

WOMEN AND OBSTRUCTIVE SLEEP APNEA

Insights from a
Patient Roundtable

By Alliance of Sleep Apnea Partners





About Alliance of Sleep Apnea Partners (ASAP)

The Alliance of Sleep Apnea Partners (ASAP) is a national, patient-centered nonprofit 501(c)(3) organization dedicated to improving the lives of people affected by sleep apnea through education, advocacy, and community support.

As a trusted partner with patients, healthcare providers, industry, governmental agencies and other advocacy organizations, we want to ensure that sleep apnea is a national priority and at the same time make sure that the policies support person-centered care.

For more information on ASAP, please visit us at apneapartners.org.

Email us at info@apneapartners.org.

You can find us on:



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Oct. 1, 2026

Dear Readers,

The Alliance of Sleep Apnea Partners (ASAP) is excited to share the **Women and Obstructive Sleep Apnea: Insights from a Patient Roundtable** report, which aims to highlight the lived experiences of women diagnosed with obstructive sleep apnea (OSA).

OSA is a serious chronic disease estimated to affect 39.1% men compared to 26% women in the United States. This chronic disease is characterized by interruptions in breathing during sleep due to upper airway obstructions leading to a host of symptoms including a potential risk for other chronic diseases.

For many years, OSA was typically perceived as a male disease and women were underdiagnosed. However, perpetuating **myths and misconceptions** have led to delayed diagnosis and treatment, especially in women. In fact, we now know that it affects people of all ages, genders, races, and body types.

Based on recent scientific evidence, it is increasingly clear that women have different clinical presentations and symptoms compared to men. Women often have signs like trouble sleeping, feeling sad, being tired, having morning headaches, and nightmares which can often be mistaken for symptoms of anxiety or depression preventing women from getting the right diagnosis.

A recent patient preference study, the **SHINE Patient survey** found that women reported more limitations in daily activities, greater emotional burden and had more symptoms compared to men. The findings of this study incentivized ASAP to directly hear women regarding their lived experiences with OSA and understand first hand the challenges they faced from diagnosis to treatment.

The meeting was held in person in Boston on March 26, 2026, with 13 women for four hours of real conversation. For the first time ever, this meeting served as a forum for personal human moments for many of the women participants as several of them had never encountered another woman living with OSA. Many of our participants related sentiments of feeling isolated when being diagnosed with OSA or the feeling of having a shared relief of being heard at this forum. Several participants wanted to stay connected after the meeting as they found a new meaning or desire to do something to help other women.

As you read this report, we ask you to focus on the real stories, the rich discussion and the key takeaways. We hope this report serves as a call to action to:

- **Clinicians:** Identify women's symptoms early so they can be treated sooner
- **Researchers:** Develop sex-specific screening and diagnostics tools that can appropriately capture women's OSA symptoms
- **Fellow advocates:** Share your stories and support ASAP in building a community

ASAP remains committed to strengthening education around OSA symptoms and treatments, as well as its link to other chronic diseases, building support programs, and broadening public messaging to reduce diagnostic delays.

I want to thank all the participants for their honesty and making the effort to travel despite physical challenges faced by some. I also want to thank Apnimed for making this gathering possible.

Sincerely,



A handwritten signature in black ink, appearing to read 'Monica P. Mallampalli'.

Monica P. Mallampalli, PhD

President and CEO, Alliance of Sleep Apnea Partners

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With Thanks to Our Sponsor

The Alliance of Sleep Apnea Partners gratefully thanks Apnimed for their generous support of this program that made this in-person gathering possible. Their commitment to advancing the patient voice, and to a more informed, equitable standard of care for women with obstructive sleep apnea, was instrumental to this discussion.

Women and Obstructive Sleep Apnea: Insights from a Patient Roundtable

SUMMARY REPORT — IN-PERSON ROUNDTABLE

Executive Summary

The Alliance of Sleep Apnea Partners (ASAP), a national patient-centered nonprofit, organized an in-person patient roundtable event in Boston on March 26, 2026, solely focused on the topic of women and sleep apnea. This roundtable was moderated by ASAP President and CEO, Dr. Monica Mallampalli, and was attended by 13 women of different ages diagnosed with obstructive sleep apnea (OSA). The women came from diverse backgrounds – personally, professionally and geographically – with different life experiences. During this four-hour discussion, they shared their lived experiences and personal journeys from seeking diagnosis to navigating the treatment landscape, including daily challenges in living with OSA. This report summarizes the key highlights, themes, and insights from the discussion.

CORE MESSAGE:

Sleep apnea in women is under-recognized, under-diagnosed poorly explained, inadequately supported, and deeply disruptive to health, identity, family life, and careers. Women are forced to self-advocate in a fragmented system that still treats OSA as a “male, overweight” disease. Furthermore, the general lack of education around OSA is an additional roadblock in the road to diagnosis and proper treatment.



Discussion Summary

Dr. Mallampalli welcomed everyone and the session opened with informal introductions among the women. The attendees represented a striking cross-section of women: a physician, a nurse, a scientist, educators, a journalist, a children's book author, a sleep technologist, a sleep neuroscientist, and a veteran, traveling from as far as Michigan, Oregon, Tennessee, North Carolina, Alabama, and New Jersey.

Following introductions, each woman shared her story of diagnosis. Parallels emerged: symptoms dismissed for years, family history uncovered only in hindsight, and a diagnosis that often came as a shock.

- One attendee, a physician, explained that her mother had a stroke around age 80 and that her grandmother had suffered a stroke at nearly the same age; both had snored, as did she. That family pattern, along with a self-described small jaw, led her to pursue testing, and despite her medical training, the diagnosis was devastating for her.
- Another described how, despite being treated for rheumatoid arthritis, she continued to experience a drop in stamina and persistent tiredness that her rheumatologist felt her medication should have resolved. She did not snore and had none of the “classic” warning signs, yet a sleep study revealed severe sleep apnea, a result she called stunning; even with CPAP therapy, she said her fatigue has never fully resolved.



“

I would say what really ultimately got me to be diagnosed was the fact that my husband was telling me I was snoring like madly... Pretty much devastated, as I'm sure everyone here will say.

— Beth Garner

”

Several other women described decades of unexplained symptoms, some dating back to childhood, before anyone connected the dots to sleep.

- **A clinical researcher** with a nursing background said she had felt fatigued since her early teens but never linked it to sleep until she was offered a study at her own workplace. Then a repeat study later showed her condition had worsened, and she has been unable to tolerate CPAP.
- **A woman managing diabetes** was referred for testing by her primary care physician because of the known link between diabetes, weight, and sleep apnea; she initially felt like she was “drowning” on a humidified CPAP and later switched to an oral appliance with better results.

- **A school counselor** recounted her husband and college-age sons commenting on the severity of her snoring during the pandemic, while she separately battled extreme fatigue her physician first attributed to menopause and thyroid dosing. She had to insist, repeatedly and eventually out of pocket, on being tested, and the result came back severe.
- **A sleep technologist** described self-diagnosing after her own physician never connected her high blood pressure, weight gain, and cholesterol to sleep apnea. Due to a nine-month wait to see a specialist, she tested herself with equipment from her own lab and pushed her new physician to formally order the study.
- **Another woman, diagnosed only within the past year** after a friend noticed she stopped breathing in her sleep, said the diagnosis explained the fatigue she had been experiencing for more than a decade while living alone.
- **Several women felt dismissed when seeking care:** one woman was sent to a sleep lab five separate times without ever having her results explained, and was told by a rotating resident to simply stop drinking liquids after 4 p.m. rather than being properly evaluated. Once she was labeled a “problem patient” and her care was handled by a specialist who reviewed her data, she finally found real improvement.
- **A veteran** described the most complex journey of all: decades of shifting diagnoses including ADHD, anxiety, PTSD, depression, and a cascade of autoimmune and physical symptoms dating to early childhood, resolved only when a physician, overhearing that the VA had flagged her for sleep apnea years earlier, connected every symptom back to years of untreated OSA compounded by a PTSD-related inability to tolerate a standard mask.



“

I test equipment all the time. I had new equipment. I had a test. I reached out to [a new physician] and emailed her and said, ‘hey, I tested myself. I have moderate to severe sleep apnea.’ I gave her the whole report because I did it myself.

— Pam Holberg

”

When Dr. Mallampalli asked how many women experienced regular fatigue in daily life, nearly every hand went up, echoed again for falling asleep during movies or television, drowsy driving, and guilt over needing naps. Women described napping in cars, at desks, and between errands just to function, along with brain fog and word-finding trouble several had mistakenly attributed to ADHD, stress, or aging.

Beyond the physical symptoms, several women described how OSA and its treatment rippled outward into their families, relationships, and careers.

- One participant, a veteran, said her children struggled to reconcile the reactive, foggy parent they grew up with against who she became after treatment, describing the change as confusing and at times destabilizing for her kids.
- Others called consistent CPAP use “a romance killer” and described losing spontaneity, skipping treatment before travel, and feeling like a different, less patient person on nights they went untreated.
- A sleep neuroscientist said the condition had become a constant background worry that shaped how she planned every trip, since a forgotten supply could derail several days at a time.

Several women also connected years of undiagnosed OSA to career setbacks, including repeated college course failures. On a positive note, others credited treatment with allowing them to sustain demanding careers, including frequent travel, that would otherwise have been impossible. **Nearly everyone said they had felt isolated at the time of diagnosis**, and several noted that this roundtable



“

I get really frustrated when I see advertisements that reinforce this stereotype, because I feel like a bunch of people are going to be like, well, that can't be me.

— Miranda Chappelle-Farley

”

was the first time they had ever been in a room with other women who understood the condition firsthand, especially how it can affect your day to day life.

Treatment experiences varied widely and surfaced a recurring complaint: a near-total lack of coaching from medical equipment providers on mask options, humidity settings, or troubleshooting, leaving many women to rely on informal peer mentoring, online forums, or trial and error with masks, chin straps, and oral appliances. Several noted that no one had ever walked them through their Apnea Hypopnea Index (AHI) results or explained what “mild,” “moderate,” or “severe” meant, and that nurse practitioners and physician assistants were often the ones who actually listened when physicians did not. AHI is the average number of times a person stops breathing (apneas) and has shallow breathing events (hypopneas) per hour of sleep.

The group also described a fragmented and inconsistent treatment landscape. Depending on which type of specialist a woman happened to see first, a pulmonologist, dentist, or ENT, she was likely to be steered toward a different treatment path, whether



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He'll stop in his tracks and he'll go, 'Oh wait, that was mommy before her brain worked.'

— Jasmine Steele

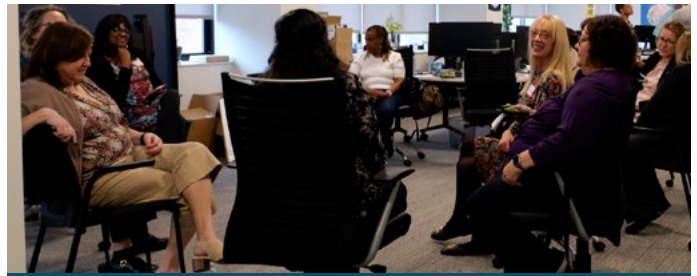
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CPAP, an oral appliance, or a nerve-stimulation device, often without being told the alternatives existed.

Newer treatment options generated interest but also frustration: For example, women pointed out that insurance coverage for GLP-1 medications via private insurers has been a challenge. CMS has approved tirzepatide or Zepbound® for weight loss with OSA for medicare enrollees but private insurance companies have been slow to adopt coverage. Typically insurance coverage depends on a qualifying body mass index along with diabetes or a cardiovascular diagnosis but not OSA. Furthermore these medications require lifelong use to sustain any benefit adding to the cost, and that marketing linking weight loss to OSA reinforces the stereotype that the condition only affects older, overweight men or women, a stereotype the group agreed contributes directly to years of missed diagnoses in younger, leaner, and non-white women.

Additional gaps raised included a near-total lack of awareness of reimbursable CPAP coaching services, unresolved debate over informal fixes like mouth taping, and no reliable support system for travelers whose equipment fails or is left behind.

The discussion closed on the barriers and system-level changes the group wanted to see: 1) revising screening tools such as STOP-BANG, which several noted added weight to male gender and neck circumference in ways that under-identify women; 2) building structured, trained peer-mentor programs modeled on existing diabetes peer-support networks; 3) pushing education further upstream to primary care, dentistry, and



“

It doesn't identify women as reliably as it does men. I would like to see that instrument (STOP-BANG) revised, ASAP, so that people can be screened, whether they're male or female.

— Marta Larson

nurse practitioners, who are so often the first point of contact; and 4) creating need for a centralized repository of vetted specialists and resources from a trusted patient organization such as ASAP.

Dr. Mallampalli closed the discussion by highlighting the organization's existing tools, including a physician-facing conversation-starter checklist, an annual Sleep Apnea Education Week campaign (April 18-26), and a curated reading list for women newly exploring a diagnosis. By bringing together ASAP's existing tools and resources with an inspiring evening of collaboration, we hope this roundtable marked the beginning of a lasting community among the women in the room.



Conclusion

This roundtable made clear that OSA in women remains under-recognized, under-treated, and too often misunderstood, even by the healthcare system. The women who gathered in Boston had each spent years, and in some cases decades, challenged with growing symptoms that were dismissed, misattributed, or simply never connected to sleep, and each ultimately had to become her own advocate to receive an OSA diagnosis and adequate care. Yet, the evening also demonstrated the power of shared experience: many participants expressed it was the first time they had ever sat in a room with other women who understood exactly what they had been through. The women left with a feeling of empowerment that comes with exchanging knowledge, experience and insight in a comfortable, welcoming environment.

ASAP leaves this discussion with a clear mandate for the healthcare community: revise screening tools that systematically under-identify women, close the education gap at the primary care and dental level, build real infrastructure for peer support, and **continue pushing back on the stereotype that OSA is a disease of older, overweight men**. The organization is committed to turning these insights into action and to continuing to create spaces where women's experiences with sleep apnea are heard, validated, and acted upon.

KEY THEMES

- Diagnosis often follows years of misattributed symptoms. Fatigue, weight gain, hormonal shifts, or co-occurring conditions like diabetes, hypertension, and rheumatoid arthritis were favored diagnoses long before OSA was considered.
- Family history and snoring are common but under-recognized red flags, frequently noticed only in hindsight once a diagnosis is made.
- Women repeatedly had to self-advocate by pushing for referrals, ordering their own tests, or insisting on treatment to be taken seriously by primary care.
- Widely used screening tools such as STOP-BANG were seen as biased toward male presentation, under-identifying women.
- OSA and its treatment affect far more than sleep. Participants described a real impact on relationships, parenting, career trajectory, and persistent isolation before finding this community.
- Education on equipment, masks, and troubleshooting after diagnosis was minimal, leaving patients to rely on informal peer knowledge and trial and error.
- Care is fragmented across specialties, with pulmonologists, dentists, and ENTs each steering patients toward different treatments without disclosing the alternatives.
- Persistent stereotypes that OSA is a disease of older, overweight men contribute directly to delayed diagnosis in younger, leaner, and non-white women.
- Fatigue, brain fog, and cognitive symptoms persisted for many participants even after starting treatment.
- Trauma history, including PTSD, can significantly complicate mask tolerance and adherence to standard therapy.



KEY TAKEAWAYS

- Revise or replace screening instruments so they better capture how OSA presents in women.
- Expand structured, trained peer-mentor programs modeled on existing diabetes peer-support networks.
- Strengthen education for primary care providers, dentists, and nurse practitioners, who are often the first point of contact and best positioned to identify symptoms early.
- Improve care coordination across specialties so patients are informed of all available treatment options, not just those their referring specialist favors.
- Broaden public messaging beyond the ‘older, overweight male’ stereotype to reduce diagnostic delays for women and younger patients.
- Build a centralized, vetted database of sleep specialists and patient resources.
- Expand the organization’s existing education efforts, including its conversation-starter checklist and annual Sleep Apnea Education Week campaign.
- Continue to connect, listen and create opportunities for support and engagement.

ROUNDTABLE PARTICIPANTS

Thirteen women from across the country diagnosed with obstructive sleep apnea took part in the round-table discussion. We are grateful for their engaging conversation, candid sharing of their experiences living with sleep apnea, and willingness to support one another, as well as the millions of people who are either living with sleep apnea or seeking a diagnosis.

Natalie Bell, Tennessee

Mary Lynn Carver, Illinois

Miranda Chappelle-Farley, Pennsylvania

Elizabeth (Beth) Garner, New Jersey

Laura Hayes, Oregon

Pam Holberg, Massachusetts

Tomiko Lane, North Carolina

Marta Larson, Michigan

Jasmine Steele, Arizona

Kathy Swofford, Alabama

Saila Vaduri, North Carolina

Andrea Werner, Massachusetts

Patricia Wiley, Michigan

Resources

Women and Sleep Apnea. Know the Signs. Start the Conversation.

Doctor Dialogue for Women.

Women's Sleep Apnea Symptoms You Might Be Missing.

Gender differences in the psychosocial and functional impact of obstructive sleep apnea: findings from the SHINE patient survey. Mallampalli M, Mendoza A, Cooksey E, Yee J, Brouwer E, Bludek L, Wu Y, Yu S. Sleep and Breathing. March 28, 2026.

Women's Sleep in Midlife: Why Sleep Apnea Looks Different in Women, and Why That Matters. Mallampalli M, Aurora N. January 1, 2026. Accessed September 23, 2026.

Sleep problems, hormones and women's health. Mallampalli M, Yuen K. May 11, 2026. Accessed September 23, 2026.

Women and Obstructive Sleep Apnea: Personal Stories of Diagnosis, Treatment, Challenges and Advocacy. September 8, 2026. Accessed September 23, 2026.



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