

Snoring/sleep apnea

Why do I snore?

Medical experts estimate that more than 30 million American adults snore. Snoring or gasping sounds during sleep is caused by the vibration of relaxed, floppy tissues that line the upper airway (or throat). When you sleep, muscle tone decreases throughout your body and your throat muscles relax, causing the soft palate and the uvula (fleshy structure that dangles from the roof of your mouth) to vibrate as you breathe in and out.

Is snoring harmful to my health?

The severity of this disorder varies: It can be a mild nuisance that disturbs a restful night's sleep or a symptom of the more serious, progressive sleep apnea syndrome. A history of snoring may precede development of more serious sleep disorder symptoms, including excessive daytime sleepiness, memory impairment, morning headaches, poor work performance and loss of sexual drive. While snoring by itself is not life threatening, it can interfere with a good night's sleep for you, the snorer, and also affect your partner's ability to get quality sleep. Scientific research has found that partners of snorers lose up to an hour of sleep a night because of the nuisance.

How can I minimize my snoring?

You can make positive lifestyle changes to minimize your snoring such as:

Lose weight

Quit smoking

Get treatment for allergies if you have them

Limit or avoid alcohol use and sedatives

Sleep on your side instead of your back

(when you sleep on your back, your tongue falls backwards into your throat, which can narrow your airway and partially block airflow).

What is the difference between snoring and sleep apnea?

Both fall into the category of sleep disordered breathing. Simple snoring represents a mild disorder where breathing becomes very loud but the upper airway is only partially obstructed during sleep.

Snoring is a common symptom of obstructive sleep apnea. However, **unlike mild snoring, sleep apnea is a serious medical disorder** that occurs because the airway is totally obstructed during sleep and the patient stops breathing completely for 10 seconds or more. In one night, a sleep apnea patient may experience 20 to 30 or more "apneic events" (or involuntary breathing pauses). If your partner hears loud snoring punctuated by silences and then a snort or choking sound as you resume breathing, this pattern could signal sleep apnea. Mild sleep apnea is defined as having 5 apneic events per hour. Severe sleep apnea is more than 25 such events per hour. Some people have been recorded as having as many as 97 episodes per hour. That means they stop breathing 3 times every 2 minutes. In a 8 hour period of sleep they have less than 10 minutes of "deep sleep" meaning they never really get any rest.

Why are sleep apnea sufferers at risk? An estimated 18 million Americans suffer from undiagnosed and untreated sleep apnea. This disorder may raise your blood pressure and decrease the flow of oxygen to your brain. Studies have shown that patients with this **potentially life-threatening disorder** are so fatigued during the day that when driving, their performance is similar to a drunk driver. If left untreated, sleep apnea can lead to impaired daytime functioning, **high blood pressure, heart failure and possibly stroke**. While snoring and sleep apnea are related disorders, not all snorers will develop sleep apnea and not all sleep apnea patients snore.

What treatment options are available? **Oral appliance therapy** is one way to effectively manage snoring and sleep apnea, and may be used in conjunction with other therapies. Some appliances such as a tongue-retaining device hold the tongue forward via a suction bulb to open up the air passage. **Mandibular repositioning appliances** reposition and maintain the lower jaw (mandible) in a protruded position during sleep. Nasal sprays also can provide relief for snorers whose nasal passages are blocked due to swelling or increased mucous. Therapy may last for several weeks or months and require follow-up visits. The cost of oral appliances ranges from \$50 to \$2,000, depending on whether you opt for an over-the-counter or custom-made appliance. **CPAP Masks** (Constant Positive Air Pressure) are most effective but some patients cannot tolerate them. In some cases, **surgery** may be required to eliminate snoring. Procedures can include any of the following: traditional surgery, outpatient laser-assisted uvulopalatoplasty (LAUP) to cut away the uvula (this is not recommended for sleep apnea patients), and nasal surgery to remove obstructions in the nose or to correct a deviated septum. Surgery however is only recommended if the patient can not tolerate the CPAP mask & the oral appliances .

How can my dentist help?

If you experience any symptoms associated with snoring or sleep apnea, consult with your dentist so he or she can properly diagnose your condition, or if necessary, refer you a specialist. If your dentist suspects you suffer from sleep apnea, he or she may refer you to a physician or a sleep specialist. For a proper diagnosis, you may have to undergo an overnight sleep study, which measures heart rate and how many times breathing is interrupted. If you have been diagnosed with snoring or obstructive sleep apnea, your dentist can work closely with the diagnosing physician to implement and manage the prescribed therapy.