**Sample Nexus Letter for Obstructive Sleep Apnea (OSA) Secondary to PTSD**

**[Veteran's Full Name]**
**[Veteran's Social Security Number / VA Claim Number]**
**[Date]**

**To Whom It May Concern:**

I, Dr. [Doctor’s Full Name], am a licensed medical professional specializing in [Specialty, e.g., Pulmonology, Sleep Medicine, Psychiatry, or Internal Medicine]. I have reviewed the medical history, relevant records, and conducted an examination of [Veteran’s Full Name]. My findings support that it is **"at least as likely as not"** (a probability of 50% or greater) that this veteran’s diagnosis of Obstructive Sleep Apnea (OSA) is secondary to their service-connected Post-Traumatic Stress Disorder (PTSD).

**Medical and Service Background**

[Veteran's Full Name] is a [veteran’s branch of service, e.g., United States Army] veteran who served from [Service Start Date] to [Service End Date]. During their honorable service, [he/she/they] experienced significant traumatic events consistent with the development of PTSD, which was subsequently confirmed by the VA as service-connected.

Since discharge, [Veteran’s Name] has suffered from chronic PTSD symptoms, including frequent nightmares, hypervigilance, anxiety, and an increased startle response. [He/She/They] has been under my medical care for [number] years for both PTSD and symptoms consistent with obstructive sleep apnea, which include severe daytime fatigue, loud snoring, and observed episodes of cessation of breathing during sleep, as reported by [his/her/their] partner.

**Diagnosis**

[Veteran’s Full Name] has been diagnosed with Obstructive Sleep Apnea (OSA) confirmed through [relevant sleep studies, e.g., polysomnography conducted on Date]. The study revealed an Apnea-Hypopnea Index (AHI) of [AHI value], indicating [severity level, e.g., moderate or severe] OSA. Additionally, the veteran’s diagnosis of PTSD has been documented as [e.g., “chronic and severe,” “persistent”] since [date of PTSD diagnosis].

**Medical Literature and Correlation**

Current medical literature recognizes an established link between PTSD and the onset and exacerbation of sleep disorders, particularly Obstructive Sleep Apnea. Studies have shown that individuals with PTSD have a significantly increased risk of developing OSA due to factors associated with the physiological and psychological effects of PTSD. Notably, factors that contribute to OSA development include:

1. **Hyperarousal and Hypervigilance:** Individuals with PTSD often have an elevated sympathetic nervous system response, which contributes to difficulty reaching and maintaining restorative sleep stages.
2. **Frequent Nocturnal Arousals and Fragmented Sleep:** Due to nightmares, night sweats, and insomnia, individuals with PTSD frequently experience disrupted sleep, which exacerbates breathing irregularities and increases the risk of OSA.
3. **Increased Muscle Tone and Airway Obstruction:** The elevated muscle tone in individuals with PTSD can lead to increased airway resistance and exacerbate airway obstruction, a primary feature of OSA.

**Nexus Opinion**

In my professional opinion, based on the veteran’s medical history, examination, and the substantial body of medical research linking PTSD and Obstructive Sleep Apnea, it is **"at least as likely as not"** that [Veteran's Name]'s Sleep Apnea is aggravated by or secondary to their service-connected PTSD.

**Supporting Medical Evidence**

In my evaluation, I relied on the following supporting evidence:

* **Veteran’s Reported Symptoms and Sleep History:** [Provide specific symptoms reported, such as sleep fragmentation, frequent awakenings due to nightmares, and breathing pauses observed by partner, if applicable.]
* **PTSD-Related Impact on Sleep and Health:** [Discuss PTSD symptoms contributing to disrupted sleep, including anxiety, insomnia, etc.]
* **Published Medical Research**: Studies, such as [mention specific research if applicable, e.g., “PTSD and Increased Risk of Sleep Apnea in Veterans,” etc.], support a strong correlation between PTSD and OSA, showing that PTSD patients exhibit higher rates of sleep apnea compared to those without PTSD.
* **Observations and Findings from Recent Evaluations**: During my examinations of [Veteran’s Name], I observed [relevant clinical findings, e.g., fatigue, excessive daytime sleepiness, symptoms related to oxygen desaturation].

**Conclusion**

Given this evidence, it is my professional opinion that [Veteran’s Full Name]'s Obstructive Sleep Apnea is secondary to or aggravated by [his/her/their] service-connected PTSD. Therefore, it is recommended that the VA considers [his/her/their] Sleep Apnea as secondary to [his/her/their] PTSD for disability rating purposes.

Please feel free to contact my office at [Doctor’s Contact Information] if further clarification is required regarding my findings or if any additional documentation is necessary.

Thank you for your attention to this matter.

Sincerely,

**[Doctor’s Signature]
[Doctor’s Printed Name]
[Doctor’s Title and Specialty]
[License Number and State]
[Contact Information]**