

Can Snoring Affect Your Health?

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Introduction: Snoring affects up to 60% of adults, and it is more common in men. We often think of snoring as a normal part of aging, and when the snoring becomes loud and chronic, it is often the stuff of jokes and a source of amusement. However, snoring may not be as innocuous as we have thought. Someone once said that a man who snores is deadly to the sleep and peace of his wife. The wife of a man who snores loses on average five hours of sleep per week. "Snoring becomes a problem when it goes beyond a simple murmur or light guttural sound into a deafening roar capable of climbing the walls, escaping towards the balcony, and leaping into the neighbor's bedroom, and there is nothing that anyone can do to stop it." Besides the obvious danger to the night's rest of the bed partner, snoring can be a sign of a serious sleep disorder called obstructive sleep apnea (OSA).

Definition: OSA is a condition where the affected person stops breathing (apnea) while sleeping, followed by sudden loud gasps and snorts when breathing resumes. Apneas occur when the upper airway collapses preventing air from entering the lungs. Apneas are terminated by a short awakening and usually result in dangerous drops in the level of oxygen in the blood and rises in heart rate and blood pressure. In some patients hundreds of apneas occur during the course of a night.

Prevalence: OSA is a major public health problem. It currently occurs in epidemic proportions. Up to 24% of men and 9% of women suffer from OSA and do not know it. In some groups, such as those with kidney failure, high blood pressure, obesity and the elderly, the prevalence of OSA can be as high as 50-80%.

Clinical importance: OSA patients usually complain of un-refreshing sleep. A major complaint is excessive daytime somnolence and its consequences (poor memory, lack of concentration, motor vehicle accidents, family discord, and reduced quality of life). OSA patients also suffer from an increase incidence of cardiovascular disease (hypertension, angina, heart attacks, and strokes). The end result is increased use of health care resources and increased mortality.

Risk factors and clinical presentation: Seventy percent of patient with OSA are obese, and classically present with chronic loud snoring that bothers the bed partner or family, and excessive daytime somnolence. Risk factors include obesity, increasing age, being male, smoking, family history of OSA, and a short thick neck with a narrow upper airway.

Diagnosis: Since most presenting symptoms in OSA are non-specific, a high index of suspicion and a formal sleep study is needed to make the diagnosis. A sleep study can be performed in the patient's home or in the sleep laboratory.

Treatment: The most effective therapy is CPAP (continuous positive airway pressure). CPAP creates an air splint that keeps the throat open during sleep preventing snoring and the apneas. The beneficial results from CPAP therapy can be appreciated the very next morning. Other less effective therapies include jaw advancement devices and surgery. Weight reduction, maintaining healthy sleep habits, and quitting smoking, are important aspects of OSA therapy.

Conclusion: OSA is a prevalent condition that can be dangerous, easily diagnosed, and more importantly, can be effectively treated. The treatment of OSA results in significant health benefits and improvement in quality of life.