Patient conversation guide

Talking with patients about OSA and heart health

A guide to discussing the link between sleep apnea and cardiovascular disease with your patients

Why this conversation matters

Obstructive sleep apnea (OSA) is a serious, often overlooked risk factor for cardiovascular disease. Each pause in breathing during sleep causes oxygen drops, blood pressure spikes and cardiac strain, all of which directly affect heart health.[1]

OSA and hypertension

Key points to share

- Up to 80% of people with resistant hypertension have OSA.[2]
- Repeated oxygen drops and stress hormone surges from untreated OSA contribute to sustained high blood pressure, which often remains difficult to control even with blood pressure medications.[3]

Let them know

- Treating OSA with positive airway pressure (PAP) therapy can significantly lower both systolic and diastolic blood pressure, particularly in people with resistant hypertension and good adherence.[3]

OSA and coronary artery disease (CAD)

Key points to share

- Untreated OSA increases the risk for major adverse heart by 65% and increases mortality after a heart attack.[4]
- Intermittent hypoxia can induce oxidative stress and inflammation, key drivers of CAD.[5]
- The risk of CAD is markedly increased in individuals with untreated OSA.[5]

Let them know

- PAP therapy to treat OSA is associated with a reduced risk of major adverse cardiac events (MACEs) and all-cause mortality, with additional benefits.[6]
- Additional benefits to MACEs, blood pressure and repeat revascularization may exist for OSA patients who use PAP therapy 4 or more hours per night.[6]

OSA and arrhythmias, including atrial fibrillation (AFib)

Key points to share

- 48% of people with OSA experienced cardiac arrhythmias.[7]
- Untreated OSA is associated with AFib recurrence rates as high as 80% within one year.[8]

Let them know

- PAP therapy use to treat OSA is associated with reduced AFib recurrence after ablation.[9]
- Even after ablation, the risk of AFib recurrence is high for people with untreated OSA but may reduce to a rate akin to people without OSA in patients who use PAP therapy.

OSA and heart failure (HF)

Key points to share

- Nearly 80% of patients with chronic heart failure also have OSA.[10]
- Untreated OSA increases cardiac workload, worsening symptoms and accelerating disease progression.[10]

Let them know

- Treating OSA with PAP therapy can slow disease progression, help the heart pump more effectively and reduce the stress on the heart.[11]
- Use of PAP therapy is associated with reduced HF-related hospitalizations.[11]

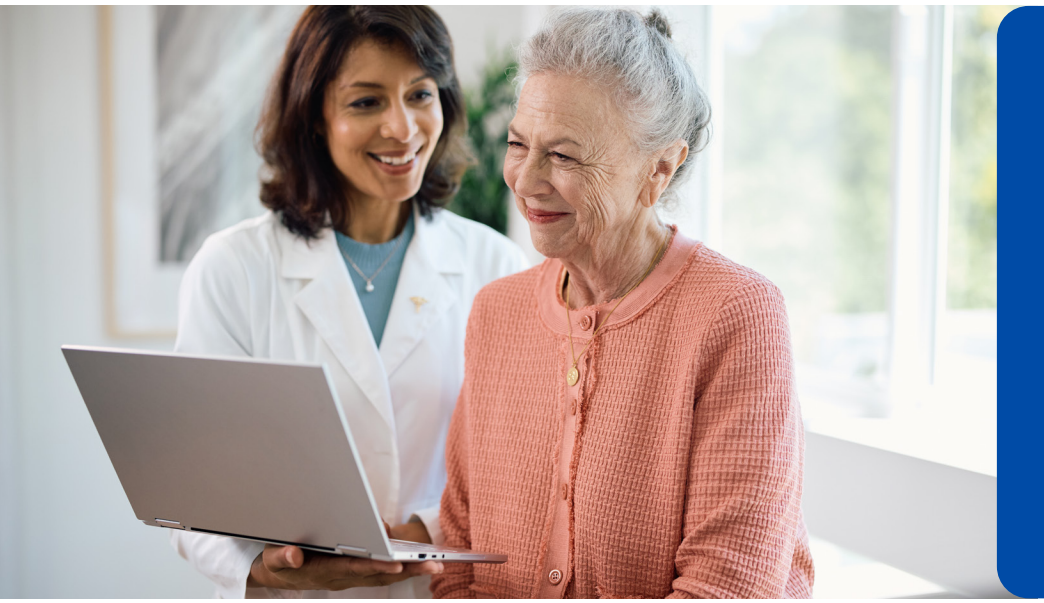
OSA and stroke

Key points to share

- 60–70% of stroke patients have OSA.[12]
- Untreated OSA increases stroke risk[5], with the risk of a first stroke doubling in people with untreated severe OSA.[13]

Let them know

- Treating OSA with PAP therapy after a stroke is associated with improved neurologic recovery.[14]



Next steps

- Offer take-home information for patients to review with family or partners.
- Use a screening tool like STOP-BANG or order a home sleep test or an in-lab sleep study as appropriate.
- Let patients know you're available to revisit the conversation anytime.

References

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