
SNORING

Forty-five percent of normal adults snore at least occasionally, and 25 percent are habitual snorers. Problem snoring is more frequent in males and overweight persons, and it usually grows worse with age. More than 300 devices are registered in the U.S. Patent and Trademark Office as cures for snoring. Some are variations on the old idea of sewing a sock that holds a tennis ball on the pajama back to force the snorer to sleep on his side. (Snoring is often worse when a person sleeps on his back). Some devices reposition the lower jaw forward; some open nasal air passages; a few others have been designed to condition a person not to snore by producing unpleasant stimuli when snoring occurs. But, if you snore, the truth is that it is not under your control whatsoever. If anti-snoring devices work, it is probably because they keep you awake.

What Causes Snoring?

The noisy sounds of snoring occur when there is an obstruction to the free flow of air through the passages at the back of the mouth and nose. This area is the collapsible part of the airway where the tongue and upper throat meet the soft palate and uvula. Snoring occurs when these structures strike each other and vibrate during breathing.

People who snore may suffer from:

- **Poor muscle tone in the tongue and throat.** When muscles are too relaxed, either from alcohol or drugs that cause sleepiness, the tongue falls backwards into the airway or the throat muscles draw in from the sides into the airway. This can also happen during deep sleep.
- **Excessive bulkiness of throat tissue.** Children with large tonsils and adenoids often snore. Overweight people have bulky neck tissue, too. Cysts or tumors can also cause bulk, but they are rare.
- **Long soft palate and/or uvula.** A long palate narrows the opening from the nose into the throat. As it dangles, it acts as a noisy flutter valve during relaxed breathing. A long uvula makes matters even worse.
- **Obstructed nasal airways.** A stuffy or blocked nose requires extra effort to pull air through it. This creates an exaggerated vacuum in the throat, and pulls together the floppy tissues of the throat, and snoring results. So, snoring often occurs only during the hay fever season or with a cold or sinus infection.

Also, deformities of the nose or nasal septum, such as a deviated septum (a deformity of the wall that separates one nostril from the other) can cause such an obstruction. More commonly, chronic swelling of the tissues on the nose (turbinates) seems to progress with age and worsen the problem.

Is Snoring Serious?

Socially, yes! It can be, when it makes the snorer an object of ridicule and causes others sleepless nights and resentment. Medically, yes! It disturbs sleeping patterns and deprives the snorer of appropriate rest. When snoring is severe, it can cause serious, long-term health problems, including obstructive sleep apnea.

Obstructive Sleep Apnea

When loud snoring is interrupted by frequent episodes of totally obstructed breathing, it is known as obstructive sleep apnea. Serious episodes last more than ten seconds each and occur more than seven times per hour. Apnea patients may experience 30 to 300 such events per night. These episodes can reduce blood oxygen levels, causing the heart to pump harder. The immediate effect of sleep apnea is that the snorer must sleep lightly and keep his muscles tense in order to keep airflow to the lungs. Because the snorer does not get a good rest, he may be sleepy during the day, which impairs job performance and makes him a hazardous driver or equipment operator. After many years with this disorder, elevated blood pressure and heart enlargement may occur. This in turn leads to an earlier incidence of heart disease.

How should I proceed?

A sleep study is necessary to make the diagnosis of Obstructive Sleep Apnea versus just benign snoring. This should be the first priority as no treatments can be offered for either snoring or sleep apnea until the diagnosis is made. An otolaryngologist will provide a thorough examination of the nose, mouth, throat, palate, and neck. This will allow accurate evaluation of the level of obstruction and the possibilities of future surgical treatments to these areas. Fortunately, the physicians at Midwest Ear, Nose & Throat are trained in all aspects of sleep medicine and surgery.

Treatment

Plan A: We always want to do as little as possible to alleviate the problem. Get in the best shape possible and really engage in weight loss. Avoid sedating medications and alcohol. Sleep on your side rather than your back and even try elevating the head of your bed. Maximize your nasal airway potency with saline rinses and nasal steroid sprays (Consider an allergy evaluation).

Plan B: Consider a trial of CPAP. CPAP stands for “Continuous Positive Airway Pressure” and is facilitated by wearing a nose or face mask with positive air pressure to stent the airway open. This is best evaluated with a split night sleep study.

Plan C: Surgery. Opening the nasal passages and throat can be curative in many patients but only helpful in others. We have the training, facilities, and experience to offer all available treatment modalities right here at Midwest ENT.