

What doctors want patients to know about sleep apnea

NOV 7, 2025



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Interrupted breathing during sleep affects an estimated 30 million people in the U.S., yet many people don't realize they have obstructive sleep apnea until a partner notices loud snoring, gasping or restless nights. In fact, only 6 million are diagnosed with sleep apnea, leaving 80% unaware they have the condition. Left untreated, the condition can contribute to high blood pressure, heart disease and impaired daytime focus, making early recognition and care essential for both health and quality of life.

The AMA's What Doctors Want Patients to Know™ series gives physicians a platform to share what they want patients to understand about today's health care headlines.

In this installment, three AMA members shared what doctors want patients to know about obstructive sleep apnea. They are:

- [Alejandro D. Chediak, MD](#), a sleep medicine physician in Miami and an AMA delegate for the American Academy of Sleep Medicine.
- [James Herdegen, MD](#), a pulmonologist and sleep medicine physician at Rush University Medical Center in Chicago.
- [Ilene Rosen, MD, MSCE](#), a sleep medicine physician in Cherry Hill, New Jersey.

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Sleep apnea develops over time

Normal apnea-hypopnea index while a person is sleeping is five or less. This means a person's airway completely collapses or partially collapses several times throughout the night.

"You may first start having sleep apnea—particularly obstructive sleep apnea—because you put on a little weight and you start to have maybe five or seven episodes of sleep apnea per hour, it may not bother you too much," Dr. Chediak added. But then "as years go by, you're a little heavier, you have more bad behaviors, you're a little older and sleep is more fragmented so now you feel tired."

"Daytime tiredness is blamed on aging and changes in lifestyle, rather than a disorder of sleep, until you are having many episodes of sleep apnea per hour and you're tired all the time or you're falling asleep driving," he said. "That's when it becomes critically apparent that you need help."

There is usually an obstruction

"Sleep apnea is usually a mechanical or physical obstruction related to our upper airway. So, it could be a problem with the nasal passage or tonsils or tissue in the back of the throat," said Dr. Herdegen, noting "it can be associated with cranial facial malformations or changes of our face."

Also, "it could be related to genetics. And it could be brought on by—or made worse by—things such as alcohol or body position," he said.

Your airway closes or narrows

"Sleep apnea is essentially a disorder where while we're sleeping at night, the airway either closes off completely or becomes so narrowed that the oxygen level drops," said Dr. Rosen. This occurs "because not enough air gets in. As the oxygen level is dropping—maybe not to dangerous levels—the brain says, 'Hey, you're going to do this thing I don't like' and wakes you up."

When “your airway completely closes, it is called an apnea, and when it’s narrowed but not closed off and has a consequence—such as a drop in oxygen or arousal—it’s called hypopnea,” she explained, noting that “we count them the same and we add them together over the course of a night to make an hourly rate.”

“If your hourly rate is five or more a night, that is likely a sign that you have obstructive sleep apnea,” Dr. Rosen said.

More men have sleep apnea than women

“In general, men tend to have more sleep apnea. But that changes a little bit as we age,” Dr. Herdegen said. “So, in adolescence, boys and girls have a pretty similar prevalence of sleep apnea.

“Then that changes with adulthood, and then that changes again [postmenopause](#),” he added. “So, women start catching up to men in terms of the prevalence of sleep apnea. But in general, more males than females have this condition.”

A bed partner is the first to notice

“It’s typically hard to notice on your own” if you stop breathing throughout the night and have sleep apnea, said Dr. Rosen. “What you’ll notice is that you feel sleepy. Some people will notice that they wake up during the night feeling like they’re gasping or choking or even have to go to the bathroom a lot at night.

“That may be a sign of sleep apnea, but it is hard to know yourself what any one of those things mean,” she added. “For example, you have a couple of beers at night, you go to bed, you snore more and you wake yourself up, but it doesn’t happen all the time. Maybe that’s clinically relevant apnea and maybe it’s not.”

“I love having the bed partner come with a patient to a visit because asking the bed partner is really helpful,” said Dr. Rosen. “Even then, what the bed partner sees may or may not be indicative of sleep apnea, so testing is required to confirm the diagnosis.”

Snoring is not always a sign of sleep apnea

When it comes to sleep apnea, “snoring is not always a sign—and men tend to be louder snorers than women,” Dr. Herdegen said, noting “you can certainly have sleep apnea with not a lot of snoring present.”

“But you might notice you’re waking up more or you’re waking up to go to the bathroom more at night or you’re feeling more unrested or tired during the day,” he said.

Sleep apnea is linked to obesity

“We do know that sleep apnea has been increasing in prevalence over the years,” said Dr. Rosen, noting that this may also have to do with the rise in recognition for sleep apnea too.

But this is “in part because it’s very much linked to obesity and obesity is becoming more prevalent,” she said. “They get more airway collapse. They’re having poor sleep. Their insulin resistance goes up and that causes them to eat more of the wrong foods and gain more weight.

“And now you have a chicken and an egg, and some of those people go on to develop all the complications that go along with obesity and insulin resistance,” Dr. Rosen added, noting “there are occasionally people who have sleep apnea who lose a significant amount of weight and then they don’t have the condition anymore, but there are other factors besides obesity at play.”

Don’t fixate on sleep apnea

“You can have mild, moderate and severe sleep apnea and really have very few symptoms,” said Dr. Chediak. “Then you can have mild, moderate and severe sleep apnea and be extraordinarily symptomatic.”

“The fixation in the community is that you have sleep apnea therefore this explains why you feel so badly,” he said. “Many fixated on that, whereas really what you might have is

psychophysiological insomnia where you lose your confidence in your ability to sleep well—you go to bed thinking that you can't and that you won't and therefore you don't."

"Yes, you have a little sleep apnea, but that's really not what's wrong with you or why you're not feeling well," Dr. Chediak said.

There are health complications

"We're worried about your heart and your brain health because we know that if we don't do a good job controlling the sleep apnea and the lack of oxygen, we see more heart attacks and more strokes," said Dr. Chediak. "But most often the primary reason why patients come to see us is that they're either worried about their health because what others have told them or they themselves don't feel vital during the day."

Additionally, "people just feel sleepy and that can have a neurocognitive effect—they can have trouble with their memory," said Dr. Rosen, adding that "there may be some link now to poor sleep and dementia, which has to do with sleep deprivation and sleep apnea."

"Another problem with obstructive sleep apnea is that it can be associated with difficult-to-treat hypertension," she said. "Poor sleep can also be associated with insulin resistance. It doesn't necessarily mean that you'll develop diabetes, but it certainly becomes part of someone with obesity."

Try positive airway pressure therapy

"The mainstay of treatment is PAP therapy, or positive airway pressure therapy, which I like to think of as an airway stent," said Dr. Rosen. "You put a column of pressured air through the back of the nose that goes into the back of the throat and sits in the upper airway."

"We typically run a set pressure continuously and this is called continuous positive airway pressure—or CPAP—therapy," she said, noting that "when the airway wants to collapse it can't because there's a column of pressurized air stenting the airway open."

Oral appliance therapy can also help

“For people who can't tolerate CPAP or PAP therapy—and particularly those who have mild to moderate apnea—a reasonable second choice is an oral appliance known as a mandibular advancement device,” said Dr. Rosen.

“The ones that are the most effective are custom made, and they are fit to the upper and lower part of the patient's teeth and pulls the lower jaw forward when it's in the mouth,” she added, noting that “the mandibular advancement is done by a dentist who creates the appliance and monitors how the temporomandibular joint and teeth are doing over time.”

Oral appliance therapy “helps stiffen the muscles in the back of the throat and in the upper airway so that it has less of a tendency to collapse,” Dr. Rosen said. “It works really well for snoring and in many cases of mild to moderate sleep apnea.”

Weight-loss medication can help too

“There is, of course, a variety of treatments for weight loss,” said Dr. Herdegen, including a recent Food and Drug Administration (FDA)-approved injectable “medication called tirzepatide.

“The brand name is Zepbound, and that's been shown to reduce sleep apnea,” he added, noting that “up to about 50% of individuals were successfully cured of their sleep apnea.”

There are also implantable devices

Beyond CPAP, oral appliances and medication, said Dr. Herdegen, “there are implantable devices that are usually done through an ear, nose and throat surgeon.”

“These devices stimulate the tongue to try to move that out of the way if the tongue is a big contributing factor to obstruction of the airway,” he said.

Home sleep testing is very effective

“The key is to properly select the patients who are best suited for home versus laboratory testing,” said Dr. Chediak. “For moderate to severe sleep apnea, home sleep apnea testing is an effective tool and can be useful.

“Unfortunately, it's falsely negative about 15% of the time, but when it's positive, it's helpful,” he added, noting “that the distinction between lab and home testing is really based on how likely you are to have moderate to severe sleep apnea.”

“On the other hand, if you're on the milder end of the spectrum—you're thin, female, premenopausal and don't have structural problems with your nose or throat—but you snore loudly and people tell you that you stop

breathing, then home sleep apnea testing might be falsely negative,” said Dr. Chediak.

“The home test usually is a pretty simple device and there are probably about 30 different home test devices out there these days,” said Dr. Herdegen. For example, “one will have a finger device that looks at oxygen saturation and heart rate with additional sensors that look at body position and snoring.”

“We're looking at changes of oxygen or breathing through either a nasal cannula—which some devices will have—or effort that is bands across the chest and we look at effort of breathing,” he said. But “the lab test is the definitive test. It tells us not only if you have sleep apnea, but maybe other sleep conditions that might be disturbing your sleep.”

Treatment benefits happen quickly

Once treatment is started, “benefits usually happen pretty quickly,” Dr. Herdegen said. “If you're implementing treatment, it's not an easy treatment like taking a pill—even though a pill might be FDA-approved next year for sleep apnea—but it involves making sure the machine is set properly, that the machine is comfortable.”

“The starting point is to make sure the treatment is personalized to the individual. And then we want to look at the effects of keeping that airway open all night,” he said, noting “that might be seen within one to three nights of starting therapy. Long-term, usually after a

week or two people start noticing changes in how they feel.”

Untreated sleep apnea affects your health

When sleep apnea goes untreated, in the short term there's a change in how you feel,” Dr. Herdegen said, “whether it's focus, concentration, alertness, more sleepiness during the day, difficulty either with social interactions or being able to do routine tasks during the day or stay awake for activities such as going to a movie or watching TV at night.”

“Long term it has more effects such as cardiovascular effects. It can be associated with cardiac arrhythmias, specifically [atrial fibrillation](#),” he said. “Studies have shown a higher association with heart attacks and strokes and glucose regulation seems to be affected by sleep apnea. So, a greater risk of glucose intolerance or diabetes.”

Get help if you don't feel rested

For patients who “feel that they are not rested after an entire night of sleep, it tells you that there's either something you're taking or you're doing something that's interrupting sleep,” said Dr. Chediak. “After seven to eight hours of sleep, you should feel rested, vital and ready to go.”

“The other thing is, if your bed partner is telling you that you stop breathing during sleep repeatedly and you have medical conditions that warrant special consideration, such as atrial fibrillation for example, then it's important to know if you have sleep apnea,” he said. This is “because the treatment of sleep apnea decreases the recurrence rate of atrial fibrillation.”

“Most primary care physicians are starting to ask about sleep more or at least are open to hearing about it if patients bring it up,” said Dr. Rosen. “But yes, talk to your doctor, any doctor. It could even be your pulmonologist or cardiologist who care specifically about sleep apnea. Also, mental health professionals are very in tune to this as well as neurologists,” she added.

Learn more from the *JAMA Internal Medicine* patient page, “[I am Worried That I Have Sleep Apnea—What Should I Know?](#)”