

## INDIVIDUAL STUDY

### *Snoring*

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*Laugh and the world laughs with you; snore and you snore alone.*

In a study carried out in 1968, three questions were included in a questionnaire on *Sleep problems in children* which was sent to the parents of children. These were:

Does father snore?

Does mother snore?

Does the snoring of one parent disturb the sleep of the other parent?

The results were published in *The Journal of the Royal College of General Practitioners* (1970), and the main findings were that 67 out of 340 adults snored, i.e. one in five; the other partner was disturbed in only 18 cases; that twice as many men snored as women; that father's snoring caused more trouble to mother than mother's snoring to father; and that when both parents snored, there was little sleep problem to either party.

The exact cause of snoring is not known and probably varies with each individual. Most commonly, it occurs when lying on the back, the lower jaw sags involuntarily with the mouth usually open and the tongue falls back so that the soft tissues of the mouth and throat become adjacent. Respiration causes the soft palate to vibrate rather like a flag fluttering in the breeze. Snorts occur most commonly through the nose with the mouth open. It is possible that there may be a hereditary disposition due to the shape of the jaw and the thickness of the neck.

The noise level has been estimated in Colgate University, United States of America, as between 40–69 decibels (a pneumatic drill has a noise level of 70–90 decibels).

Numerous remedies, both specific and general, have been advocated and over 300 devices have been patented in the USA to relieve snorers but the fact that there have been so many, probably indicates that none have been useful.

Some of the specific remedies are obvious, such as correcting abnormalities of the nose and throat, e.g. removing nasal polyps or other nasal obstruction, correcting a deviated nasal septum, removing large tonsils and adenoids or both and correcting ill-fitting false teeth. Nasal drops in allergic conditions might also be helpful. The more dramatic methods of treatment such as removing the uvula, injecting sclerosing agents into the soft palate or placing a pin through the tongue to prevent it falling back are not now in common use.

General remedies include avoiding excessive drinking, smoking, fatigue, obesity and improving the general health. Some success has been achieved in preventing people sleeping on their back by sewing a hard object such as a brush, cotton reel, rubber ball or squeaker into the back of the pyjama jacket. Biting a hard object for ten minutes before going to bed and breathing, phonetic and swallowing exercises have all been advocated. Orthodontic splints, chin straps, adhesive plaster over the corners of the mouth and other mouth closing bandages have all been tried and even metal collars devised to extend the neck, although a small pillow behind the nape of the neck is just as effective.

One or two would-be mechanics have manufactured electronic equipment which can be strapped to the throat and emit electronic shocks when snoring occurs and alarm clocks have been devised to function like an enuretic buzzer. Some people have suggested that snapping the fingers, clicking at the snorer or talking to him might help but this improvement is usually very temporary and perhaps the schoolboy method of putting soft soap in the mouth or the army method of throwing boots at the snorer is equally successful.

Although the subject is often good for a social joke, it has been estimated in some quarters that more than one and a half million marriages are in danger in England and Wales because of snoring and it is accepted as grounds for divorce in some states of the USA.

Probably the only advice which is of any real use when no cause for the snoring can be found is to get the snorer to lie on his side and try to ensure an unobstructed airway. If all else fails, ear plugs or a separate bedroom may well be the final solution.