Snore - One - One

What You Should Know Before You Ask Your Primary Care Provider About Testing For Sleep Apnea

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thildhood cartoons provided my first exposure to snoring. It was something that entertained me; made me laugh. It didn't matter who the character was, because oddly, all cartoons seemed to have the same snoring tendencies...high pitched, rhythmically rapid respirations. Some characters were snoring artists, capable of balancing a feather or nightcap pom-pom above their mouths while they violently sucked air in and out. I used to think cartoon characters were an accurate depiction of real-life snoring. Then I turned eight. I went to my first travel swim meet and stayed in a hotel room with my dad. I remember it well, the irony of staying in a luxury hotel while being denied the luxury of sleep. When my dad snored it wasn't like in the cartoons. There were no floating feathers, no yo-yoing pom-poms, and no symphonic melodies. It was more like the crescendo of an approaching freight train. At eight years old, I learned snoring isn't funny. While in school, I learned that snoring might be detrimental to your health.

Bad Vibrations There are two people when it comes to snoring: those who snore and those who are kept awake. What you're actually hearing when someone snores is the vibration of the muscles in the back of the mouth and top of the throat as air moves by. While we've established that snoring can be detrimental to the innocent non-snorer, the health effects of snoring usually aren't clinically significant to the party committing the act. As long as the snoring does not include any sleep fragmentation or disruptions in breathing, it is just noise, albeit an unpleasant one. This type of snoring is called benign or primary snoring. It is when there are disruptions in breathing that snoring is a part of something bigger called sleep apnea.

Magical Mystery Snore Once it's been determined that someone snores, the next step is seeing your physician or dentist. After a full health history is completed and your concerns are communicated to your doctor, it is likely that you will be asked to fill out additional forms related to when and how often you feel tired. Your doctor will likely conduct a physical examwhere structures including, but not limited to, your temporomandibular joint, uvula, tonsils, soft palate, tongue, teeth and nostrils are evaluated. The next step is a study at a sleep center. In the state of New York, interpretation of sleep study results and the diagnosis of sleep apnea are outside the scope of a dentist's license. Therefore, a treating dentist would have to refer you to a medical doctor for this step. Interpretation of the data collected during your study will help provide the diagnosis of either primary snoring or sleep apnea, as well as the severity of the apnea if that is in fact the diagnosis.

Once it's been determined that you suffer from sleep apnea, the next step is determining why. Sleep apnea can be broken down into two major categories: central and obstructive. Central means that the genesis of your



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apneic events is your brain. Possible causes of central sleep apnea could be brain activity modified by pharmaceuticals or a neurological medical condition. Obstructive sleep apnea refers to apneic events that are the result of some physical impediment limiting airflow. The cause of your apnea must be determined so that the proper management strategy can be implemented. The questionnaires, the comprehensive physical examination, and the sleep study are all pieces to the puzzle necessary to determine how your condition is going to be treated.

The Sound of Silence The causes have been determined and the diagnosis has been made. Now it's time to treat. Based on what your provider has found, he or she may recommend treatment as simple as behavior modification, weight loss, or alternative prescription drugs. You may be given the choice of a positive airway pressure device, including but not limited to a CPAP, or if you don't like going to sleep looking like an extra from the movie Top Gun, an oral appliance. The CPAP (the C stands for continuous), in ley terms, is a machine with a mask that provides pressurized airflow to your lungs while preventing the collapse of the structures in your airway. An oral appliance opens the airway by advancing your lower jaw down and forward, thereby creating more room for your anatomical structures. In certain situations, a surgical procedure may be recommended to remove unnecessary structures that are obstructive, or to reposition necessary anatomy that causes obstructions, Most often, treatment is multifaceted, and will be some combination of the aforementioned treatment techniques.

Be Snore Mindful From the magazines on the grocery store checkout line, to the celebrity gossip shows on TV, it's safe to say we live we live in a saggy-tissue conscious world. Aging comes with wrinkles. Just as soft tissues on the outside starts to sag, so do the soft tissues on the inside. That means that as you age, the soft structures lining your airway will



increase in their sagginess, potentially causing or worsening an obstructed airway. Previously diagnosed sleep apnea can worsen and snoring originally diagnosed as benign can progress to an apnea. Stay on top of your condition. After you've initially been diagnosed, continue to follow-up with your provider to monitor you're apnea just as you would any other condition or illness.

If you're going to take one thing away from this editorial, please let it be that the proper management of sleep apnea is case dependent. When you seek treatment for sleep apnea, it should be just that. Your mindset should be that you're seeking the proper treatment and not a specific type of treatment. The proper management of your airway should be based on the data collected and your provider's clinical expertise. A treatment plan or product that a spouse or friend swears by may not be best choice for you. It is always recommended that you discuss your concerns with your provider. Questions are always encouraged, and after reading this article I hope you have an idea of which ones to ask.

1 Attanasio, Ronald, and Dennis R. Bailey. Dental Management of Sleep Disorders. Ames, IA: Wiley-Blackwell, 2010. Print



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