

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 treatments 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 snoring is not under your control whatsoever. If anti-snoring devices work, it is probably because they keep you from sleeping soundly.

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. Most 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 sometimes have bulky neck tissue. Cysts or tumors can also cause bulk, but they are rare.
- Long soft palate and/or uvula.** A long and enlarged 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. Thus, snoring may occur 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 partition that separates one side of the nose from the other) can cause such an obstruction. More commonly, chronic swelling of the tissues in the nose (turbinate) seems to progress with age and make matters worse.

Is Snoring Serious?

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

Obstructive Sleep Apnea

When any sleep pattern 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. The episodes can reduce blood oxygen levels, causing the heart to pump harder and putting the brain at risk. One effect of sleep apnea is that the snorer may sleep lightly and keep his muscles tense in order to keep airflow to the lungs. Because the snorer does not get a good night's rest, he may be sleepy during the day, which affects every aspect of life, whether @ school, work or leisure time. After many years with sleep apnea, 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. This should be the first priority, as no treatments can be offered until the diagnosis is made. A thorough examination of the nose, mouth, throat, palate, and neck allows accurate evaluation of the level of obstruction and the possibilities of future surgical treatments to these areas.

Treatment

Plan A: Look for the obvious: Get in the best shape possible including, where indicated, 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 with over the counter nasal sprays, but use as directed, or under the advice of your physician.

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. Additional sleep testing is required to determine the optimal pressure and mask configuration.

Plan C: Surgery. Maximizing the nasal passages and throat can be curative in many patients but only helpful in others. Although throat surgery may be a part of sleep apnea surgery, the Setliff Sinus Institute does NOT offer the commonly performed uvulopalatopharyngoplasty or UPPP, a procedure that carries a reported 25-30% success rate and a very high morbidity. UPPP involves the removal of the tonsils, followed by removal of the anterior surface of the soft palate and uvula, folding of the uvula toward the soft palate and suturing it together.

Dr. Setliff's approach: If plan A & B fail and you elect to have surgery by Dr. Setliff the surgical approach is applicable to patients, who for whatever reason, fail CPAP. The goal is to maximize nasal capacity move more air through the nose and, when indicated, remove floppy tissue hanging down in the back of the throat. While no assurance of success is given, reasonable expectations are in the high 90's for maximizing nasal capacity and around 85% for improvement in snoring.