Snoring

Causes

As you doze off and progress from a lighter sleep to a deep sleep, the muscles in the roof of your mouth (soft palate), tongue and throat relax. If the tissues in your throat relax enough, they vibrate and may partially obstruct your airway. The more narrowed your airway, the more forceful the airflow becomes. Tissue vibration increases, and your snoring grows louder. Snoring may be an occasional problem, or it may be habitual.

What contributes to snoring

A variety of factors can lead to snoring, including:

- **Your mouth anatomy.** Having a low, thick soft palate or enlarged tonsils or tissues in the back of your throat (adenoids) can narrow your airway. Likewise, if the triangular piece of tissue hanging from the soft palate (uvula) is elongated, airflow can be obstructed and vibration increased. Being overweight contributes to narrowing of your airway.
- **Alcohol consumption.** Snoring also can be brought on by consuming too much alcohol before bedtime. Alcohol acts as a sedative, relaxing throat muscles.
- **Nasal problems.** Chronic nasal congestion or a crooked partition between your nostrils (deviated nasal septum) may be to blame.
- **Sleep apnea.** Snoring may also be associated with obstructive sleep apnea. In this serious condition, your throat tissues obstruct your airway, preventing you from breathing. Sleep apnea is characterized by loud snoring followed by periods of silence that can last 10 seconds or more. Eventually, the lack of oxygen and an increase in carbon dioxide signal you to wake up, forcing your airway open with a loud snort or gasping sound. This pattern may be repeated many times during the night.

When to seek medical advice

You may not be aware that you snore, but your bed partner likely is. Seeing your doctor about your snoring can benefit both of you. For you, snoring may indicate another health concern, such as obstructive sleep apnea, nasal obstruction or obesity. For your partner, your seeking medical advice about your snoring may result in being able to get a restful night of sleep. If your child snores, ask your pediatrician about the problem. Children, too, can have obstructive sleep apnea, though most don't. Nose and throat problems, such as enlarged tonsils, and obesity often underlie habitual snoring in children. Treating these conditions could help your child sleep better at night.

Screening and Diagnosis

Your doctor likely will perform a physical examination and take a medical history. Your partner may need to answer some questions about when and how you snore to help your doctor assess the severity of the problem. Parents are asked about the severity of a child's snoring. Your doctor may then refer you to an ear, nose and throat (ENT) doctor (otolaryngologist) or sleep specialist for additional studies and evaluation. This may require that you stay overnight at a sleep center to undergo an in-depth analysis of your sleep habits by a team of specialists.

Complications

Habitual snoring may be more than just a nuisance and a cause of daytime sleepiness. Untreated, persistent snoring caused by obstructive sleep apnea may raise your lifetime risk of developing such health problems as high blood pressure, heart failure and stroke. In children, obstructive sleep apnea may increase their risk of attention-deficit/hyperactivity disorder (ADHD).

Treatment

Continuous positive airway pressure (CPAP)

Your doctor will likely first recommend lifestyle changes, such as losing weight, avoiding alcohol close to bedtime and changing sleeping positions. If lifestyle changes don't eliminate snoring, your doctor may suggest:

Oral appliances. Oral appliances are form-fitting dental mouthpieces that help advance the position of your tongue and soft palate to keep your air passage open. If you choose to use an oral appliance, visit your dental specialist at least once every six months during the first year, and then at least annually after that, so he or she can check the fit and assess your current signs and symptoms to be sure that your condition isn't worsening.

- **Traditional surgery.** In a procedure called uvulopalatopharyngoplasty (UPPP), you're given general anesthesia and your surgeon tightens and trims excess tissues — a type of face-lift for your throat.
- **Laser surgery.** In an outpatient surgery for snoring called laser-assisted uvulopalatoplasty (LAUP), your doctor uses a small hand-held laser beam to shorten the soft palate and remove your uvula. Removing excess tissue enlarges your airway and reduces vibration. You may need more than one session to get your snoring under control. Laser surgery isn't advised for occasional or light snoring, but it's an option if your snoring is loud and disruptive. Laser surgery generally isn't recommended for sleep apnea.
- **Radio frequency tissue ablation (somnoplasty).** In this type of surgery, doctors use a low-intensity radio frequency signal to remove part of the soft palate to reduce snoring. It's an outpatient procedure performed using local anesthesia. The technique causes slight scarring of the soft palate, which may help to reduce snoring. The effectiveness of this newer procedure needs further study.
- **Continuous positive airway pressure (CPAP).** This approach involves wearing a pressurized mask over your nose while you sleep. The mask is attached to a small pump that forces air through your airway, which keeps it open. CPAP (SEE-pap) eliminates snoring and prevents sleep apnea. Although CPAP is the preferred method of treating obstructive sleep apnea, some people find it uncomfortable.

Self-care

To prevent or quiet snoring, try these tips:

- **If you're overweight, lose weight.** Being overweight is a common cause of snoring. Loose throat tissues are more likely to vibrate as you breathe, and extra bulkiness in the throat narrows your airway.
- **Sleep on your side.** Lying on your back allows your tongue to fall backward into your throat, narrowing your airway and partially obstructing airflow. To prevent sleeping on your back, try sewing a tennis ball in the back of your pajama top.
- **Nasal strips.** Adhesive strips applied to your nose help many people increase the area of their nasal passage, enhancing their breathing.
- **Treat nasal congestion or obstruction.** Having a deviated septum or allergies can limit airflow through your nose. This forces you to breathe through your mouth, increasing the likelihood of snoring. Don't use an oral or spray decongestant for more than three days in a row for acute congestion unless directed to do so by your doctor. Ask your doctor about a prescription steroid spray if you have chronic congestion. To correct a deviated septum, you may need surgery.
- **Limit or avoid alcohol and sedatives.** Avoid drinking alcohol at least four hours before bedtime, and let your doctor know about your snoring before taking sedatives or hypnotics. Sedatives and hypnotics (sleeping pills) and alcohol depress your central nervous system, causing excessive relaxation of muscles, including the tissues in your throat. In addition, if you stop breathing due to obstructive sleep apnea, it may take longer for you to begin breathing again because alcohol, sedatives and hypnotics blunt the brain's ability to arouse from sleep.

Treatment Provided by Our Office:

TAP® 3

The TAP is based on the same principle as cardiopulmonary resuscitation, CPR. The airway must be opened to allow air to pass through the throat. A constricted or collapsed airway causes snoring or sleep apnea. The TAP holds the lower jaw in a forward position so that it does not fall open during the night and cause the airway to collapse. The TAP maintains a clear airway to reduce snoring and improve breathing.