



Snoring and obstructive sleep apnoea in adults

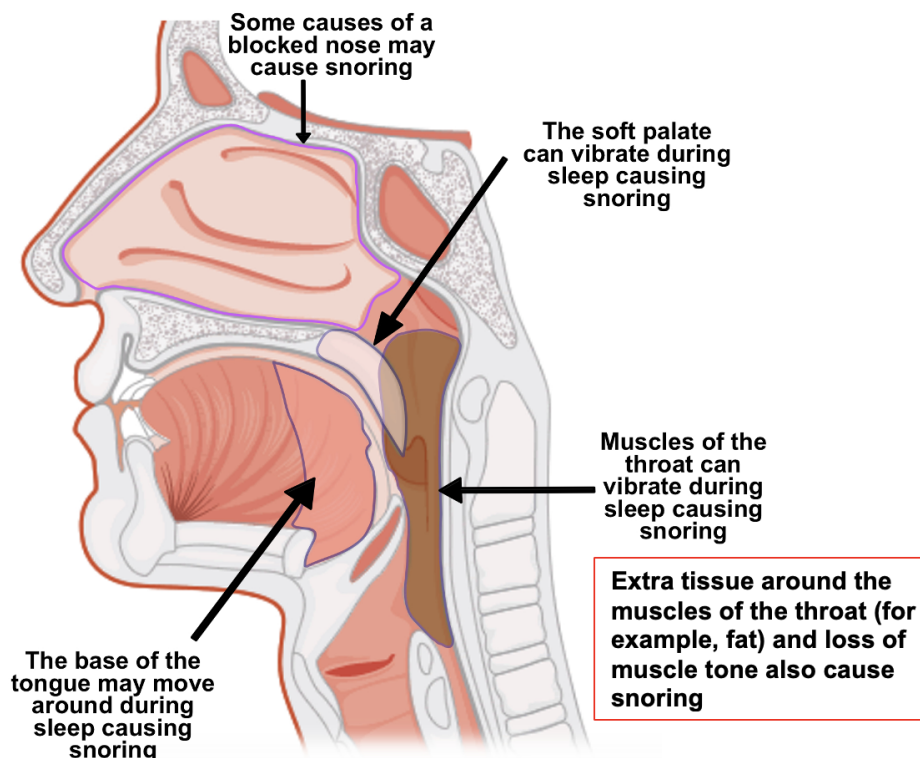
QUICK FACTS

- Snoring surgery is not available on the NHS.
- The most common reason for snoring in adults is being overweight.
- The most effective treatment for snoring is to lose weight.
- Consuming alcohol within the recommended limits, avoiding sedatives and stopping smoking can help.
- An assessment by the Respiratory team including a test called a 'sleep study' confirms the diagnosis.
- Please inform the DVLA if you have been diagnosed with obstructive sleep apnoea.

ABOUT THE CONDITION

When you are asleep, and progressing from light to deep sleep, the muscles in the throat may become very relaxed. These muscles include the soft palate, pharynx and back of the tongue.

Snoring is the sound made when air vibrates the relaxed soft tissue in the throat when the air moves in and out of the nose and/or mouth.



Is snoring a common problem?

Yes, nearly everyone snores occasionally. At least 20% of the adult population snore regularly and loud enough to disturb those around them.

Why do some people snore, and others do not?

The following 5 things are most likely to make you snore:

- **Being overweight:** People who are overweight are more likely to snore than those who are the correct weight for their height. Gaining weight makes snoring worse and losing weight makes snoring better.

Check your weight is in the healthy category for your height [here](#)

- **Getting older:** Snoring gets worse with age.
- **Sex:** Men are 3 times more likely to snore than women. Women snore as well. After the menopause, women tend to snore worse.
- **Drinking alcohol:** Alcohol makes snoring worse. Alcohol relaxes the muscles of the throat. This causes airway collapse which is the cause of snoring.
- **Sedatives:** Other types of sedatives, such as sleeping tablets, can contribute to snoring.
- **Smoking:** Smoking makes snoring worse.

Other factors that influence whether people snore

- **Families who snore:** Snoring may run in families. Snoring is related to the shape of your throat, and in the same way that families look alike, they may snore alike!
- **A blocked nose:** If you have a blocked nose at night, this may cause snoring. In a few people with certain types of nasal problems, correcting the nasal abnormality may reduce snoring.
- **Sleeping position:** Often lying on your side reduces snoring, particularly if it is not very severe. This is because when lying on your back, your tongue tends to fall backwards and partly block the upper airway.
- **In children:** Large tonsils and adenoids can cause severe snoring and sleep apnoea in children. This may be so severe as to require urgent treatment.

What should I do before seeing a doctor about snoring?

- If you are overweight for your height, you should set about losing the weight. If you go and see your doctor about snoring and you are overweight, the first advice you will receive is to lose weight. Most doctors will not suggest any other treatment for snoring until you are near to the correct weight for your height.
- If you drink alcohol, consider how much you drink and the effect it has on your snoring. Avoid alcohol for a week and look at the effect it has on your snoring.
- If you smoke, consider giving this up and expecting a benefit. It is a common misconception that stopping smoking results in weight gain.
- Simple snoring usually affects your partner's sleep more than it affects you. Kindly ask your partner to use (noise-cancellation) earplugs if your snoring affects their sleep.

If any of the above points are relevant to you, your doctor is unlikely to offer any other treatment for snoring unless you have made some lifestyle changes. Anything a doctor can do for you is less effective if you are overweight and are not in the healthy weight category for your height.

Beware of advertisements which suggest that a minor operation will solve your problem of snoring. There is no 'quick fix' for snoring.

What is sleep apnoea and is it related to snoring?

Snoring may be associated with a sleep disorder called Obstructive Sleep Apnoea (OSA). Not all snorers have this condition.

Obstructive Sleep Apnoea is a condition where the upper airway blocks or partially blocks whilst you are sleeping.

- Sufferers can be seen to be struggling for air.
- They tend to wake up with a loud grunt or snort.
- There may be by periods of silence when their breathing stops or nearly stops during sleep. These are called breathing pauses.
- Sometimes they hear their own snoring.
- If a snorer is waking themselves up at night, it is often because of sleep apnoea.

Apart from causing restless sleep, you may find you are very tired in the daytime. You may find it difficult to stay awake even when doing important tasks such as driving a vehicle.

You may cause severe injury or death to yourself or others if you fall asleep at the wheel.

You must not drive until you are free from excessive sleepiness or until your symptoms are under control. You must strictly follow any necessary treatment.

The DVLA must be informed if you have:

1. Confirmed moderate or severe obstructive sleep apnoea syndrome (OSAS), with excessive sleepiness
2. Suspected or confirmed mild OSAS causing excessive sleepiness for at least 3 months.

See <https://www.gov.uk/excessive-sleepiness-and-driving> for more information.

The 5 important factors of snoring also apply to sleep apnoea and being a healthy weight, reducing alcohol intake, stopping smoking will help if you have sleep apnoea.

However, occasional stopping of breathing during sleep is not unusual. This can happen briefly for up to four times an hour and not be important. But if it is happening regularly and causing sleep disturbance and tiredness, it may well be significant.

Adults with OSA are at risk of having high blood pressure, heart problems and strokes. **See your GP if you have snoring associated with the following symptoms:**

- Witnessed breathing pauses during sleep
- Waking yourself up at night
- Gasping or choking at night
- Restless sleep
- Morning headaches
- Difficulty concentrating on routine tasks
- Excessive daytime sleepiness

You will need further tests and be referred to the Respiratory Team.

Children with Obstructive Sleep Apnoea may have poor attention span at school, poor school performance or behavioural issues and sometimes wet the bed.

What will happen when I am referred to the Respiratory Team?

- You will be asked about the problem.
- You will be examined, including your weight and height to calculate your Body Mass Index (BMI).
- You will be advised about weight loss, if appropriate.
- You may have some form of 'sleep study' recommended and arranged. This involves measuring your blood oxygen level, breathing and pulse rate. It can be done either in the hospital overnight or by using a portable machine to take home overnight.
- If the 'sleep study' reveals you have Obstructive Sleep Apnoea, specific treatment will be recommended.
 - Continuous Positive Airway Pressure (CPAP) treatment. This involves wearing a mask over your nose at night. The mask gently blows air into you all the time, holding the airway open during breathing. This treatment is effective but can take time to get used to wearing the mask at night. Those who find it useful say they wake up more refreshed and have better sleep quality.



Figure 1(a) Mask on the nose only | (b) Mask covering the nose and mouth

What will happen when I am referred to an ENT surgeon?

- You will be asked about the problem.
- You will be examined, including your weight and height to calculate your Body Mass Index (BMI).
- You will be advised about weight loss if appropriate.
- If there are any features that suggest you have OSA, you will be referred to the Respiratory Team for a Sleep Study and treatment.
- If you have certain conditions affecting your nose and/or throat, treatment may be recommended for this. Treatment starts with medication. You may be offered surgery if you have other symptoms that would be improved by surgery and if it would help the CPAP machine work better.
- A Mandibular Advancement Prosthesis may be arranged via your dentist. This is worn in your mouth to pull your lower jaw forward at night. This holds the airway open if your airway closes at the level of your tongue.



Figure 2. Mandibular advancement prosthesis

- Surgery for snoring without other symptoms is not performed on the National Health Service (NHS) as the evidence for the effectiveness of surgery is not reliable and there is a high rate of recurrence of snoring within 18 months of surgery. Patients who have previously had this surgery claim it is very painful.
- Private providers may offer surgery for snoring. If you are considering surgery in the private sector, ask your surgeon about their recurrence rates and the risks of surgery.
- In children who snore badly or have obstructive sleep apnoea, [tonsillectomy](#) and [adenoidectomy](#) can be very effective in curing the problem.

Further reading

- [The British Snoring and Sleep Apnoea Association \(BSSAA\)](#)
 - [NHS - About Snoring](#)
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FEEDBACK SURVEY



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