



Snoring and Sleep Apnea

When should I be concerned about snoring and obstructive sleep apnea (OSA)?

Snoring is the sound of partially obstructed breathing during sleep. While snoring can be harmless, it can also be a sign of a more serious medical condition known as OSA, which occurs when the tongue and soft tissues fall back into the throat during sleep, blocking the airway.

People suffering from OSA can stop breathing for 10 to 30 seconds, sometimes for one minute or longer, hundreds of times a night. Untreated OSA, can contribute to excessive daytime sleepiness as well as an increased risk for high blood pressure, heart attack, stroke, diabetes, depression, memory and concentration problems, obesity and driving accidents.

What are my treatment options?

Once you have been diagnosed at a sleep center, OSA can be treated with Continuous Positive Airway Pressure (CPAP), oral appliances, surgery, behavior therapy, or by a combination of these approaches.

What is oral appliance therapy (OAT)?

OAT involves the selection, design, fitting and follow-up care of a specially designed oral appliance that, when worn during sleep, maintains an opened and unobstructed airway in the throat. Oral appliances that treat snoring and obstructive sleep apnea look similar to sports mouth-guards.

Oral appliances work by:

- Repositioning the lower jaw, tongue, soft palate and uvula
- Stabilizing the lower jaw and tongue
- Increasing the muscle tone of the tongue

How can I learn more?

Visit the AADSM Web site, www.aadsm.org, to read more and to locate a dentist trained in dental sleep medicine in your area.

Quick Facts:

- Habitual snoring affects an estimated 24 percent of adult women and 40 percent of adult men.
- Approximately one-half of people who snore loudly have obstructive sleep apnea (OSA).
- An estimated 18 million Americans suffer from obstructive sleep apnea.
- Eighty to 90 percent of these people remain undiagnosed and untreated.
- Twenty-five to 50 percent of sleep apnea patients cannot tolerate or comply with CPAP.

Source: American Academy of Sleep Medicine