

INTRODUCTION

Snoring, up till only a few years ago treated by the medical community as a social inconvenience, is now showing convincing evidence of actually being a health hazard.

Many researchers now rate the public health hazards of snoring on the same scale as smoking.

Studies show that approximately 25% of men, 18% of women and 11% of children snore and these figures rise with increasing age and obesity. The severity of snoring may vary from occasional loud breathing sounds to life-threatening obstruction of the airway called sleep apnoea. Sleep apnoea affects about 3% of middle aged men and 2% of middle aged women.

HOW DO PEOPLE SNORE?

Snoring sounds usually arise from the floppy back part of the roof of the mouth. The roof of the mouth, or palate, consists of a front hard bony portion, and a back flexible muscular portion ending in an elongate structure called the uvula.

As the individual breathes in during sleep, the relaxed throat muscles collapse and the uvula vibrates as a result of turbulent airflow. Wind instruments such as the clarinet and oboe work on much the same principle.

HOW CAN SNORING BECOME DANGEROUS?

When airway collapse at the back of the throat is severe, airflow ceases and oxygen levels in the bloodstream drop to critical levels. Such periods of breath holding are known as Apnoeic Spells and they recur throughout the night producing a condition known as Sleep Apnoea. Patients often stop breathing until an inbuilt alarm in the brain goes off, partially arousing the individual from sleep. As a result, the sleep pattern is disturbed, giving rise to excessive daytime sleepiness. Lack of oxygen is associated with heartbeat irregularities, high blood pressure and strokes.

CLINICAL SIGNS AND SYMPTOMS

Patients are known to drop off to sleep at the wheel of their car causing traffic accidents. As a result of daytime somnolence, work performance suffers. Other clinical features include impaired concentration, memory disturbances, aggression and impotence. Snoring is a cause of marital disharmony and has been quoted as a cause of divorce in countries such as the UK. Children may fall asleep in class, have learning difficulties, morning headaches or failure to thrive. Nightmares, bed wetting and restlessness during sleep are also associated symptoms.

People more prone to snoring have physical attributes such as obesity, a short neck, blocked nose, large tonsils or adenoids. The latter is the most common finding in children. Drinking alcohol in the evening increases muscle relaxation during sleep and makes snoring worse.

MANAGEMENT

Weight loss is extremely important as with increasing obesity fat infiltrates the throat muscles decreasing their tone and making them more prone to collapse. No alcohol should be taken before retiring at night. Examination by and ENT surgeon should be carried out to exclude simple problems such as a bent nasal septum, nasal polyps, enlarged tonsils or adenoids or a particularly long and thick uvula. A procedure known as Nasoendoscopy is often carried out. Under local anaesthetic administered by spray a narrow, flexible fiberoptic telescope looks at the nose and upper air passages so as to visualise the site of maximal collapse.

Patients whose history is suggestive of sleep apnoea are selected for a 'sleep study'. The individual in this case has an oxygen-sensing probe fitted to his/her finger and monitoring is carried out during a night's sleep. Sleep apnoea sufferers are offered a special machine that blows air through a mask, and they have to wear this mask during sleep for the rest of their lives. As a result, long term compliance is not very good.

Most snorers do not have sleep apnoea and their snoring may be improved or abolished by means of appropriate surgery depending on the site of obstruction. Surgery may be required to remove nasal polyps, correct a bent nasal septum or remove large tonsils or adenoids. Laser may be used to remove the vibrating uvula and a small segment of adjacent soft palate. This is called LAUP or Laser Assisted UvuloPalatoplasty. The carbon dioxide laser has proved itself in the United States, France,

the United Kingdom, and is now available in Malta. Its main advantage over conventional surgical instruments is that while it cuts, it seals off blood vessels and its application results in less bleeding,

less tissue swelling and less long term scarring. LAUP is carried out on a day case basis, and the patient is advised that he/she would have a sore throat for a week.
