

PRIMARY • DC 6260

SERVICE-CONNECTED TINNITUS

CAUSES OR AGGRAVATES
→

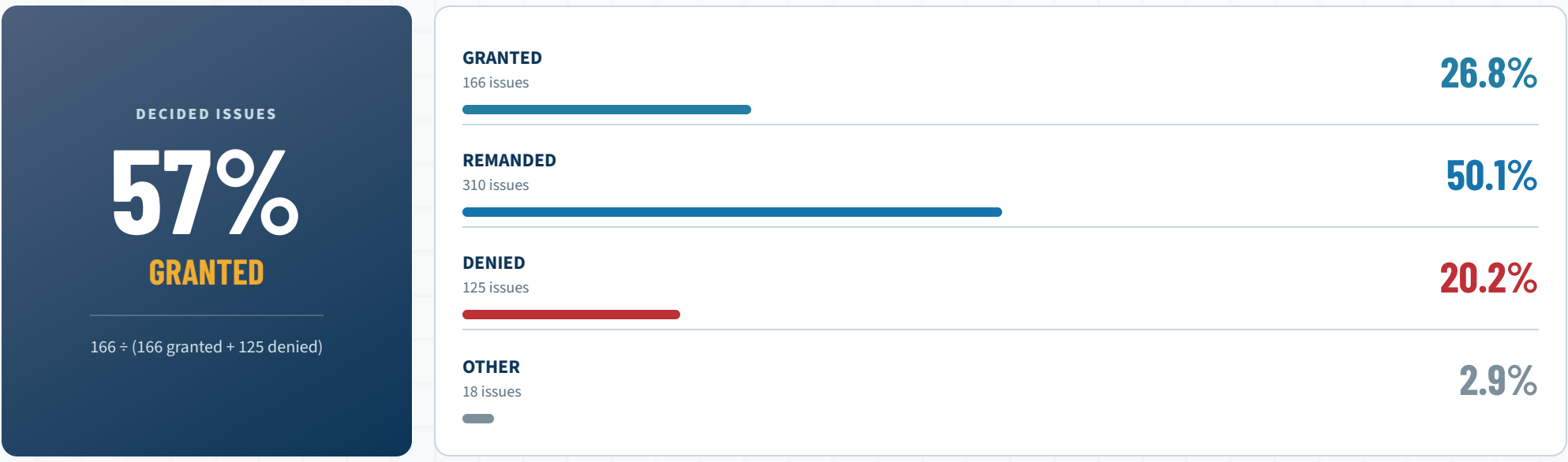
SECONDARY • DC 6847

SLEEP APNEA

BOARD RESEARCH SNAPSHOT

DC 6260 → DC 6847 • shard generated September 23, 2026

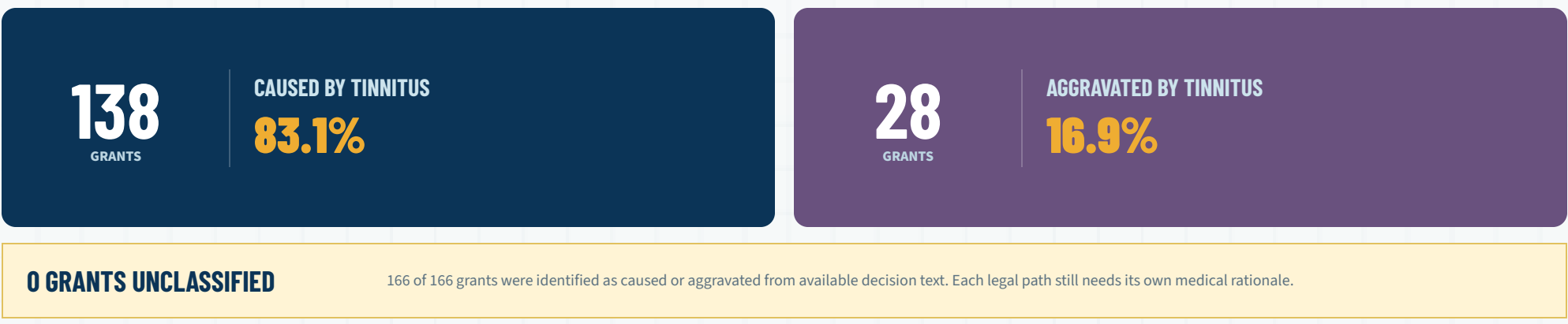
619 PUBLISHED ISSUES ON THIS EXACT PAIRING



HOW THE CLASSIFIED GRANTS WON

166 of 166 grants classified • 100% coverage

CAUSATION AND AGGRAVATION MUST STAY SEPARATE



THE DIRECTION PROBLEM

Read every study for direction and limits

ASSOCIATION DOES NOT TELL YOU WHICH CONDITION CAUSED WHICH

1 BETTER-SUPPORTED DIRECTION

OSA ASSOCIATED WITH TINNITUS

A 2024 meta-analysis found sleep apnea associated with tinnitus, particularly severe sleep apnea. That evidence does not automatically support the reverse claim.

Do not reverse a study's direction

2 CLAIMED DIRECTION

TINNITUS → SLEEP APNEA

The thinner evidence base includes studies showing more sleep-disordered breathing in tinnitus populations. These are associations, not proof that tinnitus caused airway collapse.

The nexus must supply the missing reasoning

3 AGGRAVATION THEORY

MEASURABLE WORSENING

If OSA already existed, a provider must explain whether tinnitus-related sleep disruption or another documented pathway worsened apnea beyond ordinary progression.

Track AHI, PAP data, and clinical course

POOR SLEEP IS NOT THE SAME AS SLEEP APNEA. Tinnitus may disturb sleep quality, but a sleep study must establish apnea and a qualified opinion must explain the claimed connection.

BUILD THE INDIVIDUAL THEORY

General literature is only one part of the record

MOVE FROM COEXISTENCE TO CASE-SPECIFIC REASONING

01 TINNITUS TIMELINE

Onset, severity, nighttime effects, treatment, mental-health overlap, and longitudinal documentation.

02 OSA TIMELINE

Snoring, gasping, witnessed pauses, sleep study, apnea type, severity, and PAP treatment.

03 OBJECTIVE WORSENING

AHI or REI trends, oxygen findings, PAP pressures, adherence, symptoms, and specialist interpretation.

04 COMPETING RISKS

BMI, anatomy, age, family history, medications, and other conditions must be addressed individually.

CLINICAL CONTEXT

The 2024 meta-analysis found sleep apnea associated with higher tinnitus prevalence, with the significant subgroup result concentrated in severe sleep apnea. A smaller study found higher sleep-disordered-breathing prevalence and severity in men with chronic tinnitus. Neither establishes tinnitus as a cause of OSA.

BUILD THE EVIDENCE FILE

SIX RECORD GROUPS SHOULD ANSWER ONE THEORY

1 TINNITUS RECORDS

Service connection, onset, severity, nighttime symptoms, and treatment.

2 SLEEP STUDY

Apnea type, AHI or REI, oxygen findings, interpretation, and diagnosis.

3 PAP DATA

Prescription, pressure, adherence, residual AHI, tolerance, and longitudinal changes.

4 LAY OBSERVATIONS

Dated first-hand reports of snoring, gasping, pauses, sleep disruption, and progression.

5 RISK-FACTOR RECORD

Weight, anatomy, age, medications, family history, and other relevant conditions.

6 NEXUS OPINION

Correct direction, individualized mechanism, literature limits, and both legal paths.

NEXUS QUALITY CHECK

CAN THE OPINION ANSWER THESE QUESTIONS?

1 Does every cited study actually support tinnitus causing or worsening OSA?

2 Did the opinion distinguish sleep disruption from diagnosed sleep apnea?

3 What mechanism connects tinnitus to airway collapse or apnea severity?

4 Were BMI, anatomy, age, family history, and other risks addressed?

5 If aggravation is claimed, what objective evidence shows worsening?

6 Were causation and aggravation answered separately?

COMMON BREAK POINTS

WHAT MAKES THIS DIFFICULT PAIRING MORE CREDIBLE

STRONGER RECORD

- Study direction and limits are stated accurately
- Sleep study confirms current apnea and type
- Opinion applies a mechanism to the veteran
- AHI and PAP data support claimed worsening
- Alternative risks and both legal paths are addressed

WEAKER RECORD

- OSA-to-tinnitus research is cited backward
- Poor sleep is treated as proof of apnea
- Conditions merely coexist
- Generic literature replaces individualized reasoning
- Obesity, anatomy, age, or aggravation are ignored

i

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.