**Example Nexus Letter for Diabetes Secondary to Sleep Apnea**

**[Physician’s Letterhead]**
[Date]

**Department of Veterans Affairs**
[Regional Office Address]
[City, State, ZIP Code]

**Subject:** Independent Medical Opinion for [Veteran’s Full Name] Concerning Diabetes Secondary to Service-Connected Sleep Apnea
**VA File Number:** [Insert File Number]

**To Whom It May Concern:**

I am writing this Independent Medical Opinion (Nexus Letter) on behalf of [Veteran’s Full Name] regarding the relationship between their service-connected obstructive sleep apnea (OSA) and their diagnosis of Type 2 Diabetes Mellitus (T2DM).

I am a board-certified [Specialty] with [X years] of experience in diagnosing and treating sleep disorders, metabolic syndromes, and related conditions. I have reviewed the veteran’s medical records, service history, and relevant medical literature to assess the likelihood of a causal or aggravating relationship between these conditions.

**Veteran’s Medical History**

1. **Service-Connected Obstructive Sleep Apnea (OSA):**
	* The veteran was diagnosed with obstructive sleep apnea via polysomnography on [Date].
	* Symptoms include loud snoring, witnessed apneas, excessive daytime sleepiness, and fatigue.
	* The veteran has been prescribed continuous positive airway pressure (CPAP) therapy since [Date].
2. **Diagnosis of Type 2 Diabetes Mellitus (T2DM):**
	* The veteran was diagnosed with Type 2 Diabetes Mellitus on [Date].
	* Symptoms include elevated blood glucose levels, increased fatigue, and neuropathy.
	* Current treatment includes [list medications, dietary changes, and other interventions].
3. **Impact of Sleep Apnea on Diabetes:**
	* The veteran reports worsening blood sugar control following the onset of untreated sleep apnea.
	* Despite adhering to prescribed treatments for T2DM, the veteran’s glucose levels remained difficult to manage, even with the introduction of CPAP therapy.

**Medical Literature Supporting the Link Between OSA and T2DM**

1. **Pathophysiology of OSA and Insulin Resistance:**
	* Research published in *Diabetes Care* (2014) demonstrates that intermittent hypoxia (a hallmark of OSA) causes oxidative stress and systemic inflammation, both of which impair insulin signaling pathways and increase insulin resistance. ([source](https://diabetesjournals.org))
2. **Prevalence of T2DM in OSA Patients:**
	* A study in *The Lancet Diabetes & Endocrinology* (2016) found that approximately 71% of patients with OSA also exhibit features of metabolic syndrome, including impaired glucose tolerance and T2DM.
3. **Causal Mechanisms:**
	* Sleep fragmentation from OSA disrupts glucose metabolism by increasing cortisol and sympathetic nervous system activity, leading to hyperglycemia and insulin resistance.
4. **Impact of CPAP Therapy:**
	* While CPAP can improve glucose tolerance, studies in *Chest* (2018) have shown that longstanding untreated OSA leads to irreversible metabolic changes that exacerbate T2DM.

**BVA Decisions Supporting the Connection**

1. **BVA Decision Citation 19182342:**
	* The Board granted service connection for diabetes as secondary to sleep apnea, citing medical opinions that established how intermittent hypoxia aggravated glucose dysregulation.
2. **BVA Decision Citation 20172546:**
	* The Board acknowledged that sleep apnea significantly worsened diabetes by contributing to systemic inflammation and insulin resistance, resulting in a favorable ruling for the veteran.

**Independent Medical Opinion**

Based on my review of the veteran’s medical history, current symptoms, and relevant medical literature, it is my professional independent medical opinion that it is **“at least as likely as not”** (a 50% or greater probability) that the veteran’s Type 2 Diabetes Mellitus has been aggravated by their service-connected obstructive sleep apnea.

**Rationale for Independent Medical Opinion and Nexus Statement for Service Connection**

1. **Intermittent Hypoxia:**
	* The veteran’s OSA-induced intermittent hypoxia directly contributes to systemic inflammation and oxidative stress, which are proven to impair insulin sensitivity and worsen glycemic control.
2. **Sleep Fragmentation:**
	* Chronic sleep fragmentation disrupts metabolic homeostasis by increasing cortisol levels and sympathetic activity, exacerbating hyperglycemia.
3. **Clinical Evidence:**
	* Despite CPAP use, the veteran’s diabetes remained poorly controlled, indicating that prolonged untreated OSA has caused long-term metabolic changes.
4. **Consistency with Medical Literature:**
	* Peer-reviewed studies have consistently demonstrated a strong correlation between untreated OSA and worsened insulin resistance, as seen in this veteran’s case.

**Conclusion**

Considering the evidence presented, I conclude that the veteran’s service-connected obstructive sleep apnea has significantly aggravated their Type 2 Diabetes Mellitus. This opinion is supported by the veteran’s medical records, scientific literature, and established precedents in BVA decisions.

Please feel free to contact me if additional clarification or information is required.

**Sincerely,**

[Physician’s Full Name, M.D./D.O.]
[Board Certification and Specialty]
[Medical License Number]
[State of Licensure]
[Contact Information]