Analyze adult snoring carefully

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Snoring in an adult is considered to be a most important symptom that is strongly associated with daytime sleepiness, inattention, restlessness while sleeping, high blood pressure, stroke, atrial fibrillation, heart attacks and even diabetes. It is considered a frequent cause of auto accidents because of daytime sleepiness and lack of attention.

What should a doctor be asking to gain important diagnostic hints as to potential problems strongly related to snoring? Helpful questions can be summarized as follows:

1. Do you snore?
2. How often? Two to four nights a week — this is considered moderate snoring. If it is five to seven nights per week, or almost always when sleeping, it is considered habitual.
3. Is the snoring interrupted by a cessation in breathing? When the breathing resumes, the patient usually shifts the head to one side but may or may not wake up.
4. Count the number of seconds the breathing has stopped. If it is 10 seconds or more, and if these cessations occur at least 10 times per hour, this is considered a serious problem, usually involving sleep apnea.
5. Does the patient seem to have difficulty breathing while sleeping? This is a sign of hypopnea, another serious form of sleep disturbance that is very similar to apnea (the complete cessation of breathing)
6. Does the patient often fall asleep watching television or while reading a book?
7. Most often (but not exclusively), it is a middle-aged male who is overweight and has a large neck size (usually 17 inches or more). There are, however, those who have serious sleep-disordered breathing problems who are not overweight and are not a typical candidate.

How should the doctor deal with a snoring patient? To simply issue an anti-snoring device will solve the irritating snoring problem but may ignore much more life-threatening symptoms as mentioned above.

The simplest way is to use a home-night study, which consists of a device (such as supplied by Res-Med) that can monitor not only the severity of snoring (intensity of sound, frequency and when it occurs), but the type and frequency of apnea, blood oxygen and number of breaths, etc. If there is no evidence of apnea (a complete cessation of breathing) or hypopnea (labor breaths), then a snoring device could be prescribed.

A simple device is called a Snore-Cure, which is preformed and advances the mandible and tongue at different amounts (4 mm and 7 mm from an end-to-end incisal position). The 4-mm advancement (Snore-Cure) appliance is used for those individuals with an overjet (horizontal jaw discrepancy — posteriorly positioned mandible or anteriorly positioned maxilla or protrusive incisors) that exceeds 4 mm. The 7-mm advancement appliance is for those with a fairly normal overjet (less than 4 mm) and those with severe snoring problems.

The posterior section of the mandibular half of the appliance can be lined with a specifically formulated self-cure acrylic to maintain the appliance in the mouth while asleep. This is not necessary in most cases because the appliance rarely ever falls out of the mouth. If the patient’s teeth are crooked, it is advisable to trim the inside of the appliance so that minimal pressure is placed on these teeth.

The two adult Snore-Cure appliances are available in an open and a closed version: (a) the 4 mm mandibular advancing appliance for overjets of 4 mm or more and (b) the 7 mm advanced style for normal overjets and severe snores. These adult appliance are not to be used in patients younger than 20 years of age.