



The Airway Series
What's Snoring Got To Do With It?

Contrary to popular belief, snoring is not normal, cute, or harmless, and it should never be ignored. In fact, the actual difference between snoring and obstructive sleep apnea (OSA) is a mere matter of severity. The very same structures in the throat (primarily the soft palate and the base of the tongue) are involved in both conditions. The only difference is that snoring causes a partial, intermittent obstruction of the airway, while an OSA episode creates a complete closure of the throat that can last for a period of seconds or minutes.

When a person is snoring, the soft tissues in the throat relax and close together enough to flap against one another during breathing. This creates the classic snoring sound we are all familiar with. But even though air may still be getting through when a person snores, the overall airway is still restricted and oxygen levels in the blood may still drop. The throat may close completely for a second or longer, blocking all oxygen intake (OSA). Multiply those short blockages over 6 or 8 hours of sleep, 7 days a week, 52 weeks per year, and the oxygen deprivation begins to add up.

Oxygen deprivation is dangerous for your entire body, but especially for your brain and your heart. Untreated OSA increases the risks of high blood pressure, heart attack, arrhythmias, and stroke. OSA can even be fatal, if the apnea episode is severe enough to block oxygen intake for more than a few minutes, and may be a major contributing factor in cases where people appear to die in their sleep.



Not everyone who snores has OSA, but nearly everyone who has OSA also snores. Sometimes snoring is related to an underlying inflammation or infection related to allergies or chronic sinus conditions. Treating these conditions may offer significant improvement or even eliminate snoring/apnea episodes.

Being significantly overweight or obese can also greatly increase the chances of OSA-related snoring. Losing weight can often improve and sometimes even reverse snoring and OSA conditions. Interestingly, however, the risk factors for obesity actually increase in people who already have OSA. And many healthy-weight and underweight people can still snore and have OSA. If you snore and you are overweight, do not wait until you lose weight to see if you can cure your snoring on your own. You may already have OSA, which is very serious, and it may be a significant contributing factor to your struggles with your weight.

Other Health Risks

Snoring is not just a possible symptom of sleep apnea. More and more, research is demonstrating that **snoring on its own may be detrimental to your health.** Multiple studies are now showing evidence that heavy snorers (even without apnea episodes) are at a significantly higher risk of hardening of the carotid artery (atherosclerosis).

Nearly 85% of all strokes occurs because of an arterial blockage caused by inflammation of the arterial wall and the buildup of fatty deposits. It is thought that the carotid artery (located in the neck) may become inflamed due to the trauma associated with the vibration of heavy snoring.

Snoring is not the only symptom of OSA, and most people who snore are completely unaware of the frequency or severity of their snoring activities. Waking up coughing, snorting, or gasping for air can all indicate the potential condition of OSA, along with frequent dreams of drowning. Chronic daytime sleepiness is another indication that something may be wrong with the quality of your sleep. Many individuals turn to chemical sleep aids to increase sleep quality and reduce daytime sleepiness, but alcohol, sleep medication, and other central nervous system depressants all relax the muscles and soft-tissues further and dull the bodies response to interruptions in airflow.



For people with OSA, these chemical aids are extremely dangerous and can collapse the airway even further than the body would normally allow, causing serious damage to the brain and heart, and sometimes even leading to death.

Treatment Solutions

Snoring and sleep apnea can be successfully treated with oral appliances and CPAP machines. However, OSA can only be definitively diagnosed by a sleep physician utilizing a full overnight polysomnography in a sleep lab. At-home screening tests may be also be used by the sleep physician or other healthcare providers trained in sleep medicine, including dentists. These screening tests are used to help determine whether or not a full overnight study in a sleep lab may be warranted. For more information on the diagnosis and treatment of snoring and OSA, please visit our Snoring and Sleep Apnea treatment and services page, as well as any of the excellent studies and resource articles listed below.

References:

National Heart, Lung, and Blood Institute: [What are the signs and symptoms of Sleep Apnea?](#)

Mayo Clinic: [Sleep Apnea Symptoms](#)

National Institute of Health: [Does 'weight reduction' help all adult snorers?](#)

Sleep Journal: [Heavy snoring as a cause of carotid artery atherosclerosis](#)

The Triological Society Combined Sections Meeting 2013: [Snoring and Carotid Artery Intima Media Thickness](#)

Evidence Based Dentistry: [Mandibular advancement appliances for treating sleep apnea/hypopnea syndrome](#)

To view our entire resource library, please visit www.drmartharich.com.