



## Rex F. Miller, DMD, PC

570 Blackstone Alley,  
Jacksonville, OR 97530

### Snoring and Sleep Apnea

#### **Is snoring harmful to my health?**

The severity of this disorder varies: It can be a mild nuisance that disturbs a restful night's sleep or a symptom of the more serious, progressive sleep apnea syndrome. A history of snoring may precede development of more serious sleep disorder symptoms, including excessive daytime sleepiness, memory impairment, morning headache, poor work performance and loss of sexual drive. While snoring by itself is not life threatening, it can interfere with a good night's sleep for you, the snorer, and obviously affect your partner's ability to get quality sleep. Scientific research has found that partners of snorers lose up to an hour of sleep a night because of the nuisance.

#### **How can I minimize my snoring?**

You can make positive lifestyle changes to minimize your snoring such as:

- Lose weight
- Quit smoking
- Get treatment for allergies if you have them
- Limit or avoid alcohol use and sedatives
- Sleep on your side instead of your back (when you sleep on your back, your tongue falls backwards into your throat, which can narrow your airway and partially block airflow).

#### **What is the difference between snoring and sleep apnea?**

Both fall into the category of sleep-disordered breathing. Simple snoring represents a mild disorder where breathing becomes very loud but the upper airway is only partially obstructed during sleep.

Snoring is a common symptom of obstructive sleep apnea. However, unlike mild snoring, sleep apnea is a serious medical disorder that occurs because the airway is totally obstructed during sleep and the patient stops breathing completely for 10 seconds or more. In one night, a sleep apnea patient may experience 20 to 30 or more "apneic events" (or involuntary breathing pauses). If your partner hears loud snoring punctuated by silences and then a snort or choking sound as you resume breathing, this pattern could signal sleep apnea. There are two main types of sleep apnea. **Obstructive Sleep Apnea** may represent cessation of breathing due to mechanical blockage of the airway. **Central Sleep Apnea** appears to be related to a malfunction of the brain's normal signal to breathe.

Symptoms of sleep apnea may include restless sleep, loud, heavy snoring (often interrupted by silence and then gasps), falling asleep while driving and/or during the day (at work, watching TV, etc.), morning headaches, loss of energy, trouble concentrating, and mood or behavior changes.

### **Why are sleep apnea sufferers at risk?**

An estimated 18 million Americans suffer from undiagnosed and untreated sleep apnea. This disorder may raise your blood pressure and decrease the flow of oxygen to your brain. Studies have shown that patients with this potentially life-threatening disorder are so fatigued during the day that when driving, their performance is similar to a drunk driver. If left untreated, sleep apnea can lead to impaired daytime functioning, high blood pressure, heart failure and possibly stroke. While snoring and sleep apnea are related disorders, not all snorers will develop sleep apnea and not all sleep apnea patients snore.

Studies show an increased mortality risk for those reporting less than either six or seven hours per night. One study found that reduced sleep time is a greater mortality risk than smoking, high blood pressure, and heart disease. Sleep disturbance is also one of the leading predictors of institutionalization in the elderly, and severe insomnia triples the mortality risk in elderly men.

Remarkably, sleep loss may also be a contributing factor to obesity. John Winkelman, MD, PhD, medical director of the Sleep Health Center at Brigham and Women's Hospital and assistant professor of psychiatry at Harvard Medical School sums up this finding up nicely: "What most people do not realize is that better sleep habits may be instrumental to the success of any weight management plan." And Michael Thorpy, MD, director of the Sleep-Wake Disorders Center at Montefiore Medical Center in New York adds, "Any American making a resolution to lose weight ... should probably consider a parallel commitment for getting more sleep."

### **What treatment options are available?**

Oral appliance therapy (also known as Mandibular Repositioning Device or MRD) is one way to effectively manage snoring and sleep apnea, and may be used in conjunction with other therapies. Some appliances such as a tongue-retaining device hold the tongue forward via a suction bulb to open up the air passage. Mandibular repositioning appliances reposition and maintain the lower jaw (mandible) in a protruded position during sleep. Nasal sprays also can provide relief for snorers whose nasal passages are blocked due to swelling or increased mucous.

Therapy may last for several weeks or months and require follow-up visits. The cost of oral appliances ranges from \$50 to \$1,500, depending on whether you opt for an over-the-counter or custom-made appliance.

In some cases, surgery may be required to eliminate snoring. Procedures can include any of the following: traditional surgery, outpatient laser-assisted uvulopalatoplasty (LAUP) to cut away the uvula (this is not recommended for sleep apnea patients), and nasal surgery to remove obstructions in the nose or to correct a deviated septum.

### **How can my dentist help?**

If you experience any symptoms associated with snoring or sleep apnea, consult with your dentist so he or she can properly diagnose your condition or, if necessary, refer you to a specialist. If your dentist suspects you suffer from sleep apnea, he or she may refer you to a physician or a sleep specialist. For a proper diagnosis, you may have to undergo an overnight sleep study, which measures heart rate and how many times breathing is

interrupted.

If you have been diagnosed with snoring or obstructive sleep apnea, your dentist can work closely with the diagnosing physician to implement and manage the prescribed therapy including the use of an MRD to open and maintain an open airway while sleeping. Patients must be aware that MRD therapy carries with it a 10 percent risk that the patient's condition we'll get *worse*. This appears to be unique to MRD therapy, and may require the patient to have a follow-up sleep study even if symptoms are relieved.