Snoring and OSA Treatment Options

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ENT North

Treatment of snoring and sleep apnoea has moved from a 'one size fits all' approach to a far more nuanced and individually tailored approach. The information below is designed to be used following a conversation with your sleep doctor, who can discuss which of the measures are likely to be effective in your specific case and social circumstances.

Good sleep practices

- Maintain a healthy weight for your height: moderate weight loss will help your snoring if you are overweight.
- Avoid alcohol before going to bed: it disturbs your sleep patterns and makes sleep less restful and sedates you and makes you more likely to snore.
- Avoid sleeping pills and medications that have sedating side effects (anti-anxiety, anti-depressants, some pain relief medications).
- Get enough sleep: being sleep deprived makes you more likely to snore. Almost all adults need *at least* seven hours of good quality sleep per night. Sorry - you are not the exception to this rule.
- Practice healthy sleep habits such as a wind-down time before bed, no screens in the bedroom etc.

Positional strategies

- If your symptoms are mainly or exclusively when lying on your back, staying off your back may be all that is needed.
- The cheapest version of this is taking a tennis ball, tying it into a pair of tights and tying it around your waist so the ball sits in the middle of your back. While obviously a cheap option and worth trying if your OSA or snoring is obviously worse when on your back, studies show that, because its uncomfortable, many people stop using this method fairly quickly.
- Devices that use vibrations to prompt you to move off your back (e.g., Nightshift, BuzzPOD, Sleep Position Trainer) seem to have more evidence for benefit with reduced risk of musculoskeletal side effects compared to non-vibratory devices and are better tolerated over a longer period. Non-vibrating devices may also suit you (Zzoma, Rematee etc.). These can be purchased online.

Mandibular advancement splints

- These are dental devices, worn at night, which link the upper and lower jaws, and pull the lower jaw slightly forward while you sleep, opening the airway behind the tongue. They need to be individually fitted by a dental practitioner trained to do so. Your own dentist may provide this service or have a colleague they can recommend. We have colleagues we can refer you to if not.
- A 'boil and bite' splint, purchased online, can be used for a few weeks to see if you will tolerate wearing an oral appliance while sleeping, but will usually not effectively treat OSA.

CPAP

- For established OSA, especially in the moderate to severe range, CPAP is considered the 'gold standard.' Your sleep physician will discuss its use and work with you to find a mask that fits well and allows you to sleep comfortably. We always recommend a trial of CPAP for patients with significant OSA before discussing surgery for those who cannot continue to use it.

Nasal obstruction and OSA/snoring

- Measures to open your nose are often effective at improving sleep quality and decreasing snoring without further treatment being needed.
- Allergy treatments, use of devices to keep the nose open (e.g., Mute Snoring devices), and surgery for mechanical causes of a blocked nose can all be effective.
- These measures can also make wearing a CPAP mask more tolerable.
- Measures to open up the nose are often instigated before more aggressive surgery or interventions on other, lower, levels of the airway.

Surgery

- There is increasing evidence that in *appropriately selected* patients, targeted surgery to address snoring and OSA can be an appropriate measure when CPAP has failed or is intolerable. Your surgeon will discuss which operation is most appropriate, the risks and benefits, and any trade-offs involved.
- It is common to require staged interventions over time, sometimes including sequential operations.
- Surgery can be combined with non-surgical interventions such as those outlined above, including ongoing use of CPAP.
- It is also important to note that surgery will not be able to compensate for significant weight gain, alcohol consumption or other lifestyle changes that would be expected to make snoring worse.