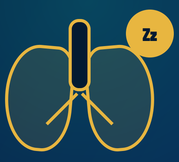
RATEMYVSO RESEARCH SHEET

SECONDARY SERVICE CONNECTION • 38 C.F.R. § 3.310

SLEEP APNEA SECONDARY TO ASTHMA

What the Board data shows, what the medical theory requires, and where claims break



PRIMARY • DC 6602
SERVICE-CONNECTED ASTHMA

CAUSES OR AGGRAVATES →

SECONDARY • DC 6847
SLEEP APNEA

BOARD RESEARCH SNAPSHOT

597 PUBLISHED ISSUES ON THIS EXACT PAIRING

DC 6602 → DC 6847 • shard generated September 23, 2026

DECIDED ISSUES

61%

GRANTED

181 ÷ (181 granted + 115 denied)

GRANTED	181 issues	30.3%
REMANDED	295 issues	49.4%
DENIED	115 issues	19.3%
OTHER	6 issues	1.0%

TWO DIFFERENT DENOMINATORS: 30.3% is granted among all 597 issues. 61% is granted among the 296 issues decided granted or denied. Remands are shown separately and are not losses.

HOW THE CLASSIFIED GRANTS WON

CAUSATION DOMINATES, BUT AGGRAVATION STILL MATTERS

181 of 181 grants classified • 100% coverage

160 GRANTS — CAUSED BY ASTHMA **88.4%**

21 GRANTS — AGGRAVATED BY ASTHMA **11.6%**

0 grants not classified from available decision text

Practical consequence: A nexus opinion should answer causation and aggravation separately. A negative answer to one does not resolve the other.

THE LEGAL FRAMEWORK

THE FILE STILL NEEDS ALL THREE ELEMENTS

1 CURRENT SLEEP APNEA DIAGNOSIS
A clinician-confirmed diagnosis supported by a sleep study.

2 SERVICE-CONNECTED ASTHMA
The primary disability must already be service connected. A 0% evaluation can still qualify.

3 CASE-SPECIFIC MEDICAL NEXUS
A qualified opinion explains how asthma caused or aggravated this veteran's sleep apnea.

COEXISTENCE IS NOT A NEXUS. Medical research can support an opinion, but a population-level association does not prove causation in one claim.

MEDICAL THEORIES SEEN IN THE RECORD

THE OPINION MUST NAME AND APPLY THE PATHWAY

Potential pathways, not automatic conclusions

AIR — CHRONIC AIRWAY INFLAMMATION
Asthma and obstructive sleep apnea can overlap, but the provider must explain how lower-airway disease relates to upper-airway collapse in this medical history.

Rx — STEROID AND WEIGHT PATHWAY
When supported by records, long-term systemic steroid treatment, weight change, and airway anatomy may form an intermediate medical chain.

ENT — RHINITIS OR NASAL OBSTRUCTION
Coexisting upper-airway disease may be relevant. The opinion should identify which service-connected condition contributes to the apnea.

GER — REFLUX AND NIGHTTIME SYMPTOMS
Reflux may appear in the clinical history, but the provider must distinguish an associated condition from a supported causal or aggravating link.

CLINICAL CONTEXT

A prospective cohort found incident obstructive sleep apnea in 27% of participants with asthma versus 16% without asthma over the first observed four-year interval. That supports association and further medical evaluation, not automatic secondary service connection.

NEXUS QUALITY CHECK

CAN THE MEDICAL OPINION ANSWER THESE QUESTIONS?

1. **Which came first?** Asthma diagnosis and treatment versus sleep apnea onset and diagnosis.
2. **What is the exact mechanism?** Inflammation, medication effects, weight pathway, nasal obstruction, or another supported theory.
3. **Were alternative risk factors addressed?** BMI, age, anatomy, neck circumference, smoking, and family history when relevant.
4. **Were causation and aggravation separated?** Each requires its own conclusion and rationale.
5. **Was medical literature applied to the individual?** A citation alone is not a case-specific explanation.
6. **Is worsening identifiable?** Changes in AHI, oxygen findings, PAP requirements, symptoms, or treatment history may be relevant.

BUILD THE RECORD

EVIDENCE TO PUT IN ONE COHERENT TIMELINE

01 SLEEP STUDY
Diagnosis, apnea type, AHI or REI, oxygen findings, and interpretation.

02 ASTHMA HISTORY
Service-connection decision, diagnosis, inhalers, steroid courses, exacerbations, and hospital care.

03 WEIGHT AND MEDICATION TIMELINE
Dates, doses, treatment changes, functional limitations, and documented weight change.

04 PULMONARY AND SLEEP RECORDS
Pulmonary function testing, PAP prescription, sleep-medicine follow-up, and specialist notes.

05 LAY OBSERVATIONS
First-hand reports of snoring, gasping, stopped breathing, fatigue, and symptom progression.

06 NEXUS OPINION
Records reviewed, correct legal questions, individualized reasoning, and alternative causes addressed.

COMMON BREAK POINTS

WHY THE SAME PAIRING CAN WIN OR LOSE

STRONGER RECORD

- Asthma is already service connected
- Sleep study confirms current apnea
- Opinion addresses this veteran's timeline
- Both causation and aggravation are analyzed
- Competing risk factors are discussed

WEAKER RECORD

- Conditions merely coexist
- Sleep apnea clearly predates asthma with no aggravation analysis
- Opinion gives a conclusion without rationale
- Generic literature is not applied to the file
- Obesity, anatomy, smoking, or age are ignored

READ THE RECORD, NOT THE ODDS

These are descriptive patterns in published Board decisions. Board decisions are not binding precedent, remands are not final merits decisions, and the data does not predict any individual claim.

Clinical context: Teodorescu et al., JAMA 2015, PMID 25585327. Educational use only. Not legal or medical advice.