

# Snoring and Obstructive Sleep Apnoea

## Snoring

Snoring is the loud noise produced by excessive vibration at the back of the throat. The noise occurs when there is a partial obstruction to the free flow of air through the upper airway (Pharyngeal airway). At least 40% of the adult population snore regularly and loud enough to disturb those around them.

## Factors affecting snoring

- **Being overweight:** People who are overweight are much more likely to snore than those who are the correct weight for their height.
- **Getting older:** Snoring gets worse with age.
- **Gender:** Men are three times more likely to snore than women, but women are also affected. After menopause, women tend to be equally affected.
- **Drinking alcohol:** Alcohol makes snoring worse. This is because alcohol relaxes the muscles of the throat and this causes airway collapse the cause of snoring.
- **Smoking:** Smoking makes snoring worse.
- **Snoring may run in families:** Snoring is related to the shape of your throat, and in the same way that families look alike, they may snore alike.
- **A blocked nose:** If you have a blocked nose at night, this may cause snoring to get worse. Correcting the nasal abnormality may reduce the snoring.
  - **Sleeping position:** Often lying on your side reduces snoring, particularly if it is not very severe. This is because when lying on your back, your tongue tends to fall backwards and block the upper airway.
  - **In children:** Large tonsils and adenoids can cause severe snoring and sleep apnoea in children which may be severe enough to require treatment.

## Obstructive Sleep Apnoea (OSA)

Obstructive Sleep apnoea is when you stop breathing during sleep because the throat actually blocks while you are sleeping (known as an 'apnoea'). Sufferers snore and can be seen to be struggling or gasping for air and tend to wake with a loud grunt or snort. Apart from causing restless sleep, the sufferer may be very tired in the daytime because of the disturbed sleep. Such people may find it difficult to stay awake even when doing important tasks such as driving a vehicle.

Although OSA and snoring are part of the same condition, not all snorers suffer from OSA. The same factors that affect snoring also apply to sleep apnoea.

## How is it diagnosed?

You should have an overnight sleep study which measures your blood oxygen level, breathing and pulse rate. It can be done either in the hospital or at home. This determines your sleep quality and breathing pattern to make a diagnosis of snoring alone or OSA.

## Treatment options

### Conservative management

- **Weight loss.** Most specialists will not contemplate any other treatment until you are near to the correct weight for your height.
- If you drink any **alcohol**, consider the amount you drink. Try avoiding alcohol and noting the effect it has on your snoring.
- If you **smoke**, consider giving this up and expecting a benefit.

### Continuous Positive Airway Pressure (CPAP) Treatment.

This involves wearing a mask over your nose at night. The mask gently blows air into your airway, preventing any blockage from occurring. This treatment is effective but needs careful supervision, particularly at first and not all people find it tolerable or useful.

### Surgery

There are a range of operations that can be done to improve the flow of air. You need to discuss the benefits and risks of what you are being offered. The evidence is that the results of surgery are not very reliable and there is quite a high rate of recurrence of snoring after an initial improvement.

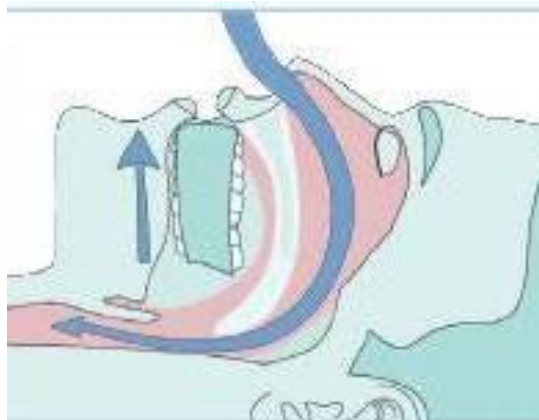
### Mandibular advancement splints (MAS)

If your airway closes at the level of your tongue, you may be offered a Mandibular Advancement Splint.

### How do they work?

This is similar to a removable brace used in children. It is worn in your mouth, overnight and anchors onto your teeth. It acts by holding your lower jaw and tongue forwards, during sleep, keeping the airway open. A number of different appliance designs are used. Some designs allow you to be able to activated further if needed.

You will be shown how to do this if you are fitted with that sort of appliance.



**How often do I need to have my MAS checked?**

We would see you once a year to check that it still fits well and is working well but also to check the teeth. The splints can be activated further if required.

**You must still see your dentist for your regular check-ups.**