

SNORING AND SLEEP APNOEA

SNORING – A COMMON PROBLEM?

At least 20% of the adult population snore regularly and loud enough to disturb those around them.

Factors that Cause Snoring

People who are overweight

People who are overweight are much more likely to snore than those who are of the correct weight for their height. Gaining weight makes existing snoring worse and losing it makes snoring better.

Getting Older

Snoring is known to get worse with age.

Gender

Men are three times more likely to snore than women but women can also snore. After the menopause, women tend to catch up with the men.

Drinking Alcohol

Alcohol makes snoring worse. This is because it relaxes the muscles of the throat causing increased airway collapse which is the cause of snoring.

Sleeping Tablets and Sleepiness

This makes snoring worse as it has a similar effect to alcohol on the muscles of the throat leading to increased airway collapse and snoring.

Smoking

Smoking makes the airway narrower and congested which makes snoring worse.

Some other factors that influence whether people snore

Families who snore

Snoring may run in families as it is related to the shape of the throat and in the same way that families look alike they may snore alike.

A Blocked Nose

Blockage of the nose, in the night particularly, can cause snoring. Correction of any nasal blockage will help to reduce snoring.

Sleeping Position

Often lying on one side reduces snoring, particularly if it is not very severe. Lying on the back causes the tongue and palate to fall backwards blocking the airway.

Children

Large adenoids and tonsils in children can cause severe snoring and sleep apnoea. This may be so severe as to require urgent treatment.

SLEEP APNOEA AND SNORING

Sleep apnoea is when there is a temporary cessation of breathing during sleep. Sleep apnoea occurs as a result of the throat tissues coming together and blocking the airway when people are asleep trying to breathe. The sufferer may be seen to be struggling for air and may even wake with a loud grunt or snort. Sometimes people may hear their own snoring and if their snore is waking themselves up at night it is often because of sleep apnoea.

They may feel restless during their sleep and they may also feel tired during the day because of disturbance to the sleep. Such people may find it difficult to stay awake even when doing important tasks such as driving a vehicle or operating machinery.

Sleep apnoea and snoring are part of the same condition with bad snorers tending to develop sleep apnoea. The factors that cause bad snoring can also lead to sleep apnoea.

It is not unusual for normal people to stop breathing occasionally during a normal night of sleep. This can happen up to four times an hour and may not be relevant. If, however, it happens more frequently than this and is severe, leading to sleep disturbance and tiredness it may become significant.

WHAT TO DO PRIOR TO SEEING THE DOCTOR

If you are overweight for height you should try to lose some weight. You may wish to visit your General Practitioner to seek advice on weight reduction. Most specialists will be unlikely to contemplate treatment unless there is some commitment to weight reduction and correction of weight for height (BMI – Body Mass Index).

If you drink alcohol try to moderate the amount of alcohol you drink as this will affect snoring and sleep apnoea. Try to avoid drinking last thing at night.

Smoking

If you can reduce smoking or give this up this will have many health benefits including reducing snoring. Try to avoid gaining weight after you have stopped smoking!

There is no point in seeking medical help for snoring unless you have seriously considered the above factors. Always be wary of advertisements which suggest a 'quick fix' procedure may solve all of your snoring problems. There is not usually a simple, 'quick fix' answer for snoring.

IF YOU ARE REFERRED TO A RESPIRATORY PHYSICIAN

You will be asked about the problem. You will be examined including weight, height and body mass index calculations (BMI).

You will be advised about appropriate weight loss.

You will be referred for a specialised assessment of sleep (Sleep Study). This involves the measure of blood oxygen level, breathing, pulse rate, body position and ECG and sometimes brain electrical activity (EEG). This may be done either in the hospital overnight or a simpler version can be performed at home using a portable machine.

If the 'Sleep Study' reveals that you have sleep apnoea, specific treatment will be recommended:

Continuous Positive Airway Pressure (CPAP) treatment.

This involves wearing a mask over the face or over the nose alone at night. This gently blows air into the airway all the time holding the airway open during breathing and preventing collapse of the throat. This treatment is effective but needs careful supervision and is particularly important in the early phase when patients are finding it difficult to tolerate the treatment.

IF YOU ARE REFERRED TO AN ENT SURGEON

Your assessment will be similar to the above assessment. In addition, you will have specific problems of the nose and throat assessed.

If your nose is blocked the surgeon may suggest treatment to help clear the obstruction which may include an operation on the nose. Further assessments to the airway may be performed using airway endoscopy. This entails using a small, flexible telescope to assess and observe you whilst you are asleep. This requires a short period of stay in the hospital where you are administered an anaesthetic agent which allows you to breathe and snore, and possibly obstruct, whilst the surgeon and anaesthetist observe. You are awoken in Recovery and should be able to return to normal activity after four or so hours. You will usually be allowed to go home the same day, unless you have severe sleep apnoea which may require a period in hospital.

If you are slim and have a narrow throat and investigations suggest this is the source for your snoring, you may be offered surgery to the palate to shorten or stiffen it so that the snoring stops. There are a range of procedures that can be offered for this type of surgery and the risk-benefit balance is discussed with patients on a case by case basis with a surgeon. You may need to ask how successful the operation is in your particular case and the complications that may arise.

There is evidence that the results of surgery in unselected cases are not very reliable and there is a significant rate of recurrence of snoring after an initial improvement. You will need to ask about this.

If the airway closes at the level of the tongue you may be offered a mandibular advancement device or prosthesis. This is usually fabricated by your dentist or a specialist Prosthodontist and this needs to be worn every night as it pulls the mouth (the lower jaw) forward at night. This holds the airway open.

In children who snore badly or have sleep apnoea, tonsillectomy and adenoidectomy may be an effective cure for the problem.