

SLEEP APNOEA AND SNORING

Considering 1/3 of your life is spent sleeping, you may as well have a good nights rest!

Moderate to severe snoring can be a sign of Obstructive Sleep Apnoea (OSA)

Some clinical signs and symptoms of OSA:

- Morning headache
- Gastro-oesophageal reflux (GORD)
- Intermittent snoring with pauses
- Fragmented light sleep
- Awakening gasping or choking
- Excessive daytime sleepiness
- Poor memory
- Hypertension (raised blood pressure)
- Irritability
- Clumsiness
- Bruxism (grinding of teeth)
- Weight gain
- Decreased sex drive or impotence
- Nocturia
- Depression

When we sleep, our upper airway relaxes causing it to narrow and in some people causes snoring. Loud and excessive snoring may be an indicator of a serious underlying condition. If breathing is completely blocked you temporarily stop breathing. This can last for 10 + seconds and can occur hundreds of times per night. This condition is called Obstructive Sleep Apnoea (OSA).

DID YOU KNOW?

- Approximately 1/3rd of the Australian Population suffers from Obstructive Sleep Apnoea (OSA)
- 90% of Australians who suffer from OSA are undiagnosed.
- If you suffer from a sleep disorder you have an increased likelihood of heart disease, high blood pressure, stroke, diabetes and depression.
- You are more likely to experience reduced cognitive function leading to lower job performance; poorer quality of life; increased risk of injury at work, depression and family/personal problems.

ANY OR A COMBINATION OF THE FOLLOWING INCREASES YOUR RISK OF SLEEP APNOEA:

- Increasing age
- Family history of obstructive sleep apnoea
- Menopause
- Diabetes
- Smoking
- Alcohol or sedatives
- Obesity
- Under developed or malaligned jaw

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HOW IS THIS CONDITION DIAGNOSED AND TREATED?

OSA is diagnosed by way of an overnight sleep study either in a sleep laboratory, hospital or home. A sleep study evaluates what happens to the body during sleep, including the electrical activity of the brain, eye movement, muscle activity, heart rate, breathing, leg movements, and airflow and blood oxygen levels.

Once diagnosed, your dentist can fit a comfortable device called a Mandibular Advancement Splint (MAS). This conservative approach involves the wearing of a tailor made device while you sleep. It works by gently holding the jaw in an advanced position while you sleep, keeping the airway open and preventing it from obstructing. The device is easy to incorporate into everyday life and unlike surgery is reversible by just taking it out of your mouth.

If you think you or your spouse may be suffering from sleep apnoea, have tried numerous techniques and failed or would like to discuss diagnosis or treatment with your dentist, call the Practice today for an appointment.

[Sailors Bay Dentistry wishes to acknowledge the generosity of SomnoMed in providing information for this article]

([link to Somnomed website](#))

http://www.somnomed.com.au/Patients_and_Families/Sleep_Apnea_/SomnoDent.aspx



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NIGHTTIME SLEEPINESS EVALUATION

Screening tool for Sleep Apnoea

This tool was developed by David White, M.D., Harvard Medical School Boston, MA

Please answer the following questions by circling the answer:

1. Snoring

a. Do you snore on most nights (> 3 nights per week)?

Yes (2)

No (0)

b. Is your snoring loud? Can it be heard through a door or wall?

Yes (2)

No (0)

2. Has it ever been reported to you that you stop breathing or gasp during sleep?

Never (0)

Occasionally (3)

Frequently (5)

3. What is your collar size?

Male: Less than 17" [43.2cm] (0) More than 17" [43.2cm] (5)

Female: Less than 16" [40.6cm] More than 16" [40.6cm] (5)

4. Do you occasionally fall asleep during the day when:

a. You are busy or active

Yes (2)

No (0)

b. You are driving or stopped at a light?

Yes (2)

No (0)

5. Have you had or are you being treated for high blood pressure?

Yes (1)

No (0)

TOTAL

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DAYTIME SLEEPINESS EVALUATION

Epworth Sleepiness Scale

The Epworth Sleepiness Scale was developed and validated by Dr Murray Jones of Melbourne Australia. It is a simple self-administered questionnaire – widely used by sleep professionals in quantifying the level of daytime sleepiness.

For the following situations, please answer with one of the following numbers:

- 0 = would never doze**
- 1 = slight chance of dozing**
- 2 = moderate chance of dozing**
- 3 = high chance of dozing**

SITUATION	SCORE
Sitting and reading	
Watching TV	
Sitting, inactive in a public place	
As a passenger in a car for an hour without a break	
Lying down to rest in the afternoon when circumstances permit	
Sitting and talking to someone	
Sitting quietly after a lunch without alcohol	
In a car, while stopped for a few minutes in traffic	
TOTAL SCORE	