SCITECH

"Don't go blindly into the dark / In every one of us shines the light of love"
FLORENCE & THE MACHINE LIGHT OF LOVE

Study of veterans finds sleep disorders tied to cardiovascular disease

BY EDIS MESIC
STAFF REPORTER

A recent study from the Yale School of Medicine found that having both insomnia and obstructive sleep apnea was associated with a greater risk of developing hypertension and cardiovascular disease.

The researchers used data from a large national cohort of nearly one million post-9/11 U.S. military veterans — those discharged from military service since October 2001 who enrolled in care provided by the Department of Veterans Affairs. Their chief goal was to examine how the risk for hypertension and cardiovascular disease in veterans with both insomnia and obstructive sleep apnea — known as comorbid insomnia and sleep apnea, or COMISA — compared to veterans with either condition alone.

"Compared with veterans who had no sleep disorder, those with COMISA showed the highest risk of developing hypertension," Allison Gaffey, an assistant professor of internal medicine at the School of Medicine, said in an interview with the News.

Gaffey noted that this trend of increased hypertension risk was found for men and women, but adjusted risk estimates were slightly higher for women veterans.

The team further investigated hypertension risk for veterans with either insomnia or sleep apnea alone and found that veterans with either condition still had a higher risk than those who had no history of sleep disorders.

In addition to hypertension, veterans with both insomnia and sleep apnea also had the highest risk for developing cardiovascular disease, according to Gaffey. Upon dividing the sample by sex, the team found that the trend held for both men and women, although male veterans with both sleep conditions were at slightly greater risk for cardiovascular disease than women veterans with sleep disorders.

"Veterans with both insomnia and obstructive sleep apnea have substantially higher cardiovascular disease risk than those with either condition alone," Gaffey told the News.

Gaffey added that these results suggest that the co-occurrence of insomnia and sleep apnea is a particularly potent marker of cardiovascular risk among veterans. She emphasized the importance of future screening efforts in clinical practice to help identify veterans who have a high risk for developing hypertension and cardiovascular disease, paving the way for proper treatment and prevention.

Chronic insomnia is the most common sleep disorder, with 6 to 10 percent of adults meeting diagnostic criteria and 33 percent experiencing insomnia symptoms. Those with insomnia have difficulty initiating sleep, maintaining sleep or waking too early. And, as Gaffey described, the disorder is strongly associated with depression, post-traumatic stress disorder, chronic pain and cardiovascular risk.

Obstructive sleep disorder — characterized by episodes of interrupted breathing and snoring — affects nearly 18 million adults in the US, and is strongly associated with hypertension, heart failure, Type 2 diabetes and Alzheimer's disease. The disorder is also more common in men than in women.

Gaffey emphasized that sleep disorders and their symptoms are not only extremely common but also often go underdiagnosed.

"Sleep is something that we don't give enough attention to. Even if we're having problems, we tend to brush them off and assume that's normal," Gaffey said.



HEDY TUNG

Researchers at the Yale School of Medicine recently found that the combination of insomnia and obstructive sleep apnea was associated with a greater risk for hypertension and cardiovascular disease among military veterans.

Matthew Burg, a co-author of the study and professor emeritus at the School of Medicine, wrote in a statement to the News that while most government research funding is directed toward biomedical research, more than half of the chronic disease burden is attributable to behavioral and psychological factors.

Of the eight components of the American Heart Association's metric for minimizing the risk of cardiovascular disease — called "Life's Essential 8" — five are behavioral, including sleep, Burg noted.

The good news, Gaffey, is that, although there is a spectrum of severity, these sleep disorders are treatable. Sleep medicine doctors can consult with patients to develop treatment plans that work best for them, possibly prescribing CPAP devices for those with sleep apnea and behavioral treatments for insomnia, which are often provided by psychologists who specialize in sleep care.

Looking ahead, the team is working on another investigation looking at the connection between insomnia and sleep apnea and diabetes with the same veteran cohort. Other questions the team might tackle include sex-specific differences in the metabolic consequences of COMISA — comorbid insomnia and sleep apnea — exploring how it mechanistically affects cardiovascular disease risk and the cardiovascular benefits of treating COMISA among men and women.

"Our findings bring hope that preventive strategies that address sleep apnea and insomnia together, may lead to healthier hearts and minds down the road. The job of the healthcare community now is to show that this is possible," Andrey Zinchuk, a senior author and associate professor of internal medicine at the School of Medicine, wrote.

The study was published in the Journal of the American Heart Association.

Contact
EDIS MESIC *at*
edis.mesic@yale.edu.

Yale New Haven Health reports operating loss of nearly $200 million

BY HARI VISWANATHAN AND OLIVIA CYRUS
STAFF REPORTER

Yale New Haven Hospital lost nearly $200 million in the 2025 fiscal year, according to a recent balance sheet. Between October 2024 and September 2025, the hospital accrued a total operating loss of $196,817,000, which was first reported by CT Insider.

Robert Hutchison, a spokesperson for the hospital, blamed the "chronic underpayment of the state's Medicaid program" in part for the losses. In response to the deficit, the hospital anticipates growing "critical services," "offering voluntary retirement to select members" of its workforce and redesigning its organizational structures, according to Hutchison.

"Like all healthcare systems across the country, we continue to face unrelenting financial pressures due to a complex and challenging healthcare environment," Hutchison wrote to the News. "As Connecticut's largest Medicaid provider, we are particularly impacted by this as we are paid the least to care for the patients who need us the most."

In the past six years, YNHH has had an operating surplus only in 2024, with $46 million. In the two years prior, YNHH posted operating losses of $162.3 million in 2023 and $240.3 million in 2024.

According to the document, major changes from 2024 to 2025 include operating expenses from salaries and benefits increasing by $102,195,000, a nearly 3 percent increase.

The hospital also posted restructuring expenses of over $57 million in 2025, including severance payments and vendor contract terminations.

As for Medicaid, YNHH received roughly $883 million in Medicaid payments in 2025 and paid more than $316 million into Connecticut's hospital assessment program, receiving about $197 million back — a net payment of over $100 million, according to the balance sheet.

During the year, the hospital generated more than $6 billion in patient revenue, 49 percent of which was from patients with private insurance, 37 percent from those with Medicare and 14 percent from those with Medicaid, according to the document.

For the 2025 fiscal year, the hospital was listed with assets of exceeding $9 billion. The expense and income document showed that factors such as staff salaries and benefits and restructuring expenses contributed to the nine-figure loss.

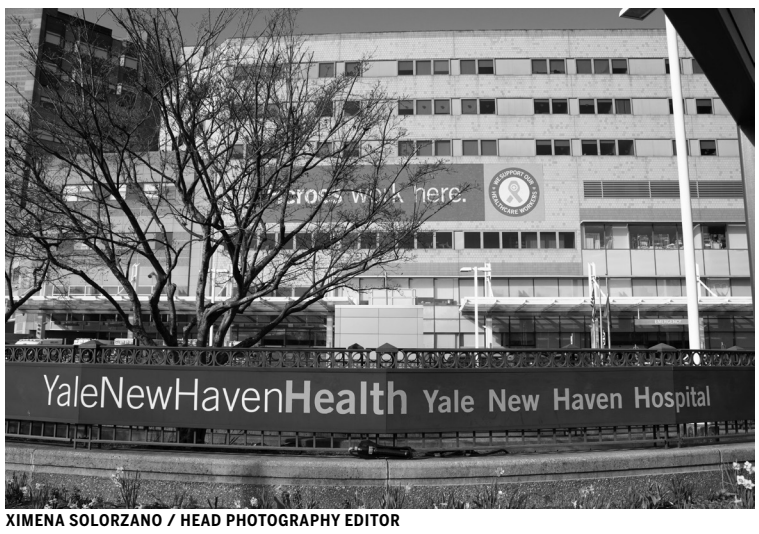
Yale New Haven Health Services Corporation was formed in 1983.

Contact
HARI VISWANATHAN *at*
hari.viswanathan@yale.edu, and
OLIVIA CYRUS *at*
olivia.cyrus@yale.edu.



TIM TAI

A recent balance sheet showed that the hospital system lost $196,817,000 in the 2025 fiscal year.



XIMENA SOLORZANO / HEAD PHOTOGRAPHY EDITOR

