

EAR, NOSE & THROAT

Snoring across the ages

It may be common, but it is certainly not normal.



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Some 25% of the world's adults are snoring regularly, with noise reaching up to 100dB – like that of a pneumatic drill. Snoring is, however, not just noise. It is a sign that there is sleep-disordered breathing (SDB), which can be further divided into Simple Snoring, Upper Airway Resistance Syndrome (UARS), and Obstructive Sleep Apnoea (OSA).

In OSA, there is reduced oxygen in the blood from obstruction or collapse of the airway during sleep. Adults experience daytime sleepiness, irritability, depression, impaired concentration/memory, fatigue and morning headaches. At night, there are episodes of choking/cessation of breathing, teeth grinding, increased urination and poor libido.

Regular snorers are five times more likely to have hypertension, cholesterolaemia, diabetes, heart attack and stroke than occasional snorers. Some 50% of women with pre-eclampsia blood pressure problems in pregnancy have OSA.

Many children, instead of

snoring, have open-mouth breathing as their nose passages are tiny. The child is restless, tossing and turning in his sleep with his mouth open, often bed-wetting and waking up irritable and hyperactive. He may be misdiagnosed with attention deficit disorder. He is more sickly but less often sleepy than adult sufferers. Long-term effects include heart, hypertension and memory problems. There can also be long narrow faces, dental over-bite and reduced lower jaw growth.

Common causes of snoring

Children: allergic rhinitis and adenoid and tonsil enlargement.

Adults: nose block from allergic rhinitis, a deviated nose bone, hypertrophic turbinates, polyps, soft palate redundancy and medialisation, receded lower jaw, prolapsed large tongue base or poor muscle tone and obesity.

Treatment approaches

For occasional and mild snoring, patients can try to change sleep position, avoid alcohol and

smoking, commit to weight loss and treat nasal conditions. Oral devices and medication may be needed.

And although there are more than 2,000 devices on the global market which people use to self-manage their snoring, it is better to consult an ENT specialist, sleep physician or neurologist for a proper sleep study first.

Continuous positive airway pressure (CPAP) is the gold standard treatment. But some patients can't handle the discomfort of the CPAP mask or the nasal or pressure side effects.

In these instances, surgery is considered a main or adjunct treatment. This ranges from nasal, adenoid and tonsil surgery, to reconstructive surgery to the tongue base and maxillo-mandibular advancement surgeries. For severe obesity, bariatric surgery may be required.

For kids with craniofacial syndromes, tracheotomy, nasal airway stents and complex multi-disciplinary cranio-facial and airway surgeries are often required. [👉](#)



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