

# Is your snoring a health hazard? How to find out



**Kim Painter**, Special for USA TODAY 8:39 a.m. EDT April 26, 2015



(Photo: Creatas Images, Getty Images/Creatas RF)

A loud snorer can wake up a whole household without having a clue.

"There's always a certain level of denial," says Kathleen Bennett, a Cincinnati dentist who specializes in treating sleep breathing problems. "People come in all the time and say, 'I have no problem sleeping, but my wife is complaining.' "

If that rings a bell, sleep experts say, it could be time for a chat with your doctor. You may have a case of physically harmless, if annoying, snoring — or your snoring could be a sign of a more serious health problem.

The big concern: obstructive sleep apnea (<http://www.nhlbi.nih.gov/health/health-topics/topics/sleepapnea/>), a condition in which blocked airways cause people to stop breathing many times a night, disrupting sleep and cutting off oxygen to the body and brain. Untreated apnea can lead to high blood pressure, heart attack, stroke, obesity and diabetes — and the sleepiness it causes can contribute to accidents at work and on the road, according to the National Heart, Lung, and Blood Institute.

Sleep apnea also is linked with cognitive decline, and a study (<http://www.neurology.org/content/early/2015/04/15/WNL.0000000000001566>) published this month strengthens that link. It shows that people with untreated apnea develop so-called "mild cognitive impairment" — memory loss worse than that typically associated with aging — about a decade sooner than otherwise similar people. They also develop Alzheimer's disease faster.

While the study did not specifically link snoring with mental decline, snoring often is a symptom of obstructive sleep apnea, says lead researcher Ricardo Osorio of the NYU Langone Medical Center in New York.

"But snoring itself can be benign and have no consequences," he says.

In fact, studies indicate most snorers do not have sleep apnea. One of the most rigorous, published in 1993 in the *New England Journal of Medicine* (<http://www.nejm.org/doi/full/10.1056/NEJM199304293281704>), tested habitual snorers ages 30 to 60 and found no signs of sleep apnea in 81% of the female snorers and 66% of the male snorers. But 7% of the female snorers and 17% of the male snorers had severe apnea — meaning their breathing stopped at least 15 times an hour, putting them at risk for serious health damage.

So how do you know whether your snoring is the dangerous kind?

You can't figure it out on your own, says Shalini Paruthi, a sleep medicine specialist at Saint Louis University and education chair for the American Academy of Sleep Medicine. "It's really important to get it checked out by a doctor," she says.

You should expect the doctor to take a full medical history, ask about the nature of your snoring — including whether a bed partner ever hears you gasping for breath — and ask about daytime sleepiness, Paruthi says.

For example, you might be asked if you get sleepy while reading, watching TV or driving.

Unexplained daytime sleepiness, even without snoring, is grounds for a sleep study, an overnight test in which your brain waves, breathing patterns and oxygen levels are recorded, [say guidelines \(https://www.acponline.org/newsroom/obstructive\\_sleep\\_apnea.htm\)](https://www.acponline.org/newsroom/obstructive_sleep_apnea.htm) from the American College of Physicians. Ideally, the test is done in a sleep lab, but if that's not possible (sometimes because insurers won't pay for it) a portable home test is OK, the group says.

Even snorers who don't think they are sleep-deprived may be referred for sleep tests if other signs — such as gasping for breath — are worrisome, Paruthi says.

Then what?

If you do have severe apnea, the gold standard treatment is CPAP: continuous positive airway pressure. You wear a mask or nose piece attached to a small machine that supplies steady, mild air pressure to keep your airway open as you sleep.

It works well, but has one big problem: many people find it uncomfortable and quickly stop using it. [The Mayo Clinic \(http://www.mayoclinic.org/diseases-conditions/sleep-apnea/in-depth/cpap/art-20044164\)](http://www.mayoclinic.org/diseases-conditions/sleep-apnea/in-depth/cpap/art-20044164) has some tips for sticking with it: For example, try more than one mask style and try getting used to the machine during the day.)

Some people try [surgery \(http://www.sleepapnea.org/treat/treatment-options/surgery.html\)](http://www.sleepapnea.org/treat/treatment-options/surgery.html) to remove excess tissue in the throat or palate or to move the jaw or tongue.

For people with mild to moderate apnea, there's another good option: a custom device that looks like an athletic mouth guard and helps keep the airway open. That's where dentists like Bennett come in. She's president of the [American Academy of Dental Sleep Medicine \(http://www.aadsm.org/PatientResources.aspx\)](http://www.aadsm.org/PatientResources.aspx). Members are trained to make and fit so-called oral-appliances for patients diagnosed with sleep apnea.

Bennett says she also sees some patients who snore but don't have apnea. A mouth device can help them, too, she says, though insurers typically won't

pay the \$1,500 or higher cost for those patients.

Snorers, with and without sleep apnea, can do other things to help themselves (and their often-exhausted, exasperated bed partners), according to the sleep academy:

- **Lose weight:** Extra weight makes snoring worse.
- **Change sleep positions.** Many people snore more when they sleep on their backs. So try sleeping on your side. If you keep finding yourself on your back, try attaching a tennis ball to your back or buy a cushion meant to prevent back-sleeping.
- **Avoid alcohol,** muscle relaxants and other medications that might relax your airway and contribute to snoring.

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