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Snoring and Sleep Apnea

People who snore loudly are often the target of bad jokes and middle of the night elbow thrusts; but snoring is no laughing matter. While loud disruptive snoring is at best a social problem that may strain relationships, for many men, women and even children, loud habitual snoring may signal a potentially life threatening disorder: obstructive sleep apnea, or OSA.

Snoring Is Not Necessarily Sleep Apnea

It is important to distinguish between snoring and OSA. Many people snore. It's estimated that approximately 30% to 50% of the US population snore at one time or another, some significantly. Everyone has heard stories of men and women whose snoring can be heard rooms away from where they are sleeping.

Snoring of this magnitude can cause several problems, including marital discord, sleep disturbances and waking episodes sometimes caused by one's own snoring. But, snoring does not always equal OSA; sometimes it is only a social inconvenience. Still, even a social inconvenience can require treatment, and there are several options available to chronic snorers.

Some non-medical treatments that may alleviate snoring include:

Weight loss — as little as 10 pounds may be enough to make a difference.

Change of sleeping position — Because you tend to snore more when sleeping on your back, sleeping on your side may be helpful.

Avoid alcohol, caffeine and heavy meals — especially within two hours of bedtime.

Avoid sedatives — which can relax your throat muscles and increase the tendency for airway obstruction related to snoring.

There are other in office or surgical procedures that may be available to help reduce snoring.

Identifying and Treating OSA

Unlike simple snoring, obstructive sleep apnea is a potentially life-threatening condition that requires medical attention. The risks of undiagnosed OSA include heart attack, stroke, irregular heartbeat, high blood pressure, heart disease and decreased libido. In addition, OSA causes daytime drowsiness that can result in accidents, lost productivity and interpersonal relationship problems. The symptoms may be mild, moderate or severe.

Sleep apnea is fairly common. One in five adults has at least mild sleep apnea and one in 15 adults has at least moderate sleep apnea. OSA also affects 1% to 3% of children. During sleep, the upper airway can be obstructed by excess tissue, large tonsils and/or a large tongue. Also contributing to the problem may be the airway muscles, which relax and collapse during sleep, nasal passages, and the position of the jaw.

The cessation of breathing, or "apnea," brought about by these factors initiates impulses from the brain to awaken the person just enough to restart the breathing process. This cycle repeats itself many times during the night and may result in sleep deprivation and a number of health-related problems. Sleep apnea is generally defined as the presence of more than 30 apneas during a seven hour sleep. In severe cases, periods of not breathing may last for as long as 60 to 90 seconds and may recur up to 500 times a night.

Symptoms of Sleep Apnea

Those who have OSA are often unaware of their condition and think they sleep well. The symptoms that usually cause these individuals to seek help are daytime drowsiness or complaints of snoring and breathing cessations observed by a bed partner. Other symptoms may include:

Old Farm Professional Plaza
4000 South 700 East #10
Salt Lake City, UT 84107
(801)268-4141

TOSH Medical Towers
5770 South 250 East #285
Salt Lake City, UT 84107
(801)268-2822

Lone Peak Medical Campus
74 East 11800 South #360
Draper, UT 84020
(801)260-3687

Tooele Clinic
1929 North Aaron Drive #1
Tooele, UT 84074
(435)882-6448

- Snoring with pauses in breathing (apnea)
- Excessive daytime drowsiness
- Gasping or choking during sleep
- Restless sleep
- Problem with mental function
- Poor judgment/can't focus
- Memory loss
- Quick to anger
- High blood pressure
- Nighttime chest pain
- Depression
- Excess weight
- Large neck (>17" around in men, >16" around in women)
- Airway crowding
- Morning headaches
- Reduced libido
- Frequent bathroom trips at night

Diagnosing Sleep Disorders

If you exhibit several OSA symptoms, it's important you visit your doctor for a complete examination and an accurate diagnosis.

At your first visit, your doctor will take a medical history and perform a head and neck examination looking for problems that might contribute to sleep-related breathing problems. If the doctor suspects a sleep disorder, you will be referred to a sleep clinic, which will monitor your nighttime sleep patterns through a special test called polysomnography.

Polysomnography will require you to sleep at the clinic overnight while a video camera monitors your sleep pattern and gathers data about the number and length of each breathing cessation or other problems that disturb your sleep. During polysomnography, every effort is made to limit disturbances to your sleep.

Treating Sleep Apnea

Obstructive sleep apnea can be effectively treated. Depending on whether your OSA is mild, moderate or severe, your doctor will select the treatment that is best for you. Non-surgical options include:

Behavior Modification - weight loss; avoiding alcohol, caffeine and heavy meals within two hours of bedtime; no sedatives; and a change of sleeping positions

Oral Appliances The oral appliance is a molded device that is placed in the mouth at night to hold the lower jaw and bring the tongue forward. By bringing the jaw forward, the appliance elevates the soft palate or retains the tongue to keep it from falling back in the airway and blocking breathing.

C-PAP (Continuous Positive Airway Pressure) and Bi-PAP (Bi-Level) -. Through a specially fitted mask that fits over the patient's nose, the C-PAP's constant, prescribed flow of pressured air prevents the airway or throat from collapsing. In some cases a Bi-PAP device, which blows air at two different pressures, may be used. While C-PAP and Bi-PAP devices keep the throat open and prevent snoring and interruptions in breathing, they only treat your condition and do not cure it. If you stop using the C-PAP or Bi-PAP, your symptoms will return.

Surgery for Sleep Apnea

Surgical intervention may be a viable alternative for some OSA patients; however, it is important to keep in mind that no surgical procedure is universally successful. Your doctor will discuss with you what surgical options are available and right for you. Sometimes surgery may be indicated to help you better tolerate your C-PAP machine.

Talk With Your Doctor

Sleep apnea is a serious condition and individuals with OSA may not be aware they have a problem. If someone close to you has spoken of your loud snoring and has noticed that you often wake up abruptly, gasping for air, you should consult with your doctor.

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http://www.aaoms.org/sleep_apnea.php