
Snoring and Sleep Apnea

Why does Snoring occur?

Snoring occurs when the fleshy soft tissue on the back of the roof of the mouth (soft palate), the triangular piece of tissue hanging from the soft palate (uvula), tongue, tonsils and/or muscles in the back of the throat rub against each other, generating a vibrating sound during sleep. This usually occurs when one is sleeping on his back and the tongue falls back against the throat constricting the airway. Snoring is not only a nuisance for the sleep partner, it can also be an indication of serious health conditions, such as obstructive sleep apnea.

What contributes to Snoring?

- Enlarged tonsils and throat muscles.
- An elongated uvula.
- A crooked partition between the nostrils (deviated nasal septum).
- Chronic nasal congestion caused by allergies or a deviated septum.
- Frequent use of sedatives (sleeping pills) or tranquilizers, or excessive intake of alcohol before bedtime causing the throat muscles to relax too much.
- Being overweight
- Obstructive sleep apnea - a condition of multiple pauses in breathing during sleep

How is Snoring related to Sleep Apnea?

Habitual snoring can be a result of sleep apnea, where a person actually stops breathing for brief periods of time while asleep. The most common type of sleep apnea is obstructive sleep apnea. The airway is blocked, causing shallow breathing or breathing pauses which can last from a couple of seconds to several minutes. This can happen hundreds of times during the night. This sudden decrease in oxygen level in the blood can increase the risk high blood pressure, heart attack, heart failure and stroke.

Symptoms of Sleep Apnea

If you or your sleep partner experience or observe any of the following symptoms, consult a medical professional for diagnosis and treatment:

- Excessive daytime sleepiness
- Loud snoring or choking sounds at night
- Awakenings with shortness of breath
- Breathing pauses during sleep
- Morning headache
- Increased irritability

Treatment for Snoring and Sleep Apnea

Your doctor may refer you to an ear, nose, and throat (ENT) doctor or to a sleep clinic where equipment and machines are used to monitor sleep pattern, heart, lung, brain activity, and oxygen levels. For mild cases of snoring, your doctor may recommend these lifestyle changes:

- Lose weight.
- Change sleep position: sleep on your side to prevent the tongue from blocking the airway.
- Use nasal strips to increase the nasal passage area and enhance breathing.
- Clear nasal congestion by using a nasal decongestant spray (for no more than three days unless directed by the physician) or inhaling steam before bedtime.
- Limit sedatives and alcohol intake. Avoid drinking alcohol four hours before sleeping.

If lifestyle changes are ineffective, the following treatment may be prescribed:

1. Oral devices to position the soft palate and tongue to keep the airway passage open.
2. Continuous positive airway pressure (CPAP) where a pressurized mask is placed over the nose during sleep. The mask is connected to a pump that forces air into the nose to keep the upper airway passages open.
3. Surgery to tighten and trim excess tissues from the uvula and soft palate in order to enlarge the airway and reduce vibration.

It is important to correctly diagnose and treat habitual snoring and sleep apnea. Without adequate and quality sleep, the chances of work and driving-related accidents, memory problems, mood swings, depression, heart problems, stroke and other health related problems increase. Treating habitual snoring and sleep apnea can lead to more restful sleep for everyone in the household and also lower your risk of many serious health conditions.

For more information on Sleep Apnea:

American Sleep Apnea Association

www.sleepapnea.org