

# Linked but Distinct: Treating Obesity and Sleep Apnea Together

by Audrey Wells, MD

Obstructive sleep apnea (OSA) and obesity often occur in the same person, yet they are frequently treated as separate health issues. This can leave people feeling confused, blamed or only partially helped. In reality, these conditions are closely connected and addressing both together can make a meaningful difference in sleep, overall health and quality of life.

OSA is a medical condition in which breathing repeatedly stops or becomes shallow during sleep because the airway collapses. Obesity is a chronic disease that affects how the body stores and uses energy. Each condition can worsen the other and both increase the risk for serious health problems over time. When sleep apnea is treated without addressing obesity, or obesity is treated without evaluating sleep, an important opportunity to improve health can be missed.

Sleep apnea is not just loud snoring or feeling tired. Untreated OSA is a serious breathing disorder that increases the risk for high blood pressure, heart disease, stroke, diabetes, depression, memory problems and accidents caused by daytime sleepiness. Many people are surprised to learn that sleep apnea can affect mood, thinking and emotional health in addition to physical health.

Sleep apnea severity is measured by how many breathing interruptions occur per hour of sleep. Some people have breathing problems throughout the night. Others have what is called REM-predominant sleep apnea, meaning their breathing problems occur mostly during REM sleep. REM sleep is the stage of sleep linked to dreaming, memory and emotional regulation.

REM sleep typically occurs more during the second half of the night. Because of this, sleep apnea treatments that are only used for part of the night may not fully protect the brain or heart. Consistent and effective treatment throughout the night matters.

For many years, treatment for sleep apnea focused almost entirely on PAP therapy. PAP stands for positive airway pressure. CPAP and AutoPAP machines gently blow air through a mask worn on the face to keep the airway open during sleep.

PAP therapy works very well when it is properly fitted, used every night and worn for the full night. For many people, it remains the most effective and reliable treatment. However, PAP is not the right solution for everyone and some people need additional or alternative approaches.



Today, there is a broader range of sleep apnea treatment options, including:

- PAP therapy, which remains the gold standard for many people
- Oral appliance therapy, where a custom dental device moves the jaw forward to help keep the airway open
- Weight loss, which can reduce pressure on the airway and lungs
- Positional therapy, which helps people avoid sleep positions that worsen apnea
- Upper airway surgeries that address specific areas of blockage
- Implantable nerve stimulators that activate tongue muscles during sleep to help keep the airway open

In many cases, the best results come from layered treatment, meaning more than one therapy is used together. For example, weight loss may be combined with PAP therapy, or an oral appliance may be paired with positional therapy. Sleep apnea care is most effective when it is individualized.



## People who have both obesity and sleep apnea often ask an important question: If I lose weight, will my sleep apnea go away?

The honest answer is sometimes, but not always. Large studies show that when people with obesity and moderate to severe sleep apnea lose about 20 percent of their body weight, around half experience remission of sleep apnea. Similar results are seen in people who achieve comparable weight loss through bariatric surgery. Remission means the condition improves enough that it no longer meets the criteria for diagnosis.

For people whose sleep apnea does not fully resolve with weight loss, treatment is still needed to protect breathing and overall health. However, weight loss often lowers the amount of air pressure needed for PAP therapy, improves comfort and increases tolerance. It may also make people eligible for additional non-PAP treatment options. These changes can significantly improve quality of life.

Even when sleep apnea improves or enters remission, it can return if weight is regained. This does not reflect a lack of effort or motivation. Instead, it reflects the chronic and biological nature of obesity and how weight affects the airway. For this reason, it is more accurate to talk about sleep apnea remission rather than cure.

Age also increases the risk of sleep apnea over time. Women face additional risk during and after menopause, when hormonal changes affect airway muscle tone. This means sleep apnea can appear or worsen later in life, even without major weight gain. Ongoing awareness and periodic reassessment are important.

One of the most important messages I share with patients is that symptoms alone are not enough to determine whether sleep apnea has resolved with weight loss. Feeling better is meaningful, but symptoms do not always match what is happening in the airway during sleep. Some people feel rested and alert but still experience frequent breathing interruptions. Others may have few symptoms even when apnea is severe. Consumer sleep trackers and smartwatches can provide useful information about sleep habits, but they are not accurate enough to diagnose or rule out sleep apnea.

After significant weight loss, or after surgery or device-based treatments, repeat sleep testing is essential. Retesting allows clinicians to adjust treatment settings, determine whether therapy is still needed and identify ongoing sleep problems that require care. Retesting is usually recommended once weight has stabilized, often about one year after starting medical weight loss therapy.

If sleep apnea remains after meaningful weight loss, this does not mean the weight loss failed. Persistent sleep apnea is often caused by factors unrelated to weight, such as jaw or airway structure, genetic risk, muscle tone during sleep, hormonal changes, medications or other medical conditions.

Blaming sleep apnea on weight alone can delay effective treatment and increase stigma. People deserve clear explanations about why their sleep apnea persists and continued access to therapies that protect their health.

Another important point is often overlooked. People with obesity tend to have poorer sleep quality even when sleep apnea is not present.

## Weight loss can improve sleep by:

- Reducing waking during the night
- Improving blood sugar control
- Decreasing acid reflux
- Lowering inflammation and pain
- Improving the body's ability to regulate temperature

Many people report deeper sleep, better morning energy, improved mood and clearer thinking as their weight improves, regardless of whether they have sleep apnea. These benefits alone can be life-changing.

Newer obesity medications that target appetite and metabolism have changed what is possible for many people with obesity. Some are now approved specifically for individuals with obesity and sleep apnea, expanding access through insurance coverage.

When combined with nutrition guidance, behavioral support and strength-based exercise to preserve muscle, many people achieve 15 to 25 percent weight loss in a sustainable way.

Because obesity and sleep apnea strongly influence each other, weight management should be considered a standard part of sleep apnea care rather than an optional add-on.

Many clinicians hesitate to talk about weight because they worry about causing discomfort or feel unsure how to help. Patients often sense this hesitation. Avoiding the topic can feel dismissive rather than respectful.

People benefit from clear, compassionate conversations that explain obesity as a medical condition, not a personal failure. They also deserve to understand that obesity and sleep apnea each raise health risks on their own and together they amplify those risks.

## Better Outcomes When Both Conditions Are Treated

Sleep apnea and obesity are closely linked, but they are not the same condition. Treating both leads to better outcomes than treating either one alone. Even when sleep apnea does not fully resolve, weight loss can improve sleep quality, reduce OSA severity and support long-term health. Even when weight is not the main cause of sleep apnea, managing weight can make treatment easier and more effective.

When patients and clinicians work together using layered, individualized and long-term care, health outcomes improve. That is the goal of modern sleep and obesity medicine.

### **About the Author:**

*Audrey Wells, MD, is a triple board-certified physician and nationally recognized expert in sleep and obesity medicine. She is certified by the Menopause Society to care for women in perimenopause and menopause, with a clinical focus on the relationship between sleep, hormones, weight, cardiometabolic health and mental well-being. As chief medical officer at [SLIIP.com](http://SLIIP.com), Dr. Wells leads clinical strategy and advances patient-centered sleep care nationwide.*





# ABOUT THE OBESITY ACTION COALITION (OAC)

The Obesity Action Coalition (OAC) is a National non-profit organization dedicated to giving a voice to individuals affected by obesity and helping them along their journey toward better health. Our core focuses are to elevate the conversation of weight and its impact on health, improve access to obesity care, provide science-based education on obesity and its treatments, and fight to eliminate weight bias and discrimination.



VIBRANT COMMUNITY



NATIONAL AWARENESS CAMPAIGNS



ANNUAL CONVENTION



ADVOCACY



PUBLIC EDUCATION

## LEARN, CONNECT, ENGAGE

The OAC knows that the journey with weight can be challenging but we also know that great things happen when we learn, connect and engage. That is why the OAC Community exists. Our Community is designed to provide quality education, ongoing support programs, an opportunity to connect, and a place to take action on important issues.

### Through the OAC Community, you can get access to:

- Weight & Health Education • Community Blogs
  - Community Discussion Forum
  - Ongoing Support • Meaningful Connections
- AND MUCH MORE**



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