

What is Primary Benign Snoring?

I'm sure just about everyone is somewhat familiar with snoring. You probably know at least one person who snores. It could be your bed partner, your parents, grandparents, even Uncle Ned or Aunt Sophie who may snore at various sound levels. Some laugh and make jokes about it, but it can be a symptom of a serious disorder called obstructive sleep apnea. And if it is obstructive sleep apnea, then it is no laughing matter, and that individual needs to get evaluated by a sleep specialist. Information on apnea is available at the above link.

Snoring is a noise produced when an individual breathes (usually produced when breathing in) during sleep which in turn causes vibration of the soft palate and uvula (that thing that hangs down in the back of the throat). The word "apnea" means the absence of breathing.

All snorers have incomplete obstruction (a block) of the upper airway. Many habitual snorers have complete episodes of upper airway obstruction where the airway is completely blocked for a period of time, usually 10 seconds or longer. This silence is usually followed by snorts and gasps as the individual fights to take a breath. When an individual snores so loudly that it disturbs others, obstructive sleep apnea is almost certain to be present.

There is snoring that is an indicator of obstructive sleep apnea and there is also primary snoring.

Primary Snoring, also known as simple snoring, snoring without sleep apnea, noisy breathing during sleep, benign snoring, rhythmical snoring and continuous snoring is characterized by loud upper airway breathing sounds in sleep without episodes of apnea (cessation of breath).

How Does Primary Snoring Differ from Snoring that Indicates Obstructive Sleep Apnea?

- A complaint of snoring by an observer
- No evidence of insomnia or excessive sleepiness due to the snoring
- Dryness of the mouth upon awakening

A polysomnogram (sleep study) that shows:

- Snoring and other sounds often occurring for long episodes during the sleep period

- No associated abrupt arousals, arterial oxygen desaturation (lowered amount of oxygen in the blood) or cardiac disturbances
- Normal sleep patterns
- Normal respiratory patterns during sleep

- No signs of other sleep disorders

What can be done about primary snoring?

First of all, it is absolutely necessary to rule out obstructive sleep apnea or other sleep disorders. Be wary of any doctor who says it is not necessary. Behavioral and lifestyle changes may be suggested. Losing weight, sleeping on your side, refraining from alcohol and sedatives are often recommended.

A) ORAL/DENTAL DEVICES

There are mouth/oral devices (that help keep the airway open) on the market that may help to reduce snoring in three different ways.

Some devices:

1. bring the jaw forward or
2. elevate the soft palate or
3. retain the tongue (from falling back in the airway and thus decreasing snoring).

B) SURGERY

There is also surgery:

- a) uvulopalatopharyngoplasty (UPPP) or Laser-Assisted Uvulopalatoplasty (LAUP), that involves removing excess tissue from the throat.
- b) Somnoplasty. The newest surgery, approved by the FDA in July 1997 for treating snoring uses radio frequency waves to remove excess tissue.

ARTICLES