep testing is available and accessible. Do not wait for spontaneous disclosure of events.

3. Understand Your Apnea-Hypopnea Index (AHI)

If tested, your AHI (number of apneas and hypopneas per hour) determines severity: mild (5-15), moderate (15-30), severe (>30). Know your score and its CV implications.

4. Start Treatment if Diagnosed

Positive airway pressure (CPAP, BiPAP, APAP) is first-line. Adherence is key—even nightly use dramatically improves BP, reduces AFib burden, and lowers CV events. Discuss alternative therapies (oral appliances, positional therapy) if CPAP is not tolerated.

Key Takeaways

- Over 80% of moderate-to-severe OSA is undiagnosed; snoring and daytime symptoms are often dismissed.
- OSA is a major cause of hypertension, atrial fibrillation, and cardiometabolic disease.

• Each apneic episode triggers hypoxemia and sympathetic activation; sleep OSA has profound daytime consequences.

• PAP therapy improves BP control, reduces AFib, and lowers CV risk—but only if used nightly.

Next Steps & Related Content

• Answer the OSA screening questions above. If you have risk factors or symptoms, request a sleep study.

• If diagnosed with OSA, ask about PAP therapy options and commit to nightly use.

• Discuss OSA screening with your cardiologist, especially if you have resistant hypertension or new-onset AFib.

• Review related briefs: **Atrial Fibrillation**, **Resistant Hypertension**, **CKM Syndrome**.
