Why Do We Snore?

Snoring is a common problem. It happens due to vibration of tissue in our throat during breathing when are asleep. It can affect about 40% of population intermittently. About 20% people suffer from persistent snoring. Men tend to snore twice more commonly than women. It can not only affect their sleep quality but can reduce their day and nighttime performance.

If someone snores, it does not always mean an underlying disease process though it can be associated with underlying anatomical and sleep disorder.

Reason for snoring:
Some people snore more often than other, and we cannot tell why the difference is. It is more common in obese people, pregnant women, people with nasal issues (like allergic rhinitis, deviated nasal septum, polyps), enlarged tonsils and adenoids, thick/large tongue, and some bony/facial congenital abnormalities.

Snore increasing in severity and frequency after heavy alcohol consumption, tobacco smoking, use of sleeping tablets or antihistamine.

Some underlying diseases like hypoactive thyroid disease and acromegaly can cause significant snoring issues.

Obstructive sleep apnoea is a common sleep related breathing disorder. In this disease, people snore frequently that can lead to cessation of breathing for few to many seconds resulting in drop in oxygen levels, which leads to brain awakening; resumption of breathing happens with sudden loud inspiration. Patient may or may not appreciate choking episodes, but they may be aware of unrestful sleep, and do not wake up refreshed. They feel sleepy due the daytime and has less energy. It may even affect their physical and sexual performance.

Not all people who snore has sleep apnoea but all patients with sleep apnoea snore.

These patients who has severe symptoms need further assessment with sleep study and treatment accordingly.

Bad effects of snoring:
Occasional and mild snoring may not cause any significant ill health effects, but severe persistent snoring can. It increases the risk of hypertension (high blood pressure), increased risk of **heart diseases and stroke**. It can increase the severity of airway disease (like asthma) and heart failure. If patients have **persistent hypertension** refractory to treatment and has physical features to suggest sleep apnoea, should undergo diagnostic sleep study assessmet.

Especially if snoring is quite severe and associated with severe sleep apnoea, it will affect daytime physical and mental efficiency along with sexual performance.

Assessment of snoring:

An expert evaluation of snoring will identify any potential reversible disease causing snoring. A detailed history especially from the bed partner is very valuable and we encourage patients to bring their partners at the time of assessment. A detailed examination is conducted. Some basic blood tests may be performed.

A **diagnostic overnight sleep study** may be required to quantify snoring but more importantly to look for associated severe sleep apnoea that would require specific management.

Treatment of Snoring:
Simple snoring can be managed with some weight loss and sometime by sleeping on the sides rather than on back. Avoiding sedative medicine and alcohol can be very good too. We can use a ball attached to shirt that may prevent people sleeping on the back and helping them stop/reduce snoring.

In people with mild to moderate snoring, we can use nasal devices/tapes to help reduce snoring. If some patient, oral devices (**mandibular advancement splints**) which help prevent tongue falling backward can be very useful.

In patients who snore and has sleep apnoea, they normally require treatment with positive airway pressure therapy like CPAP machines. This will not only help their snoring but stop them having breathing pauses whilst they are asleep. This is usually very effective therapy for the patients and their bed partners. It will increase their daytime physical and mental performance.

If you are worried about snoring or potential sleep apnoea yourself or in your partner, you should seek dedicated sleep physician assessment for expert management.

We have established first sleep laboratory employing American Academy of Sleep Medicine guidelines and Australian standards in DHA, Phase 5, Lahore. We can perform level II diagnostic sleep studies and if any treatment is required, can be managed under the same roof.

Australian Polyclinic,
CCA Phase 5 DHA, Lahore
0311 057 3333
www.australianpolyclinic.com

Dr G Sarwar Chaudhry
MBBS (King Edward Medical College, Lahore)
Fellow Royal Australasian College of Physicians (FRACP Australia)
Fellow American College of Chest Physicians (FCCP)
Conjoint Lecturer, University of Newcastle, NSW, Australia

Consultant Pulmonologist and Sleep Physician
Consultant General Physician