

PRIMARY • DC 6602

SERVICE-CONNECTED
ASTHMA

CAUSES OR
AGGRAVATES
➔

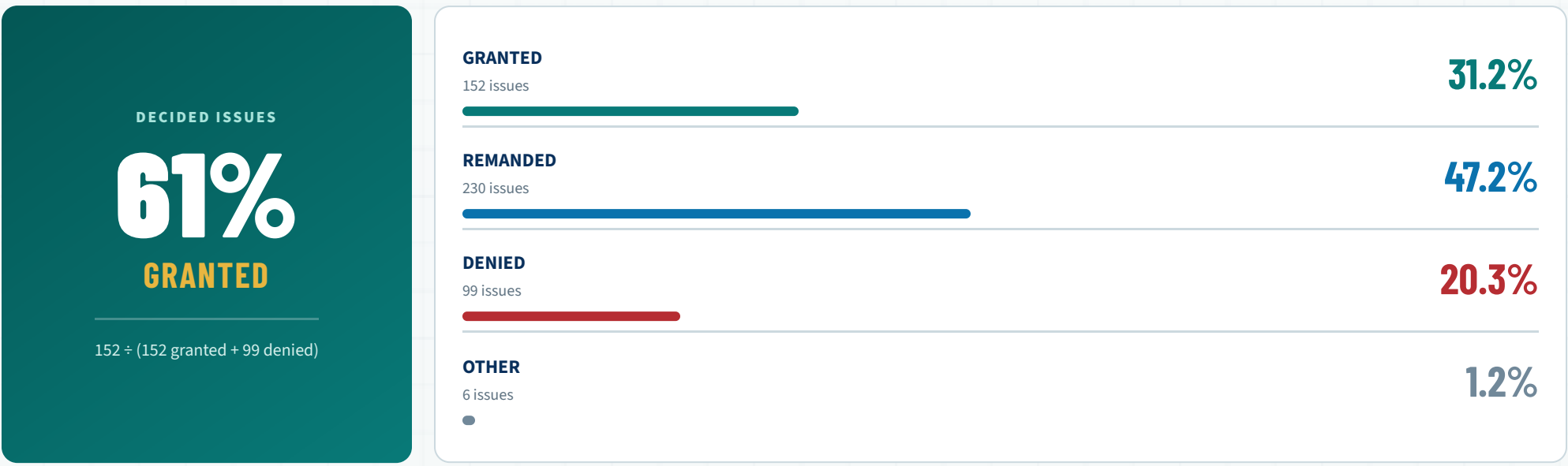
SECONDARY • DC 6847

SLEEP
APNEA

BOARD RESEARCH SNAPSHOT

487 PUBLISHED ISSUES ON THIS EXACT PAIRING

DC 6602 ➔ DC 6847 • shard generated August 10, 2026

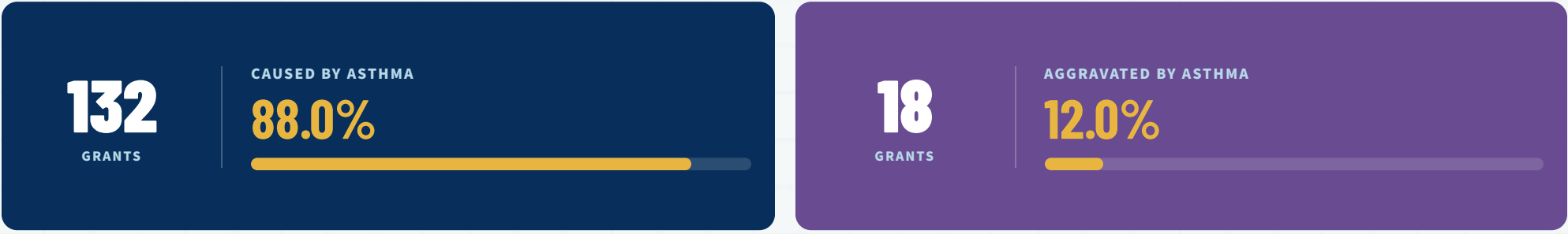


TWO DIFFERENT DENOMINATORS: 31.2% is granted among all 487 issues. 61% is granted among the 251 issues decided granted or denied. Remands are shown separately and are not losses.

HOW THE CLASSIFIED GRANTS WON

CAUSATION DOMINATES, BUT AGGRAVATION STILL MATTERS

150 of 152 grants classified • 98.7% coverage



2 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

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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.