FAST FACTS

SLEEP APNEA & OSA

About 54 million adults aged 30–70 have obstructive sleep apnea (OSA). About 93 million are affected by obesity. The U.S. has seen an increase in both obesity and OSA rates since 1994.

Obesity and OSA can be life-threatening for some people.

Sleep apnea raises obesity risk by driving hunger, reducing energy, and causing insulin resistance.

The strong connection between obesity and sleep apnea contributed to the FDA's approval of tirzepatide (Zepbound®) as a treatment for adult sleep apnea patients with obesity.

An increase in BMI can increase OSA severity as measured by apnea hypopnea index.

OSA rates tend to be higher in the African American, Hispanic, and Native American communities due to higher rates of obesity.

Obesity and OSA can form a vicious cycle: OSA contributes to weight gain, and excess weight makes OSA worse.

Untreated sleep apnea and obesity can increase risks of type 2 diabetes, heart disease, osteoarthritis, metabolic syndrome, and cardiovascular conditions.

The chance of developing OSA is six times higher with a 10% weight gain.

Obesity, especially with fat accumulation around the neck and abdomen, is the strongest risk factor for OSA for both men and women. Excess fat can narrow and compress the upper airway, making breathing more difficult.

OSA is less common in obese women compared to men, even though obesity is more common in women. An increase in waist-to-hip ratio raises OSA risk in women.

In the U.S., about 69% of individuals with obesity have some form of OSA—and about 32% have moderate to severe OSA.

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