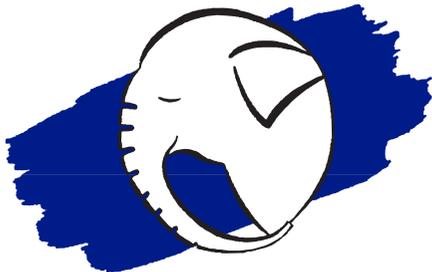


## TREATMENT

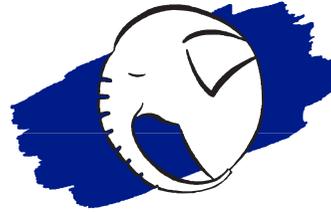
When sleep apnoea and snoring are not severe, then simple approaches can help. Losing some weight, not drinking alcohol after 6.00pm (alcohol relaxes the upper airway muscles even more), keeping the nose as clear as possible, and sleeping on one's side or semi-propped up can all help. There are now simple dental devices like sports-type gum shields, worn at night, that can greatly reduce snoring by holding the lower jaw forward during sleep. When snoring is very objectionable, with the individual and his or her partner desperate for a solution, then an operation on the back of the throat may help – but this is a last resort and should only be done when a sleep study has shown snoring alone with very little, or no, sleep apnoea.

The only really effective treatment currently used for severe sleep apnoea is continuous positive airway pressure (CPAP). Because the inside of the throat is narrowing, it can be held open by slightly pressurised air. To deliver this air, a mask is worn during sleep either under the nose, over the nose or over the nose and mouth and connected to a small, quiet pump beside the bed. Breathing is then able to return to normal during sleep with the air gently blowing through the nose, holding open the throat. The response is usually dramatic with greatly improved sleep and disappearance of the excessive sleepiness. Although these devices can be cumbersome to wear, and hardly improve one's appearance, the benefits far outweigh the disadvantages, with the vast majority of people deciding to use their machines every night at home.



**The Sleep Apnoea Trust's  
Phone Help Line is:**

**0800 025 3500**  
**Freephone**



## SLEEP APNOEA TRUST ASSOCIATION

*WORKING TO IMPROVE THE LIVES OF SLEEP APNOEA  
PATIENTS, THEIR PARTNERS AND FAMILIES*

PO Box 60, Chinnor, Oxon, OX39 4XE  
Tel: 0800 025 3500

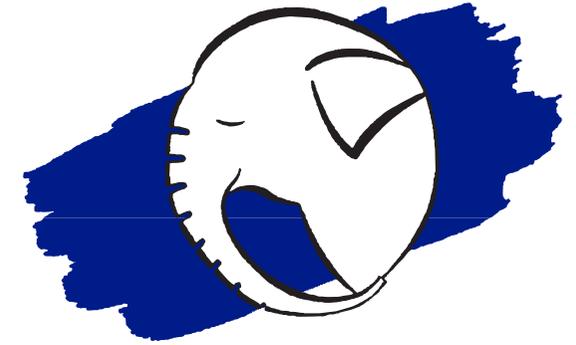
info@sleep-apnoea-trust.org  
www.sleep-apnoea-trust.org

Patron: The Earl of Buckinghamshire  
Registered Charity No 1056963

The Sleep Apnoea Trust is mainly managed  
by unpaid volunteers

### **Disclaimer**

The information in this publication is given for general information purposes only. It is in no way intended to replace the professional medical care, advice, diagnosis, or treatment of a doctor. If you are worried about any aspect of your health, you should consult a doctor in person.



## SNORING AND SLEEP APNOEA

# THE FACTS

# SNORING AND SLEEP APNOEA

Snoring and the disturbance it causes used to be regarded as a joke, about which little could be done. However we now know that snoring can indicate that there are problems with breathing at night which may harm the snorer. Also there are things that can be done to help alleviate snoring.

During sleep all the body's muscles become less active and more floppy. In most parts of the body this does not matter and indeed helps one to relax and sleep comfortably.

When the muscles that help hold open the throat behind the tongue relax, however, this leads to partial collapse and narrowing in this area.

Even in normal people this increases the resistance to the flow of air when breathing in, but this is usually of no significance. When this narrowing that occurs with sleep is more than normal, then the airway behind the tongue collapses much more.

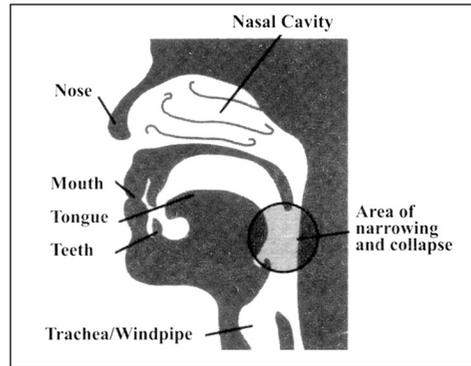
To start with, this causes snoring and then, when the collapse is complete, it causes apnoea, which means "without breath" - actually stopping breathing.

Fortunately the body is able to sense this increased obstruction to breathing and the sufferer wakes briefly, before suffocation can occur, takes a few deep breaths and rapidly returns to sleep.

This obstruction and waking often becomes a continuous cycle, every minute or so, that can go on hundreds of times each night. Usually though, the individual does not remember all these episodes of waking.

# WHAT CAUSES SLEEP APNOEA?

The things that cause sleep apnoea do so by increasing the normal narrowing of the throat during sleep.



# WHO GETS SLEEP APNOEA?

The sort of person who most commonly suffers from heavy snoring and sleep apnoea is an overweight middle-aged man with a large neck, usually taking a size 17 inch collar or more. However there are many people with sleep apnoea who are not particularly overweight, and in some we simply do not understand why they have sleep apnoea. In children the commonest cause is enlarged tonsils. Nowadays sleep apnoea is a common reason for recommending that a young child has a tonsillectomy.

Sleep apnoea and heavy snoring, severe enough to interfere with sleep quality, is probably much more common than is realised. At least 5% of the UK population have severe sleep apnoea.

# SYMPTOMS OF SLEEP APNOEA

Because sleep can be so disrupted by the body having to wake up briefly to reverse the upper airway obstruction, sufferers can experience excessive sleepiness.

To start with this occurs only during potentially boring activities such as reading, watching television or driving on motorways. However when the sleepiness gets worse it begins to interfere with most activities, with sufferers falling asleep talking or eating. Poor work performance can lose the sufferer their job and of course sleepiness whilst driving can be fatal (sleep apnoea sufferers are three to nine times more likely to have car accidents). Snoring will usually have been present for many years and have gone well beyond a joke within the family. There are many other symptoms, as one might expect in someone who is seriously sleep deprived (irritability for example), but the twin symptoms of snoring and excessive sleepiness are the best pointers to the diagnosis.

# DIAGNOSIS OF SLEEP APNOEA

The presence of significant sleep apnoea may be strongly suspected from the symptoms. Often the individual's partner has read an article about sleep apnoea and recognises that this must be what their partner has. Once sleep apnoea is suspected, then a sleep study is done to confirm the diagnosis. A hospital referral to a sleep disorders specialist is necessary for this. A variety of measurements can be made during a sleep study without discomfort. Oxygen levels in the blood can be continuously measured from a clip on the finger, and breathing monitored from little probes at the entrance to the nose, and/or belts around the chest and tummy.

Sleep quality itself can be estimated from wires stuck to the scalp or from the number of body movements made during sleep. Video recordings with sound are often used so that the doctor can actually see how badly the breathing is obstructed and the sleep disturbed.

Sleep studies to diagnose sleep apnoea can be done either at home or in a hospital laboratory, the latter providing more information in some cases.