Conclusions. In addition to reducing EDS and improving QOL for patients with OSA, modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests

Conclusions. In addition to reducing EDS and improving QOL for patients with OSA, modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

Conclusions. In addition to reducing EDS and improving QOL for patients with OSA, modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

Conclusions. In addition to reducing EDS and improving QOL for patients with OSA, modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

Conclusions. In addition to reducing EDS and improving QOL for patients with OSA, modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

Conclusions. In addition to reducing EDS and improving QOL for patients with OSA, modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

Conclusions. In addition to reducing EDS and improving QOL for patients with OSA, modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

Conclusions. In addition to reducing EDS and improving QOL for patients with OSA, modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

Conclusions. In addition to reducing EDS and improving QOL for patients with OSA, modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

Conclusions. In addition to reducing EDS and improving QOL for patients with OSA, modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

Conclusions. In addition to reducing EDS and improving QOL for patients with OSA, modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

Conclusions. In addition to reducing EDS and improving QOL for patients with OSA, modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

Conclusions. In addition to reducing EDS and improving QOL for patients with OSA, modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

Conclusions. In addition to reducing EDS and improving QOL for patients with OSA, modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

Conclusions. In addition to reducing EDS and improving QOL for patients with OSA, modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

Conclusions. In addition to reducing EDS and improving QOL for patients with OSA, modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

Conclusions. In addition to reducing EDS and improving QOL for patients with OSA, modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

Conclusions. In addition to reducing EDS and improving QOL for patients with OSA, modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

Conclusions. In addition to reducing EDS and improving QOL for patients with OSA, modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

Conclusions. In addition to reducing EDS and improving QOL for patients with OSA, modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

Conclusions. In addition to reducing EDS and improving QOL for patients with OSA, modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.

modafinil does not worsen BP in patients with HTN. The lack of change in HR suggests that modafinil may decrease the sympathetic activation seen in HTN patients with OSA.