SLEEP WORKS

THE BREATH FACTORY

YOUR SNORING AND APNEA SOLUTIONS

Managing Co-Morbid Insomnia and Obstructive Sleep Apnea (ComISA)

Why ComISA matters: Impact on Patient Health Outcomes

Co-morbid insomnia and OSA leads to a compounding effect that worsens daytime function and long term health outcomes.

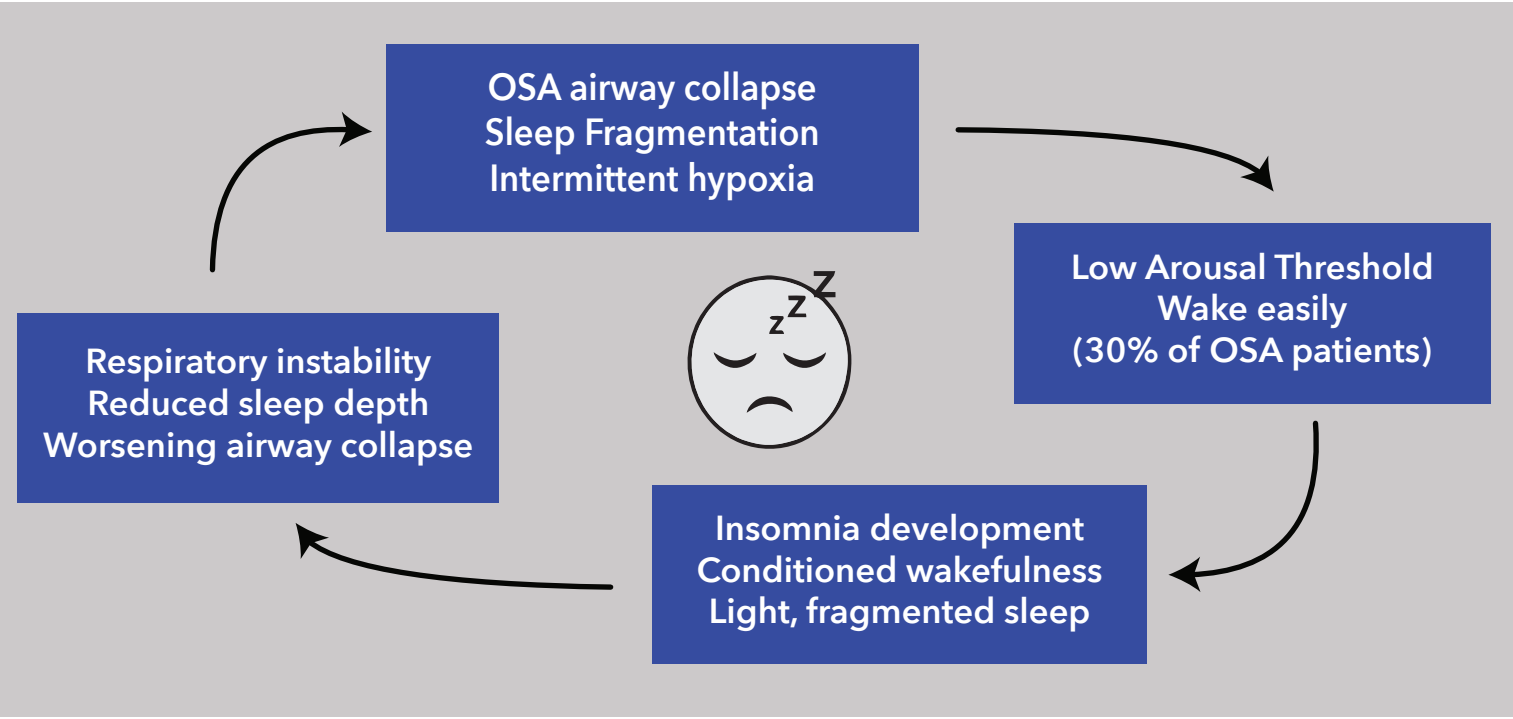
🔴 Increased mortality
ComISA patients have 50-70% increased risk of all-cause mortality over 20 years

💔 CV and Metabolic Risk increased

🔄 Treatment Resistance
The presence of untreated insomnia is a major predictor of poor CPAP adherence in OSA, leading to suboptimal use.

Pathophysiology: Low Arousal Threshold

ComISA is driven by a bidirectional relationship. Sleep fragmentation from OSA can trigger and perpetuate insomnia. 30% of people with sleep apnea have a low arousal threshold, meaning they wake up too easily and triggers insomnia. The resultant light, fragmented sleep destabilized respiratory control, worsening OSA.



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Identify these early

Keep in mind every time:

If you see this →	Screen for this
OSA Diagnosis	Insomnia (ISI ≥ 15)
Chronic insomnia	OSA (STOP BANG ≥ 3)
Poor CPAP adherence	Untreated insomnia
Persistent fatigue despite CPAP	Residual insomnia

Insomnia and OSA frequently coexist.
Missing one compromises treatment of the other.

OSA + Insomnia Identified

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Initiate Dual Strategy
CBT-i (first line insomnia Rx)
PAP therapy (if indicated)
Lifestyle changes

Note: CBT-i improves CPAP adherence and reduces insomnia severity in ComISA patients!

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Reassess in 8 weeks
CPAP adherence / corrected AHI
ISI score
Daytime function

ComISA is not a nuisance diagnosis - it is a risk multiplier.