



DOES YOUR SNORING MEAN SLEEP APNEA?

BY ILIA JBANKOV, FNP-BC

90 million Americans snore¹, but did you know that snoring can be a sign of a serious health condition? It is estimated that about half of people who snore loudly have obstructive sleep apnea, or OSA². OSA is one of the most common and serious sleep disorders and its prevalence is increasing in developed countries. It is estimated that about 15-30% of men and 10-15% of women are afflicted by it in the US³. Despite the increasing prevalence, OSA remains significantly underdiagnosed and awareness among the general population is extremely low⁴.

What is Obstructive Sleep Apnea?

When we sleep, the tissues of the tongue, soft palate, and airway relax and are pulled down by gravity. In some individuals, this results in the narrowing of the airway. As air passes through that narrow space, it rattles these tissues, producing the characteristic sounds of snoring. Although not everyone who snores has OSA, almost every person with OSA snores⁵.

Besides snoring, people with OSA reach a point when they stop breathing altogether while asleep. This occurs because of a significant narrowing or complete closing of their airway. This temporarily deprives their body and brain of air, and as oxygen

levels become low the brain is forced to momentarily wake up from sleep. The brain then sends a signal to the body to adjust its position to correct the narrowing and ensure normal oxygen supply.

However, the correction is only temporary. The moment the brain falls back to sleep, the obstruction takes place again, and the sequence occurs repeatedly tens or even hundreds of times each night. This is very stressful for your heart and your whole body. Unfortunately, most people with OSA do not even realize that these cycles of interrupted breathing and awakening take place until their partner voices concerns or they develop noticeable symptoms.



Symptoms and Complications

Over time, OSA can lead to a wide range of symptoms. These symptoms often coincide with other medical and psychiatric conditions. This may result in multiple visits to clinicians and specialists, costly workups, and misdiagnosis. The most common symptoms of OSA include.^{6,7,8}

- › Loud snoring
- › Episodes of stopped breathing while asleep
- › Abrupt awakenings accompanied by choking or gasping
- › Waking up tired
- › Dry mouth or sore throat upon awakening
- › Morning headaches
- › Excessive daytime drowsiness
- › Concentration and memory problems
- › Dozing off
- › Chronic fatigue
- › Weight gain
- › Decreased libido
- › Mood changes, irritability, depression

Long-standing OSA has been found to significantly increase the risk of high blood pressure, diabetes, cardiovascular disease, heart attacks, stroke, motor vehicle accidents, and death.^{5,9,10}

Risk Factors

There are many potential risk factors for OSA which include:

- › Excessive weight, especially obesity (BMI over 35)
- › Large neck circumference (over 40cm)
- › Family history of sleep apnea or snoring
- › Narrowed airway
- › Chronic nasal congestion
- › Asthma
- › High blood pressure
- › Diabetes
- › Hypothyroidism (low levels of thyroid hormone)
- › Acromegaly (high levels of growth hormone)
- › Post-menopause (for women)
- › Smoking
- › Alcohol consumption before bedtime

Diagnosing OSA

If you suspect that you or your loved one have OSA, it is important to seek medical assistance as soon as possible. OSA can lead to many health complications and postponing treatment can be detrimental. During the visit, your clinician will ask questions about individual risk factors and symptoms as well as perform a physical exam. If suspicion of OSA is



confirmed, your provider will order a sleep study, which is the gold standard for diagnosing OSA.

Treating OSA

Treatment for confirmed OSA is comprehensive and may include the following three approaches:

1. Lifestyle changes. This approach includes regular exercise, weight loss, smoking cessation, avoiding alcohol before bedtime, management of allergies, and avoiding sleeping on the back.
2. CPAP Therapy. The most common treatment is the use of a CPAP, or continuous positive airway pressure device, which helps maintain an open airway throughout the night using continuous positive airway pressure technology. Other options include a BPAP or bilevel positive airway pressure device, nasal or facial masks, or specialized dental mouthpieces designed to keep the lower jaw from sliding back during sleep.

3. Surgery. Surgical intervention is considered a last resort in the treatment of OSA. It is selected only in individuals with inherited anatomic features that render other therapies ineffective or when other treatments failed to produce positive results.

Prevention

OSA can be preventable in many individuals. The most effective prevention strategy is maintaining a healthy weight or losing weight if you are overweight. Other strategies include smoking cessation, managing allergies, and nasal congestion, avoiding alcohol consumption at least 4 hours before bedtime, raising the head of the bed, or keeping your head elevated with the help of therapeutic pillows and wedges. Make some of these changes to get your best sleep.

Resources:

1. [Is snoring always a sign of sleep apnea?](#)
2. [Predicting obstructive sleep apnea with periodic snoring sound recorded at home](#)
3. [Clinical presentation and diagnosis of obstructive sleep apnea in adults](#)
4. [Rising prevalence of sleep apnea in the U.S. threatens public health](#)
5. [Why do people snore? Answers for better health](#)
6. [Obstructive sleep apnea](#)
7. [Obstructive sleep apnea. What it is, how to recognize it, why it matters, and how it can be treated](#)
8. [Sleep apnea and weight gain: 3 facts you should know](#)
9. [Obstructive sleep apnea as a risk factor for stroke and death](#)
10. [Sleep apnea in type 2 diabetes](#)
11. [What is OSA? Risk factors](#)