

Snoring and Sleep Apnea



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Although people who snore loudly are the target of bad jokes and middle of the night elbow thrusts, snoring is no laughing matter. Loud snoring can be a signal that something is seriously wrong with your breathing during sleep. Snoring is a sign that air is not freely flowing through the throat passageway. The sound of snoring comes from efforts to force air through the narrowed passage. For most people, loud disruptive snoring is merely a social problem that may strain relationships. Yet for many adults, loud habitual snoring is the first indication of a potentially life threatening disorder: obstructive sleep apnea (OSA). Apnea is the pausing of airflow for more than 10 seconds while an individual is sleeping.

SLEEP APNEA SYMPTOMS

Loud snoring, with episodes of pauses and gasps during which the snorer struggles unsuccessfully to breathe, is a prominent symptom of OSA. The muscles of the soft palate relax and sag, obstruct the airway and cause the vibration and rattling sounds of snoring. Snoring is present in 90% to 95% of patients with OSA. Sleep apnea may be present in children who are overweight and those who have enlarged tonsils and adenoids.

People with sleep apnea don't get enough oxygen and their sleep is poor. Sleep apnea can lead to daytime sleepiness, chronic fatigue, morning headache, irritability, impaired memory and judgment, mood disturbance, and decreased libido. There is evidence that it can trigger

hypertension, cardiovascular disease, and stroke.

YOUR EVALUATION

An oral and maxillofacial surgeon will want to obtain a medical history and may talk with the bed partner or other members of the household about the patient's sleeping and waking behavior. The doctor will perform a head and neck exam looking for problems that might affect sleep-related breathing. The patient may be referred to a sleep laboratory to spend the night to monitor various aspects of sleep.

SPECIALIZED TREATMENT

For those with disruptive snoring and mild sleep apnea, losing weight, avoiding alcohol and heavy meals within two hours of bedtime, avoiding sedative use, and sleeping on one's side are practical interventions that can improve or even cure snoring and sleep apnea. Radio frequency treatment of the soft palate performed in the office setting may also be helpful.

To treat severe sleep apnea, continuous positive airway pressure (CPAP) is a highly effective therapy. This is a light mask, worn over the nose during sleep, which forces air through the nose to keep the airway open. Some snoring and sleep apnea patients are helped by oral appliances that open the airway by bringing the jaw, tongue and soft palate forward.

Surgical intervention may be a viable alternative for particular patients. Surgery can be a permanent way to control this

condition; however, it is important to keep in mind that no surgical procedure is universally successful. If the airway collapses at the soft palate, a laser assisted uvulopalatoplasty (LAUP) or a uvulopalatopharyngoplasty (UPPP) may be helpful.

In both procedures, the uvula and portions of the soft palate are resected to widen the airway. The UPPP is a major inpatient surgical procedure, while the LAUP is an office procedure performed under local anesthesia. If collapse occurs at the tongue base, a hyoid suspension or repositioning the jaw with a mandibular osteotomy may be indicated.

TALK WITH YOUR DOCTOR

Sleep apnea is a serious condition and individuals with OSA may not be aware of a problem. If someone close to you has spoken of your loud snoring and has noticed that you often wake up abruptly, gasping for air, you should consult your oral and maxillofacial surgeon. ●



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