

10 things you should know about...

Snoring

- 1.** Snoring differs from sleep apnea in that airway blockage is only partial. This blockage, which may lie anywhere from the tip of the nose to the vocal chords, creates turbulence that generates noise. Muscle tone relaxes during sleep, so airway tissue is more likely to vibrate.
- 2.** Most anti-snoring devices don't aid breathing, so they shouldn't be used on real sleep apnea (inability to breathe)/hypopnea (shallow breathing) sufferers who need continuous positive airway pressure (CPAP). Ask your partner: do you sometimes appear to stop breathing, then suddenly wake or come out of deep sleep? If so, further tests are necessary for true sleep apnea.
- 3.** Many patients try several anti-snoring devices but get no relief, The key to success is to identify the location of the blockage, because different devices target different areas.
- 4.** Snoring is caused by physical abnormalities such as deviated septum, (the division between the nasal openings), small nostrils, obstruction at the base of the tongue, fat deposits around the neck, nasal polyps, congestion or catarrh, enlarged nasal turbinates or large soft palate or uvula.
- 5.** For the purposes of treatment, snoring problems can be divided into four categories: mouth-breathing, nostril collapse, tongue base, and palatal flutter. Some patients may have more than one of these factors. Simple tests can identify the problem.
- 6.** Nostril collapse test: in front of a mirror, press the side of one nostril to close it. With the mouth closed, breathe in through the other nostril. If it tends to collapse, try propping it open with a paperclip. If breathing feels easier, nasal dilator strips are probably the answer, such as Breathe Right or Nozovent. Test both nostrils.
- 7.** Mouth-breathing test: make a snoring noise with the mouth open. Then close the mouth and try to make the same noise. If you can't, mouth breathing is the likely problem, and the likely solution is chin-up strips to hold the mouth closed, or an oral vestibular shield.
- 8.** Tongue test: stick out the tongue and grip it between the teeth, then try to make a loud snoring noise. Failure is a sign of tongue base snoring. The treatment is a mandibular advancement device, which resembles a boxer's mouth guard. There are expensive customized types, but 'boil and bite' moldable models can be just as effective.
- 9.** Palatal flutter: this is vibration of the soft palate and uvula. There's no test for it, but if the other tests are negative, it's a likely culprit, especially in patients who aren't overweight. The commonest treatment is Rhynil spray, made from the astringent herb *Euphrasia officinalis*.

10. There are no guarantees, but it's worth at least trying to treat snoring. Evidence is mounting that snorers, like apnea sufferers, are prone to car crashes. Their partners also suffer increased ill-health as a result of disturbed sleep.

Submitted by: Vera Nyirenda MD
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