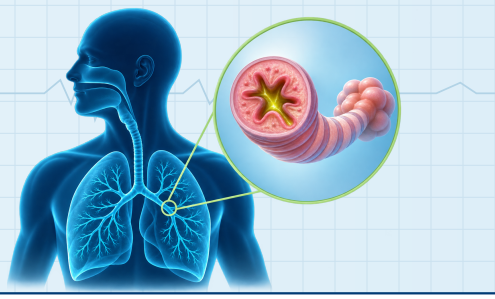
MedPro Respiratory Care

November 2026 | Clinical Newsletter

COPD Awareness Month: Could Your Patient Have Undiagnosed Sleep Apnea?

Clinical Education Series for Healthcare Professionals



COPD and OSA are distinct conditions, but when they coexist, the impact on patient health can be significant.

Chronic obstructive pulmonary disease (COPD) and obstructive sleep apnea (OSA) can occur together, a condition known as **COPD–OSA Overlap Syndrome**.

Patients with overlap syndrome may experience more pronounced nocturnal oxygen desaturation, increased cardiovascular complications, and poorer long-term outcomes compared with those with COPD alone.[1]

How Common Is Overlap Syndrome?

A 2025 systematic review and meta-analysis of 41 studies involving more than 1.8 million participants reported a pooled prevalence of COPD–OSA overlap syndrome of **28.3%** (95% CI: 20.8–36.4%). Prevalence estimates varied considerably across study populations and diagnostic methods.[2]

Although these findings highlight the clinical importance of overlap syndrome, individual patient assessment remains essential.

Why Does Overlap Syndrome Matter?

The combination of COPD and OSA is associated with several important clinical concerns:

Nocturnal Hypoxemia: More pronounced and prolonged oxygen desaturation during sleep.

Cardiovascular Risk: Increased susceptibility to pulmonary hypertension and other cardiovascular complications.

COPD Exacerbations: Higher rates of severe exacerbations requiring hospitalization.

Mortality: Untreated overlap syndrome is associated with increased all-cause mortality compared with COPD alone.

In a long-term observational study, untreated overlap syndrome was associated with a 79% higher adjusted relative risk of all-cause mortality and a 70% higher adjusted relative risk of severe COPD exacerbation requiring hospitalization, compared with COPD alone.[3]

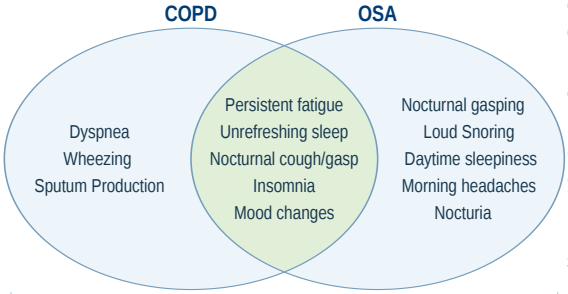
Importantly, CPAP treatment was associated with improved survival and fewer hospitalizations, although these observational findings do not establish causation.[3]

Recognizing the Signs: When to Suspect OSA

Patients with COPD may report fatigue, poor sleep, or other symptoms that can be attributed to their underlying respiratory condition.

However, certain symptoms should prompt consideration of coexisting OSA.[4]

Symptoms and clinical indicators to explore:



For patients with COPD, signs such as unexplained hypoxemia, peripheral edema, or polycythemia may also warrant further investigation for sleep-related breathing disorders, as well as Home Oxygen assessment.

The Role of Home Sleep Apnea Testing

Home Sleep Apnea Testing (HSAT) offers a convenient, non-invasive diagnostic option for appropriately selected patients with suspected OSA.

For patients without moderate to severe lung disease who demonstrate symptoms suggestive of OSA, HSAT may be considered following assessment of their overall cardiopulmonary status and testing eligibility.

Patients with significant cardiopulmonary disease, suspected hypoventilation, or other contraindications, require a more comprehensive diagnostic pathway.[4–5]

Treatment and Long-Term Management

Identifying OSA in patients with COPD may create an opportunity to address an additional contributor to their respiratory and cardiovascular burden.

Positive airway pressure therapy is an established component of overlap syndrome management.

Clinical guidance supports consideration of CPAP for patients without severe hypercapnia, while non-invasive ventilation may be more appropriate for patients with significant hypercapnia and nocturnal hypoventilation.[4]

Supplemental oxygen, when indicated, must be carefully managed and does not replace appropriate treatment of upper-airway obstruction.

Clinical Takeaway

For patients with mild COPD who report snoring, witnessed apneas, daytime sleepiness, or unrefreshing sleep, consider whether undiagnosed OSA may be contributing to their symptoms.

Identifying OSA may provide an additional opportunity to improve patient management.

Consider referring eligible patients to MedPro Respiratory Care for Home Sleep Apnea Testing.

Clinical References

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SLEEP HEALTH INSIGHT

No More Falling Back: Could Darker Mornings Affect Your Patients' Sleep?

This November marks a first for British Columbia. With the province adopting permanent daylight time, clocks won't fall back on November 1, and winter sunrises will occur approximately one hour later than they would under standard time.[1]

Why does this matter for sleep health?

Morning light is one of the body's most important signals for regulating circadian rhythms, influencing sleep timing and daytime alertness.

The American Academy of Sleep Medicine supports permanent standard time, citing its closer alignment with human circadian biology.[2]

For patients reporting difficulty waking, daytime fatigue, or changes in sleep patterns this winter, reduced morning light exposure may be one factor worth exploring.

Clinical takeaway: As B.C. enters its first winter under permanent daylight time, consider asking patients about their sleep schedules, morning light exposure, and changes in daytime alertness.

Clinical References

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