

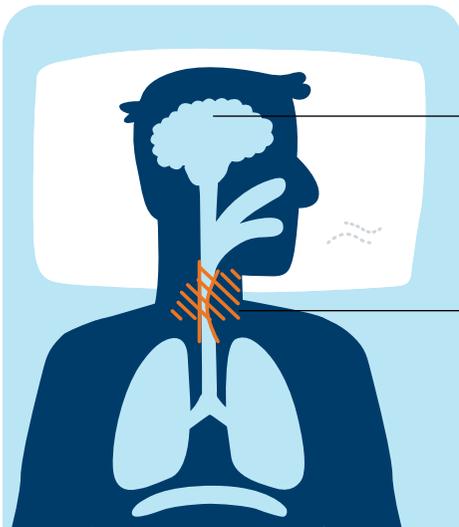
# **Treatment Options for Central Sleep Apnea (CSA)**

Based on the 2025 American Academy of Sleep  
Medicine guideline for Central Sleep Apnea

## What is Central Sleep Apnea (CSA)?

Most people associate “sleep apnea” with a specific sleep disorder called Obstructive Sleep Apnea (OSA).

People with OSA often snore and have difficulty breathing well during the night because the upper airway is partially or completely blocked. People with CSA have irregular breathing during the night because the brain fails to communicate properly with the diaphragm.



### **Central Sleep Apnea (CSA)**

occurs when the part of the brain that controls your breathing does not function correctly during sleep.

### **Obstructive Sleep Apnea (OSA)**

is caused by blockages in the upper airway that restrict oxygen to the body.

## Why treat CSA?

Because CSA causes symptoms similar to those of obstructive sleep apnea, heart failure, atrial fibrillation, and other medical conditions, it can be difficult for people to know whether their feelings of poor health are due to CSA or other serious conditions.

Additionally, CSA is common among people with heart disease, especially heart failure and atrial fibrillation.<sup>1,2</sup>

# Treating Central Sleep Apnea

The following treatment options were recommended in the 2025 American Academy of Sleep Medicine guideline for Central Sleep Apnea.<sup>3</sup>

## Mask-based therapies



Positive airway pressure therapies including CPAP, BiPAP, and ASV use a machine to create positive pressure to open the airway

**Continuous Positive Airway Pressure (CPAP)** delivers a continuous stream of pressurized air to open your upper airway while you sleep

**Bi-level Positive Airway Pressure (BiPAP) with backup rate** provides two levels of air pressure and includes a backup rate to kick in if your breathing pauses.

**Adaptive Servo-Ventilation (ASV)** Adjusts airflow dynamically based on your breathing pattern.

## Non-mask therapies



**Transvenous Phrenic Nerve Stimulation (TPNS)** is a new addition to guideline-directed therapy. It works inside your body to signal the breathing muscle. It turns on automatically at night to help restore more normal breathing patterns



**Supplemental oxygen** can be used to maintain oxygen levels during sleep, especially if you have low oxygen at night.



**Acetazolamide** can help stimulate breathing and reduce central events

## **As you take steps toward better sleep health, consider using the points below to guide conversations with your sleep provider:**

**Ask about all available treatment options early.** Patients with central sleep apnea should be informed about the full range of appropriate therapies so they can participate in shared decision-making from the start.

**Share how you feel—not just test results.** Your experience matters. Current guidelines encourage clinicians to consider patient-reported outcomes such as sleep quality, daytime alertness, and overall well-being, in addition to sleep study measurements.

**Speak up if a therapy isn't working for you.** If central sleep apnea events continue or symptoms persist, discuss this with your sleep provider and ask whether alternative or additional treatment options may be appropriate.

<sup>1</sup> Bekfani T, Abraham WT. *Europace*. 2016 Aug;18(8):1123-34. doi: 10.1093/europace/euv435. Epub 2016 May 26.

<sup>2</sup> Oldenburg O, et al. *Eur J Heart Fail* 2007; 9:251-257.

<sup>3</sup> Badr MS et al. Treatment of central sleep apnea in adults: an American Academy of Sleep Medicine clinical practice guideline. *J Clin Sleep Med* 2025 in press.