Snoring and Sleep Apnoea

If you are reading this section than either you or somebody you know is suffering from one of the Sleep Disorders

This section will give you information on most of the things you will ever need to know about **snoring** and **sleep apnoea.**

General Information

Sleep Disorders are slowly being recognized as major factors in human illness and premature death.

Sleep Disorders are any condition that prohibits or affects sleep and may be MEDICAL or PSYCHOLOGICAL

They include the following conditions:

1. dyssomnias (excessive sleepiness, result of difficulty initiating or maintaining sleep)
2. insomnia
3. arasomnia (disorder that intrudes into the normal sleep process
4. **sleep disordered breathing (snoring, upper airway resistance syndrome and obstructive sleep apnoea) This is what this section talks about**
5. **sleep bruxism (you can click here to more about this disorder)**

Millions suffer from sleep disorders which can lead to high blood pressure, heart disease and even early death. Most people with sleep disorders do not know it.

If your child has any of the following symptoms, they may well be suffering from one form of sleep

disorder

1. mouth breathing
2. worn down teeth
3. night terrors
4. snoring or even noisy breathing in younger children
5. bedwetting
6. multiple ear infections
7. headaches
8. dark circles under eyes or eye bags
9. chapped lips and red bleeding gums
10. large tonsils and adenoids
11. hearing problems
12. lack of attention at school
13. hyperactivity (ADHD)

Normal Sleep Cycle

Sleep consists of 2 distinct states -

Non REM (Rapid Eye Movement) sleep and REM Sleep.

These alternate in 90 to 110 minute cycles with a normal sleep pattern of 4 to 5 cycles.

Non REM sleep accounts for 75% of sleep and has four sequential phases. Delta sleep is the final phase and is a deep sleep that is important for physical rest, restorative, and is characterized by large, slow delta waves in the brain. This delta sleep accounts for a greater proportion of total sleep time in children and decreases by age 50 to 60. By 60 it is almost absent.

REM sleep improves the ability to sustain attention when awake and improves learning. In its absence, recollection of newly learned material is impaired. A decrease in tone of the upper airway muscles during REM sleep predisposes individuals to obstructive sleep apnoeas.

Sleep Disordered Breathing (Snoring, Upper Airway Resistance Syndrome, Obstructive Sleep Apnoea)

This is a result of an **anatomical abnormality** of either the oral airway or nasal passages. It is of **non-psychological** origin.

Oral airway problems include

1. swollen adenoids and tonsil
2. a small airway (anatomical as opposed to pathological in origin)
3. malocclusion (bad bite)
4. hormonal imbalances (such as menopause)
5. obesity
6. pregnancy
7. sinus problems

In a person suffering from sleep disordered breathing, the **AIRWAY COLLAPSES** in on itself when the person breathes in and out, shutting of the airway either completely or partially. **(very important concept in the treatment for these conditions)**

There are 3 categories of sleep disordered breathing

1. snoring (the mildest form)
2. upper airway resistance syndrome
3. obstructive sleep apnoea

Snoring

Snoring is often a cry for help. Modern medicine practically ignored this nighttime distress signal until recently.

Snoring is a clear **signal that an airway is blocked**.

1. Enlarged tonsils and adenoids easily block airways in children and in some adults.
2. An overgrown small jaw can result in a small airway that is more easily blocked when the a sleeping

jaw drops.
3. compressed and crowded throat tissues can result in choking a sleeper hundreds of times a night

Habitual snoring often signals the presence of dangerous nighttime sleep disorders. Sleep disorders are known to be an **independent risk factor for a number of diseases, including hypertension, cardiovascular disease, cerebrovascular disease (strokes) and diabetic insulin resistance.**

Snoring alone is hard on the heart and brain. Research suggests that snorers have low night oxygen even if they do not have a sleep disorder. Snoring has been found to be a predictor of poor school performance. A study that compared childhood snoring at 2 to 6 years of age to school performance in middle school were more likely to have snored during early childhood. They were also more likely to require later tonsil and adenoid removal.

Sleep Apnoea

There are 2 major types of sleep apnoea

Obstructive Sleep Apnoea is a complete cessation of breathing during sleep for at least 10 seconds. During an episode of OSA, the entire upper airway is blocked causing airflow to stop. This disrupts sleep as a lack of oxygen results. The person awakens repeatedly as a result of making an effort to breathe in the presence of a lack of oxygen.

Central Sleep Apnoea is defined as a period of 10 seconds without airflow due to lack of stimulus form higher levels of the brain and the apnoea can be longer periods of time.

Mixed – Combination of the 2 above

Risk factors for sleep apnoea include obesity, increasing age, male gender, family history, alcohol, sedative use, smoking, hypertension, breathing disorders such as asthma, menopause, and anatomic abnormalities of the upper airway. A further risk factor is malocclusion (bad bite) and **bruxism.**

Diagnosis

Initial evaluation is done using an Epsworth Sleepiness Scale.

Defintive diagnosis is made using an overnight sleep study called polysomnogram (PSG). The persons sleep is monitored and measured throughout the night.

Sleep Disordered Breathing is further divided in problems of **nasal origin** and those with **oral airway problems**

Treatment

In children, the treatment can be:

1. Referral to ENT for management of enlarged **tonsils and adenoids**

2. And dentists trained in orthodontics to **develop their jaws** and open up their airways.

Video - Sleep Apnea and Snoring

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Video - Sleep Apnea and Snoring II

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If you would like more information on S**noring in children in Sydney, Sleep apnoea in Children in**

Sydney, Sleep apnea in Children in Sydney, Kids Snoring in Sydney, Kids Sleep apnoea in Sydney then please contact Smile Concepts directly by **clicking here** or ringing **02 9267 7777**