

SLEEPING WITH THE ENEMY II

Part II: Snoring

I would like first to congratulate The Health Journal for a successful second year anniversary and to wish our beloved readers a prosperous happy new year.

Snoring is a breathing noise that occurs while someone is sleeping. The source of the noise is a vibration of the tissues in the throat, the soft palate, the uvula, or both, against the back of the throat or the base of the tongue. Snoring occurs when the tongue partially blocks the airways. This vibration is a rapid alternating opening and closing of the air passage, which makes it more difficult to inhale. So snoring is clear evidence that the breathing passage is intermittently blocked.

Snoring is a medical symptom that is associated with a number of illnesses ranging from the common cold and allergies to sleep apnea that interfere with normal breathing during sleep. Because the throat is a collapsible muscular tube, reducing or eliminating airflow, a vacuum can form within the space. This vacuum normally occurs with each breath and exerts a pulling force on the tissue. The throat does not collapse with each breath, but making a greater effort to breath increases the vacuum effect, which in turn can pull the throat closed, particularly if there are any structural problems of the throat.

Prevalence of Snoring

45% of normal adults snore occasionally, and 25 % are habitual snorers. Any person with any body type can snore. As people get older and as they gain weight, snoring will worsen. Snoring occurs in all age groups and is heard all over the world. It is almost twice as common in men than in women. Snoring can occur anytime there is an obstruction in the nose, mouth or throat.

Conditions that Lead to Snoring

Family History: Increases the risk.

Smoking, Medication and Alcohol: Can lead to enhanced relaxation of muscles during sleep and smaller airways.

Abnormalities Of The Upper Airway Structure: Deformities and deviation of the nose and the nasal septum can block nasal passages. Facial skeletal abnormalities, such as a long face or underdeveloped lower jaw, have a greater tendency toward snoring.

Anatomical Abnormalities: Long uvula, long and flabby soft palate, large tongue and enlarged adenoids and tonsils could narrow the opening from the nose into the throat.

Nasal Conditions: Nasal polyp, virus infection, cold and sinusitis produce nasal congestion and blockage.

Allergies: Allergic rhinitis makes breathing more difficult.

Overweight and Obesity: Fatty tissue and poor muscle tone can cause serious obstructions in the pharyngeal airway. Men with a 17" neck or greater and women with a 16" neck circumference puts them at risk.

Age: decreases muscle tone and throat becomes narrower.

Gender: Men have narrower air passages. 2:1 ratio of male to female snorers.

Sleeping posture: Sleeping on the back allows the throat to relax and block the airway.

Different levels of snoring

Mild resistance to airflow in the upper airways may result in some snoring that is not associated with any sleep disturbance.

If resistance to airflow increases, the efforts to maintain breathing may cause transient arousal from sleep that is not severe to cause the level of oxygen in the blood to decrease. This is called the upper airway resistance syndrome (UARS).

When the resistance increases further, the breathing efforts cannot keep up with the resistance to maintain adequate levels of oxygen. As a result, arousals are more frequent. This is termed obstructive sleep apnea-hypopnea syndrome.

Clinical importance of snoring

Socially: Snoring can cause significant psychological and social damage. Many couples affected by snoring sleep in separate bedrooms in order to get a good sleep. Research discovered a significant improvement in marital relations after snoring was corrected.

Medically: Snoring is known to cause sleep deprivation, drowsiness, irritability, lack of focus and decreased libido, to snorers and those around them. Multiple studies reveal a positive correlation between loud snoring and risk of heart attack and stroke. Snoring sometimes can be the only sign of a more serious health problem, including obstructive sleep apnea, which is potentially life threatening. It is important to determine if snoring is related to an underlying medical condition or is an isolated (primary) problem because of the associated link with other adverse health effects.

Clinical Evaluation

To evaluate someone with a snoring problem:

- It is important to talk to the bed partner, who often reports signs that may indicate a more serious problem. Stopping breathing can suggest a breathing problem like sleep apnea or heart problems.
- A complete history, x-rays and physical examination are performed, including assessing the patient's body mass index (BMI), the neck circumference, the throat, nasal passages, and oral cavities.
- Questionnaires about sleep pattern and sleep hygiene, daytime symptoms of sleepiness and frequency of awakening at night.
- Referrals to Lab Sleep Study to rule out obstructive sleep apnea or other suspected sleep disorders.

Though snoring is often considered a minor affliction, snorers can sometimes suffer severe impairment of lifestyle. Snoring is not just a social nuisance; it is a serious social and health risk. Join me in part III to explore Obstructive Sleep Apnea.