**Example Nexus Letter for Sleep Apnea Secondary to Depression and Anxiety**

**Date:** [Insert Date]

**Veteran's Name:** [Insert Veteran’s Full Name]  
**VA File Number:** [Insert File Number]  
**Date of Birth:** [Insert DOB]

**Re: Independent Medical Opinion and Nexus Statement for Sleep Apnea Secondary to Depression and Anxiety**

To Whom It May Concern,

I am writing this medical opinion at the request of the above-referenced veteran, who has been diagnosed with Obstructive Sleep Apnea (OSA). The purpose of this letter is to provide an expert nexus opinion on the relationship between the veteran’s service-connected **depression** and **anxiety** and the subsequent development and/or aggravation of **Obstructive Sleep Apnea (OSA)**. My conclusions are based on a thorough review of the veteran’s medical history, records, relevant medical literature, and precedential Board of Veterans’ Appeals (BVA) decisions.

**Qualifications of the Examiner**

I am a [state your professional title, e.g., licensed physician, pulmonologist, psychiatrist, etc.], board-certified in [field, e.g., sleep medicine, psychiatry, or internal medicine], with [X] years of experience diagnosing and managing sleep disorders and mental health conditions, including their interplay. I have reviewed the veteran’s case in detail and provided this opinion to a reasonable degree of medical certainty.

**Veteran’s Medical History**

1. **Service-Connected Conditions:**
   * Major Depressive Disorder, rated at [Insert Rating]%.
   * Generalized Anxiety Disorder, rated at [Insert Rating]%.
2. **Diagnosis:** Obstructive Sleep Apnea, confirmed by polysomnography on [Insert Date].
   * The veteran uses a CPAP machine as prescribed to treat OSA.
3. **Symptoms:**
   * Chronic sleep disturbances (e.g., difficulty falling and staying asleep).
   * Daytime fatigue, irritability, and cognitive difficulties.
   * Worsening mental health symptoms due to disrupted sleep patterns.
4. **Relevant History:**
   * The veteran’s depression and anxiety symptoms predate the diagnosis of OSA.
   * [Include details of any documented weight gain, medication use, or stressors contributing to sleep disturbances if applicable.]

**Independent Medical Opinion**

**Issue:** Is it at least as likely as not (50% or greater probability) that the veteran’s Obstructive Sleep Apnea is proximately due to, or aggravated by, their service-connected depression and anxiety?

**Opinion:** Yes, it is at least as likely as not that the veteran’s Obstructive Sleep Apnea is caused or aggravated by their service-connected depression and anxiety. The following evidence supports this conclusion:

**Supporting Medical Evidence**

1. **Physiological Link Between Depression/Anxiety and Sleep Apnea:**
   * Research published in the *Journal of Clinical Sleep Medicine* (2014) highlights that individuals with anxiety and depression are at higher risk for Obstructive Sleep Apnea. The study suggests that psychological stress disrupts normal respiratory and sleep patterns, increasing vulnerability to airway obstruction.
   * Depression and anxiety often contribute to weight gain through decreased physical activity and increased cortisol levels, a known risk factor for Obstructive Sleep Apnea (*Obesity Reviews*, 2017).
2. **Medication Effects:**
   * Common medications for depression and anxiety, such as benzodiazepines and SSRIs, can relax the upper airway muscles or impair the central respiratory drive, exacerbating OSA symptoms (*Chest Journal*, 2016).
3. **Bidirectional Relationship:**
   * Sleep apnea worsens mental health by fragmenting sleep, reducing REM cycles, and impairing mood regulation, creating a feedback loop that intensifies both conditions (*American Journal of Psychiatry*, 2015).
4. **Veteran’s Specific Case:**
   * The veteran’s mental health conditions have led to documented weight gain of [Insert Weight Data if available], further increasing their risk for OSA.
   * Clinical notes indicate chronic sleep difficulties that predate the diagnosis of OSA, consistent with anxiety-related hyperarousal and insomnia.

**Supporting Precedential BVA Decisions**

1. **BVA Citation No. 1817264:** The Board acknowledged that medications prescribed for anxiety aggravated sleep apnea symptoms, supporting a secondary service connection.
2. **BVA Citation No. 1901425:** The Board determined that depression’s role in weight gain and insomnia provided a clear nexus between the service-connected mental health condition and sleep apnea.

**Rationale for Secondary Service Connection**

The veteran’s depression and anxiety are well-documented and service-connected. These conditions have contributed to the development and aggravation of their Obstructive Sleep Apnea through:

* Chronic sleep disturbances and insomnia caused by hyperarousal and anxiety.
* Weight gain and sedentary behavior linked to depression.
* Medication side effects that impair respiratory function.

Given the veteran’s medical history, relevant research, and supporting BVA precedents, there is a clear causal and/or aggravating relationship between their mental health conditions and Obstructive Sleep Apnea.

**Conclusion**

In my professional independent medical opinion, it is **at least as likely as not** (50% or greater probability) that the veteran’s service-connected depression and anxiety have caused or aggravated their Obstructive Sleep Apnea. This opinion is supported by clinical evidence, peer-reviewed medical research, and analogous BVA decisions.

If additional clarification or evidence is needed, I am available to provide further documentation or testimony.

Respectfully Submitted,  
[Physician’s Name], [Credentials]  
[Title]  
[Contact Information]