

# Snore No More

What works and what doesn't to stop night noises

**D**o you snore or share a bed with a snorer? Some 37 million Americans make grunting, whistling, choking, snorting, and/or buzz-saw-like sounds on a regular basis, according to the National Sleep Foundation.

Snoring, which occurs when the airway narrows or is partly blocked during sleep—often thanks to nasal congestion, floppy tissue, alcohol, or enlarged tonsils—can be more than “a benign annoyance,” says Charlene Gamaldo, M.D., medical director of the Johns Hopkins Sleep Disorders Center in Baltimore.

Your snoring can not only ruin your partner's shut-eye but also is a red flag for obstructive sleep apnea. OSA is marked by noisy stops and starts in breathing during sleep, and hikes risks of cardiovascular disease, stroke, cardiac arrhythmia, and hypertension. According to the American Academy of Sleep Medicine, 34 percent of men and 19 percent of women who snore routinely have OSA or are at risk for it.

## START WITH LIFESTYLE STEPS

Even if you're unsure whether you have so-called primary snoring or OSA, our

## The Tongue Workout

A study in the journal *Chest* found that people who performed tongue exercises daily for three months cut their snoring frequency by 36 percent compared with those who didn't do the exercises. Interested? Try these three times a day, repeating each 20 times:

- 1** Push the tip of the tongue against the roof of the mouth and slide the tongue backward.
- 2** Suck the tongue up against the roof of the mouth and press the entire tongue against the roof of the mouth.
- 3** Force the back of the tongue against the floor of the mouth while keeping the tip of the tongue in contact with the bottom front teeth.

experts suggest these steps to start:

### → Ease a stuffy nose.

Over-the-counter nasal strips “may help keep nasal passages open,” says Romy Hoque, M.D., assistant professor of neurology at Emory University School of Medicine in Atlanta. You can also

rinse your nose with an OTC saline solution or stand in a steamy shower.

→ **Elevate your head.** You can buy a special pillow to lift your chin and keep your tongue from blocking the back of your throat as you sleep. But any wedge-shaped pillow will do, Hoque says.

→ **Sleep on your side.** To keep from rolling onto your back during the night, which triggers snoring, place a body or bolster pillow against your back.

→ **Avoid alcohol for 4 hours before bed.** Alcohol relaxes your airway muscles, constricting airflow.

→ **Quit smoking.** Tobacco smoke can irritate throat membranes.

→ **Lose excess weight.** “Fat around the neck compresses the upper airway and impedes airflow,” says Raj Dasgupta, M.D., assistant professor of clinical medicine at the University of Southern California in Los Angeles. In fact, OSA has been associated with a neck circumference greater than 17 inches in men and greater than 16 inches in women.

You might also consider tongue exercises (see “The Tongue Workout,” at left).

## WHEN YOU NEED MORE HELP

If lifestyle strategies don't make a big difference, see your doctor, a sleep specialist, or an otolaryngologist, who may recommend an overnight sleep test to see whether you have OSA.

For primary snoring or mild to



moderate OSA, an oral appliance worn during sleep shifts the lower jaw and tongue forward, keeping the airway open. OTC devices are available, but our experts recommend one that's customized for you, which is usually covered by insurance. In 2015, the American Academy of Sleep Medicine and American Academy of Dental Sleep Medicine noted that there is moderate evidence they improve quality of life.

The gold standard for moderate to severe OSA is continuous positive airway pressure, or CPAP, which delivers air to your airway during sleep to keep it open. A 2016 study in the *New England Journal of Medicine* found that CPAP helped with daytime sleepiness and snoring (but not cardiovascular risks) in people followed for an average of almost four years.

When other methods fail or are intolerable—CPAP adherence may be as low as 50 percent—surgical procedures, for example, to remove excess tissue in the nose, mouth, or throat, may be an option.

A newer procedure, hypoglossal nerve stimulation, uses a small device implanted in the chest to help control the movement of the tongue when it blocks the airway. A study in the *New England Journal of Medicine* in 2014 reported that after 12 months of use, this reduced temporary stops in nighttime breathing by 68 percent. But it can cost up to \$40,000 and is usually not covered by insurance.

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