If you are referred to a respiratory physician

• You will be asked about the problem.

• You will be examined, including your weight and height to calculate your Body Mass Index (BMI).

• You will be advised about weight loss if appropriate.

• You may have some form of “sleep study” recommended and arranged. This essentially involves measuring your blood oxygen level, breathing and pulse rate. It can be done either in the hospital overnight or by using a portable machine to take home overnight.

• If the “sleep study” reveals you have sleep apnoea specific treatment will be recommended: “Continuous Positive Airway Pressure” (CPAP) treatment. This involves wearing a mask over your nose at night. The mask gently blows air into you all the time, holding the airway open during breathing. This treatment is effective but needs careful supervision, particularly at first and not all patients find it tolerable or useful.

• If your airway closes at the level of your tongue, you may be offered a Mandibular Advancement Prosthesis (this may need to be arranged through a dentist). This is worn in your mouth to pull your lower jaw forward at night. This holds the airway open.

• In children who snore badly or have obstructive sleep apnoea, tonsillectomy and adenoidectomy can be very effective in curing the problem.

In summary, the commonest reason for snoring in adults is being overweight, particularly in men. The least painful and most effective treatment for snoring in this group is to lose weight.

If you are referred to an ENT surgeon

• Your assessment will be similar to that above. However if you have specific problems with your nose and/or throat treatment may be recommended for this.

• If your nose is blocked and the surgeon thinks this is contributing significantly towards the snoring, you may be offered an operation to clear your nose.

• If you are slim and have a narrow throat, you may be offered surgery to your palate to shorten or stiffen it so that the snoring stops. There are a range of operations done for this and you need to discuss the benefits and risks of what you are being offered. You need to ask how successful the operation is in your surgeon’s personal experience and what complications arise and you must be satisfied that you have a good chance of benefiting before agreeing to surgery.

• The evidence is that the results of surgery are not very reliable and there is quite a high rate of recurrence of snoring after an initial improvement. Ask about this.

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Is snoring a common problem?
Yes, at least 20% of the adult population snore regularly and loud enough to disturb those around them.

Why do some people snore and others do not?
The following 5 things are most likely to make you snore:

Being overweight
People who are overweight are much more likely to snore than those who are the correct weight for their height. Gaining weight makes existing snoring worse and losing it makes snoring better.

Getting older
Snoring gets worse with age.

Gender
Men are three times more likely to snore than women, but of course women are also afflicted. After the menopause women tend to catch men up.

Drinking alcohol
Alcohol makes snoring worse. This is a direct effect because alcohol relaxes the muscles of the throat and this causes airway collapse – the cause of snoring.

Smoking
Smoking makes snoring worse.

Some other factors that influence whether people snore

Families who snore
Snoring may run in families. Snoring is related to the shape of your throat, and in the same way that families look alike, they may snore alike!

A blocked nose
If you have a blocked nose at night, this may cause snoring. Correcting the nasal abnormality may reduce the snoring.

Sleeping position
Often lying on your side reduces snoring, particularly if it is not very severe. This is because when lying on your back, your tongue tends to fall backwards and block the airway.

In children
Large tonsils and adenoids can cause severe snoring and sleep apnoea in children. This may be so severe as to require urgent treatment.

What is sleep apnoea and is it related to snoring?
Sleep apnoea is when you stop breathing during sleep. The sleep apnoea which occurs in snorers is called obstructive sleep apnoea because the throat actually blocks while you are sleeping. Sufferers can be seen to be struggling for air and tend to wake with a loud grunt or snort. Sometimes they actually hear their own snoring and if a snorer is waking himself up at night, it is often because of sleep apnoea.

Apart from causing restless sleep, the sufferer may be very tired in the daytime because of the disturbed sleep. Such people may find it difficult to stay awake even when doing important tasks such as driving a vehicle.

Sleep apnoea and snoring are part of the same condition. Bad snorers tend to develop sleep apnoea. The 5 important factors in snoring also apply to sleep apnoea. However, occasional stopping of breathing during sleep is not unusual. This can happen up to four times an hour and not be important, but if it is happening regularly and causing sleep disturbance and tiredness, it may well be significant.

What should you do before seeing a doctor about snoring?
• If you are overweight for your height, you should set about losing the weight. Most specialists will not contemplate any other treatment for snoring until you are near to the correct weight for your height.
• If you drink any alcohol, consider the amount you drink and the effect it has on your snoring. Try avoiding alcohol and noting the effect it has on your snoring.
• If you smoke, consider giving this up and expecting a benefit. Please be aware that stopping smoking does not result in weight gain.

There is no point seeking medical help for snoring unless you have seriously considered these factors. Anything a doctor can do for you by way of surgery is less effective if you are overweight and have not made a serious effort to lose weight. Beware of advertisements which suggest that a minor operation will solve your problem. An operation may be of value in stopping snoring, but there is no ‘quick fix’ for snoring.