



Royal Berkshire
NHS Foundation Trust

Snoring and what you can do about it

Information for patients and
relatives

This leaflet explains some of the causes of and treatments for snoring. If you have any questions, ask the staff in the Sleep Clinic.

What is snoring?

Snoring is due to vibration of the airway behind the tongue. The tongue, walls of the throat, and the uvula (the finger of tissue that hangs down at the back of the throat) all contribute to this.

During the day there are muscles that hold the airway open, but during sleep the tone or stiffness in the muscles relaxes, which means the muscles become floppy. The airway behind the tongue becomes narrower as the muscle support is lost. This extra narrowing hinders the flow of air whilst breathing in, and causes the walls of the throat to vibrate, producing the characteristic sound of snoring.

What causes snoring?

1. Alcohol and sedatives (e.g. sleeping tablets) make the airway muscles floppier and narrow the airway behind the tongue during sleep. They are known to increase snoring.
2. Factors that contribute to obstruction elsewhere in the airway, e.g. a blocked nose from a cold, sinusitis or hay fever.
3. Factors that narrow the airway all the time (even during the day), and make it more likely to vibrate at night. The commonest cause of this is obesity in the neck. A neck circumference of over 17 inches is associated with snoring. Smoking can promote snoring by making the tissue at the back of the throat swell. Enlarged tonsils and a smaller lower jaw will also contribute.
4. Factors that narrow the airway during sleep, e.g. lying on the back, which causes the weight of the jaw and neck to push the tongue backwards. Bending the head, with the chin on the chest, will also narrow the airway.

Is there any help for snorers?

Snoring may be a symptom of obstructive sleep apnoea (OSA) – when air is blocked from getting into the lungs. If this is the case, your doctor will advise you on available treatments. For those who do not have significant sleep apnoea, there are several things a snorer and his/her bed partner can do to lessen snoring. There are many gimmicks available, particularly through mail order companies, but there is not much evidence that most of these work.

- Ear plugs: These do work and can blot out all but the noisiest snoring. Wax ones are the most effective. Industrial versions do not filter out the low frequencies of snoring.
- Weight reduction: This definitely improves snoring, and has beneficial effects for your general health / blood pressure too. Speak to your GP for advice on losing weight.
- Alcohol and smoking: Cutting out alcohol after 6pm will help.
- Reducing nasal obstruction: This may require hayfever treatment, e.g. steroid and

decongestant nasal sprays. Elevating the head end of the bed will help to reduce nasal obstruction. This is best done by putting bricks or book under the head-end bed legs.

- Dental appliances: There is a separate leaflet about these. If properly constructed these do work well.
- Neck pillow: Some people find that a special cushion designed to keep the head extended helps. Any design of pillow with a small ridge under the neck, preventing the chin from moving down towards the neck should help.
- Sleeping position: If the snoring is much worse when the snorer is on his/her back, the old fashioned remedy of a tennis ball sewn into the back of the pyjamas can help. This best achieved by wearing a well-fitting t-shirt with a pocket sewn into the back, into which the tennis ball can be inserted.

What if these measures don't work?

Surgery: If these simple measures do not work then surgery to remove enlarged tonsils, straighten a broken nose, or remove nasal polyps may help. As a final, last resort, the back of the throat can be operated on, to remove the excess soft tissue that contributes to the vibration causing snoring.

This major operation is called a uvulopalatopharyngoplasty (UPPP). It can be very painful, and occasionally can result in changes to the voice character

and swallowing mechanism. It is not always successful.

Surgery for snoring is unusual in that the individual having the operation is often not the one obviously benefiting from it. In addition, it seems to be almost impossible to predict in whom the operation will be a success. Some Ear, Nose and Throat (ENT) surgeons will want to know the results of a sleep study, to see how much the snoring is interfering with breathing, before deciding if an operation is possible.

For more information about snoring visit the British Snoring and Sleep Apnoea Association website
www.britishsnoring.co.uk



For more information about the Trust, visit our website at
www.royalberkshire.nhs.uk

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