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Sleep Disorders

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OSA NEGATIVELY IMPACTS QUALITY OF LIFE, WORK PRODUCTIVITY, AND DAILY ACTIVITIES: FINDINGS FROM A REAL-WORLD STUDY IN THE UNITED STATES

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PURPOSE: Obstructive sleep apnea (OSA) is a common, yet frequently underdiagnosed and undertreated chronic disease associated with impaired cognition, reduced work productivity, and diminished health-related quality of life (HRQoL). Despite its clinical and societal burden, the relationship between OSA severity and these outcomes remain incompletely characterized. We sought to address this gap by describing HRQoL and work impairment, stratified by severity, among adult patients with OSA.

METHODS: Data were analyzed from the Adelphi Real World OSA Disease Specific Programme™, a cross-sectional survey of physicians and patients in the United States from April to November 2025. Physicians completed chart reviews for 8 consecutively consulted adult patients with OSA, capturing demographic, comorbidity and treatment data. These patients were invited to complete voluntary surveys, including the EQ-5D-5L (US tariff; scores from 0 to 1; 1 indicating best health) and Visual Analog Scale (VAS; scores from 0 to 100, 100 indicating best health), and Work Productivity and Activity Impairment (scores from 0% to 100%; 100 indicating greater impairment). Patients were stratified by physician-perceived OSA severity (mild, moderate, severe). Analyses were descriptive.

RESULTS: Overall, 142 physicians provided data for 1096 patients, of whom 365 (33%) completed patient surveys. Mean (SD) age was 54.6 (13.4) years, 63.8% were male, and 74.0% were White. The most common comorbidities were obesity (65.2%), hypertension (48.5%), hyperlipidemia (34.5%), diabetes (23.6%), and anxiety/depression (23.3%). Most patients (85.2%) were receiving positive airway pressure for their OSA at survey. The mean (SD) EQ-5D-5L utility score was 0.85 (0.20), and 0.79 (0.24) for those with severe OSA. By domain, 11.2% of patients reported having at least slight problems with self-care. This was 27.1% for usual activities, 27.4% for mobility, 41.6% for pain/discomfort, and 46.0% for anxiety/depression. The proportion of patients with severe OSA experiencing problems across all domains was high: 18.9% for self-care (mild: 7.1%), 40.9% for usual activities (mild: 16.3%), 40.9% for mobility (mild: 17.4%), 54.6% for pain/discomfort (mild: 31.6%) and 53.0% for anxiety/depression (mild: 45.9%). The mean (SD) EQ-5D VAS score was 75.4 (16.7), and 69.7 (18.3) for those with severe OSA. At survey, 222 (60.8%) patients were employed. Among those working, mean (SD) absenteeism was 3.9% (12.9%), presenteeism 20.2% (23.5%), overall work impairment 21.4% (24.9%), and activity impairment 22.4% (25.1%). For patients with severe OSA, mean (SD) presenteeism, overall work impairment, and activity impairment was as high as 25.4% (26.0%), 25.2% (27.4%) and 29.0% (27.7%), respectively.

CONCLUSIONS: Substantial HRQoL and work and activity impairment were observed, especially among those with severe OSA, despite most patients receiving standard-of-care treatment (PAP). Psychological domains were frequently affected, highlighting the psychosocial burden of OSA. Analyses adjusting for comorbidities and treatment status are warranted to better define the independent impact of OSA severity and treatment effect on HRQoL and work productivity.

CLINICAL IMPLICATIONS: Patients with OSA frequently experience reduced HRQoL and work productivity. Greater recognition of severity-related burden and emerging treatment may help improve HRQoL and daily functioning in patients with OSA.

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