



Medical Edge Newspaper Column

LOUD SNORING MAY BE A SIGN OF OBSTRUCTIVE SLEEP APNEA

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Dear Mayo Clinic:

According to my wife, I'm a loud snorer. She swears I must have sleep apnea. I've heard there are mouth devices that can help with this condition. True? Where can I find them?

Answer:

Obstructive sleep apnea is a condition where the airway narrows or closes during sleep, interrupting breathing. It affects men and women and can be caused by the relaxation of muscles in the back of the throat. When breathing is interrupted, the brain senses the lack of oxygen and briefly rouses the sleeper to gasp for air. Some people don't fully awaken or remember these episodes. In fact, some people with obstructive sleep apnea report that they sleep well.

Many dentists can provide patients with customized mouth appliances that help prevent the airway from narrowing during sleep. The device can reduce snoring and, for some patients, effectively treats obstructive sleep apnea.

Before calling the dentist, however, make an appointment with your doctor, or a physician who specializes in sleep disorders, to diagnose your condition and determine the best treatment. If you have obstructive sleep apnea, treatment is important because of the related long-term health risks. While loud snoring is one indicator of obstructive sleep apnea, not all snorers have this condition. If your only diagnosis is loud snoring, you still may want to pursue treatment to make sleeping easier for your spouse.

With obstructive sleep apnea, breath interruptions can occur multiple times per hour all night; the more interruptions, the greater the risk to overall health, especially the heart. When breathing temporarily stops, oxygen levels drop, which may stress the heart. One result is that obstructive sleep apnea increases the risk of high blood pressure and heart disease. And, interrupted sleep can cause daytime sleepiness, difficulty concentrating, and morning headaches.

To determine a diagnosis, your physician will likely recommend a polysomnogram. This overnight sleep study tracks snoring and determines if and how often you stop breathing during sleep. With that information, your physician can determine treatment options.

Lifestyle changes may be first on the list. For those who are overweight, losing a few pounds can reduce fat deposits around the airway. Even a small weight loss can help reduce symptoms. Sleeping on the side instead of the back can help. Avoiding alcohol, sleeping pills and certain prescription pain medications may help, too.

For those with mild-to-moderate obstructive sleep apnea, a physician might recommend an oral appliance, which can be very effective. In this situation, seeing a dentist is appropriate. Dozens of appliance options can be custom fitted by a dentist with expertise in dental sleep medicine. The devices usually are covered by insurance. While over-the-counter devices are available, research suggests that those made and fitted by a dentist are more effective. Working with a dentist might require some trial and error to find the most appropriate device.

In general, these devices attach to both upper and lower teeth with a mechanism that gently pulls the lower jaw forward, preventing the tongue from blocking the airway during sleep. The device may be periodically adjusted in

small increments to help move the lower jaw forward. Wearing the device usually is comfortable. If not, the dentist can make adjustments to improve fit and comfort.

Over time, the device may change how the upper and lower teeth come together. For patients who benefit from the device, a less-than-perfect bite may be a healthy tradeoff.

Oral devices are very effective for primary snoring as well. Even for those who do not have obstructive sleep apnea, an oral device may significantly reduce or eliminate disruptive snoring.

When obstructive sleep apnea is severe, continuous positive airway pressure (CPAP) therapy usually is necessary. CPAP is considered the gold standard treatment for obstructive sleep apnea. During sleep, patients receive a consistent level of air pressure that keeps the airway open, preventing apnea and snoring. The air pressure is generated by a small machine kept at the bedside. A flexible tube connects the machine to a face mask. Many people do very well with this approach. However, some people never get used to being linked to the device at night. Surgery is sometimes considered for those who don't respond to other treatments.

The Web site of the [American Academy of Dental Sleep Medicine](#) is a good resource for more information.

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