June 10, 2022

RE:
DOB: 3/17/73

To Whom It May Concern,

My name is , MD. I am a board-certified neurologist with fellowship training in clinical neurophysiology. Information used to comprise this letter was gathered from the veteran's medical records and his personal account of symptom progression and management.

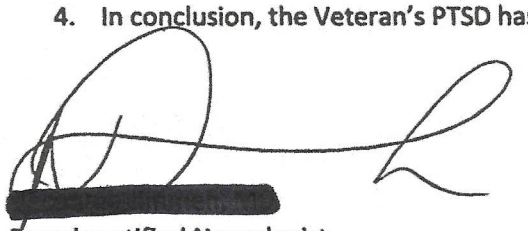
The Veteran served in the Army from 1994 to 1997. In 1996, while stationed in Haiti, he witnessed the aftermath of a child who had been sexually assault. Following the experience, he began to have flashbacks and nightmares about the traumatic event. Psychiatrist Dr. discussed Mr. insomnia and nightmares in his March 2021 clinic note. The veteran has been diagnosed with post-traumatic stress disorder (PTSD). Medications, such as Seroquel, Bupropion, Xanax, and Prazosin, have been used to manage his psychiatric symptoms.

In October 1996, Mr. suffered a back injury while conducting a training exercise at the National Training Center in California. As a result, he was placed on light duty. Since the injury, he became unable to be as active as prior to the back injury. This led significant weight gain. Thereafter, his wife and other soldiers observed the veteran snoring, choking, and gasping for air during his sleep. According to Dr. 's February 2015 clinic note, the veteran's score on the Epworth sleepiness scale was 23. BMI was 44.33. Polysomnogram (March 2015) demonstrated a "light and interrupted sleep" with severe obstructive sleep apnea (OSA). As a result, he was placed on CPAP with 12 cmH20, which was deemed medically necessary.

Currently, the veteran experiences fragmented sleep due to intrusive thoughts and nightmares. He continues to combat weight gain, which contributes negatively to his sleep apnea. Based on my

expertise in the field of neurology, my experience with working with veterans, and the clinical information provided. I opine the following:

1. Research shows there is a strong bidirectional relationship between PTSD and OSA. In other words, worsening of either condition can negatively impact the other condition.
2. PTSD patients usually carry multiple sleep disorders, such as insomnia, nightmares, and dream reenactment behaviors. This leads to secondary worsening of PTSD symptoms due to sleep fragmentation
3. Psychotropic medications used to treat PTSD commonly cause weight gain, which worsens OSA.
4. In conclusion, the Veteran's PTSD has exacerbated his sleep apnea.



[redacted]
Board-certified Neurologist
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References

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