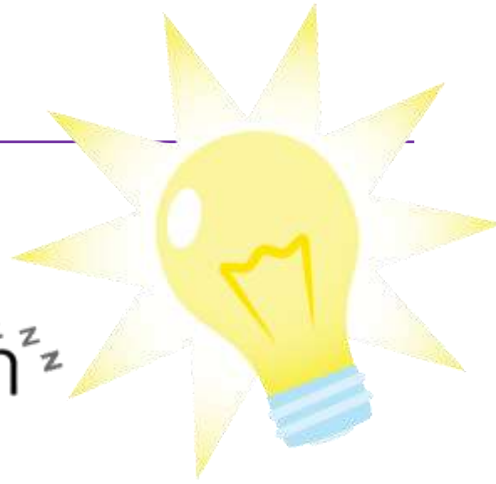


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Partner's Guide



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Introduction

If you are dreading the night ahead because of your partner's snoring, this **Snorer.com** Guide aims to give you some ideas to help.

You may have tried one or more before, so try some others to see if they work for you. These are suggestions and won't work for everyone!

Some of these suggestions might show results immediately, others after a sustained amount of time. We'd love to hear from you (contact@snorer.com) if you've tried something from this guide and how it worked out for you.

Of course, do not undertake anything in this guide if it goes against the advice of your medical practitioner. If your partner snores and feels sleepy in the day they should consult their Doctor/PCP.



ACRONYM ALERT!

PCP = Primary Care Physician



Your partners' snoring

This section contains a selection of simple ways to help you broach the subject of snoring. Find a good time – *perhaps not first thing in the morning after a sleepless night!* You will both be grumpy and it's unlikely your message will be positively received...

These do progressively escalate the situation. So, perhaps start by discussing the situation as calmly as possible.

But before we dive into what you can do about their snoring ... ask yourself "Are they sleepy in the day?" "Do they need an afternoon nap or over time have they become more grumpy and irritable?" These are classic warning signs of obstructive sleep apnoea syndrome (OSAS). You could be really helping them by suggesting they [get checked out](#).

It's important to understand that snoring and obstructive sleep apnoea are essentially the same problem but at different levels of severity. Snoring may be defined as "breathing during sleep with hoarse or harsh sounds", while obstructive sleep apnoea (OSA) is not just noisy, it is when the airway during sleep collapses, causing obstruction, and the obstruction causes the apnoea (cessation of breathing).

OSA is made up of apnoeic episodes. A sleep apnoeic episode is a silent period between snores. This is when the snorer cannot breathe. That's a scary thought! Their chest and stomach continues to move up and down but no air gets in to their lungs, they are in effect suffocating.

You may have noticed one of these 'episodes' in the past and nudged them to breathe, but what about when you go to sleep or leave the bedroom?

They keep doing this all night...

We mean OBSTRUCTIVE sleep apnoea when we say 'sleep apnoea'. Explained: Obstructive = an obstruction (used to differentiate the problem from Central sleep apnoea). Sleep = you are not awake when this happens. Apnoea = cessation of breathing. Put it all together and you have, in effect, self-suffocation when asleep!

Snorer.com uses the UK spelling of 'apnoea' rather than the US spelling 'apnea.'



JARGON ALERT!

It is important to differentiate between Obstructive Sleep Apnoea (OSA) and Obstructive Sleep Apnoea Syndrome (OSAS).

The syndrome is when OSA causes sleepiness: '*Irresistible drowsiness in inappropriate situations*'. This sleepiness is what causes concern.

Educate

Snoring affects you BOTH. It is not just keeping you awake while they blissfully snore away; it actually affects them as well. While the jury is out on this one, it is thought to harden the **artery walls¹**, which isn't so great.

¹Lee et al, (2008) Heavy snoring as a cause of carotid artery atherosclerosis. Sleep. Sep;31(9):1207-13. PubMed PMID: 18788645; PubMed Central PMCID: PMC2542975.

Encourage

Some people snore more loudly (or only snore) when they sleep on their back (known as supine related). Enter 'sleep positional therapy' into a search engine to learn more about this. You could try encouraging them to change their sleep position. There are modern sophisticated products to do what you could perhaps do by sewing a pocket onto the back of a tight fitting T shirt and putting a tennis ball into the pocket. The idea is to make it uncomfortable for your partner to sleep flat on their back and train the snorer not to sleep in that position.

Leave hints

Short of sleeping in the spare room or on the sofa, perhaps there are ways in which you could hint or suggest they learn more about snoring. Perhaps leaving the Snorer.com tab open on their web browser...

Record the noise and play it back to them

If all the above fails then you could try recording the snoring noise and playing it back (some mobile phones have voice record capability). This is really confronting the snorer with their own snoring – it could get messy!

Good luck! Helping them to stop snoring could not only help your own sleep, but may actually prolong their life and improve the quality of that life, should they have **undiagnosed** sleep apnoea.



A diagnosis can only come from a medical professional and doesn't mean a 'self-diagnosis.'

What happens when you sleep (in relation to snoring and sleep apnoea)?

As you sleep the muscles that control the upper airway relax. If they relax too much, the airway becomes narrowed, limiting the airflow as you breathe. This may lead to:

- Vibration – which produces the snoring noise
- Collapse – where breathing stops altogether, called obstructive sleep apnoea (OSA)



When a sleeping problem becomes more serious

Sometimes there are significant health issues that prevent people from sleeping well.

Sleep Related Breathing Disorders (SRBD) – this is one of the most common problems that affect people's sleep. One in five adults have some form of SRBD². It can range in severity from simple, but disruptive snoring to sleep apnoea where they have stopped breathing.



ACRONYM ALERT!

SRBD = Sleep related breathing disorders are a group of abnormal breathing patterns that occur while asleep

- Snoring – the most common form of SRBD – the airway becomes restricted, causing the soft tissue to vibrate, making the snoring noise.
- Obstructive Sleep Apnoea (OSA) – where the airway closes so they stop breathing. Periods of not breathing may last for 10 seconds or longer and occur several hundred times a night.
- Central Sleep Apnoea (CSA) – a less common form of sleep apnoea which occurs when the brain fails to send the right signals to the body to regulate sleeping.

² YOUNG T, PEPPARD PE, GOTTLIEB DJ. (2002) "Epidemiology of obstructive sleep apnea: a population health perspective." Am J Respir Crit Care Med;165(9):1217-39.

There are a range of treatments that can effectively help people with SRBD (and their partners) achieve a good night's sleep. Snorer.com's mission is to provide the information in easy read Guide format.

Find out more about other Snorer.com Guides at: <https://snorer.com/information-guides/>



The warning signs of Obstructive Sleep Apnoea Syndrome (OSAS)

There are a number of warning signs that may indicate if your partner is suffering from OSAS.

During the night:

- Snoring followed by a **period of silence** and then perhaps a loud snort or gasp as they resume breathing
- Waking up at night with a sore throat
- Frequent need to get up and use the toilet

This period of silence is when they are not breathing! If you have noticed this, it is important to remember that after you have gone to sleep, they continue fighting to breathe ALL NIGHT!

During the day:

- Waking up feeling unrefreshed or with a headache & sore throat
- Feeling excessively sleepy during the day
- Decreased energy and motivation
- Difficulty in concentrating
- Irritability

Risk factors

There are certain factors that may mean they are at greater risk from OSA:

- Being **male!**³
- Being overweight
- Being a heavy snorer
- A family history of snoring and sleep apnoea
- Evening alcohol
- Smoking
- Silent pauses in between snores could be a sign of Obstructive Sleep Apnoea (OSA).

Obstructive Sleep Apnoea affects men more than women. "...men had a prevalence of 3.9% and women 1.2%".

³BIXLER, E et al, "Prevalence of Sleep-disordered Breathing in Women" American Journal of Respiratory and Critical Care Medicine, Vol 163, No 3 (2001), pp 608-613.



The effect of (OSA) on them and you

When they sleep, if their airway becomes blocked, they may stop breathing. If it occurs for 10 seconds or more, it is considered an 'apnoeic event'. It can happen frequently – sometimes hundreds of times a night but you finally go to sleep or leave the room to sleep elsewhere and THEY KEEP STRUGGLING TO BREATHE ALL NIGHT.

Stress on their body

If they stop breathing this places a stress on their brain and their heart as they struggle with the lack of oxygen.

Disrupted sleep

Their brain wakes them up in order to start breathing again and so their sleep (and perhaps your own) is disrupted over and over again.

Impact on their health

Stress on their brain and heart, coupled with disrupted sleep have serious effects on their health. Left untreated, they are a contributing risk factor in high blood pressure, heart disease, stroke, diabetes, and depression.

- More than 35% of people with sleep apnoea suffer from high blood pressure, increasing their risk of heart disease.⁴
- 83% of people who continue to suffer from high blood pressure despite taking three or more drugs, also have sleep apnoea.⁵
- Almost 70% of people who have had a stroke have sleep apnoea.⁶
- A person with sleep apnoea is seven times more likely to have a car accident.⁷



⁴ PAGEL, J. et al. (2008) "Obstructive Sleep Apnea: Recognition and Management in Primary Care." Supplement to The Journal of Family Practice. Vol. 57. No. 8.

⁵ WORSNOP *et al.* (1998) The prevalence of obstructive sleep apnea in hypertensives. American Journal of Respiratory Critical Care Medicine; 157:111-5.

⁶ LOGAN *et al.* J (2001) High prevalence of unrecognized sleep apnoea in drug-resistant hypertension. Hypertension.

⁷ HORSTMANN *et al.* (2000) Sleep related accidents in sleep apnea patients. Sleep.

Effect on you

It is not just people with OSA or a snoring problem whose health can be affected. Partners, whose own rest is continually disturbed, may also suffer the effects of chronic interrupted sleep.



I think they might have sleep apnoea...

If you fear they have sleep apnoea, explain your concerns to your partner and arrange for you BOTH to visit your Doctor/Primary Care Physician.

We suggest that you both go, as some people underestimate their problem and by both going it is possible a better picture of reality could be conveyed to the Doctor/PCP - explain that you are worried about your partner.

What happens next?

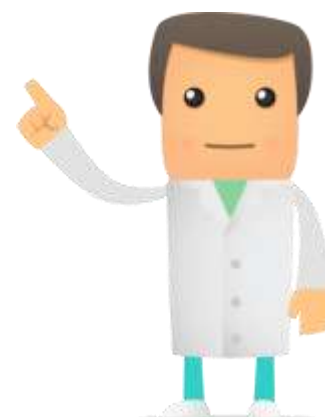
When you and your partner go to the Doctor/PCP they may be referred to a Sleep Laboratory for tests. A sleep laboratory is run by a Respiratory Physician/Pulmonologist or perhaps a Neurologist. In both cases, they are often supported by specialist staff known as Registered Polysomnographic Technologists (RPSGT).

The sleep laboratory will then determine if a 'home sleep test' is required or ask your partner to come in overnight for a polysomnogram (PSG). To explain 'somnogram' means sleep test and 'poly' means lots - in that lots of readings are taken at the same time as you sleep.

But, if they are worried about the impact of a medical diagnosis of sleep apnoea upon their licence (perhaps for work) then we suggest they consider the **Snorer.com** [ASAP Anonymous Sleep Apnoea Process™](https://snorer.com/asap).

Good luck! Treatment is effective in not only overcoming the snoring noise but in restoring quality sleep - and then in turn how the person (and you!) functions each day.

You might want to read the **Snorer.com** [Snoring and Sleep Apnoea Overview guide](https://snorer.com/information-guides) to learn more about the WHAT, WHY, and HOW of the treatment options.



Find out more about the **Snorer.com** Anonymous Sleep Apnoea Process at: <https://snorer.com/asap>

Find out more about other **Snorer.com** Guides at: <https://snorer.com/information-guides>

The other **Snorer.com** Guides include:

- How to choose... a mouthpiece to stop snoring
- How to choose... Positive Airway Pressure (PAP) therapy
- Things to consider... when considering surgery for snoring & sleep apnoea

Appendix

Acronym glossary

- BSDSM = British Society of Dental Sleep Medicine
- CPD = Continuing Professional Development
- MAS = Mandibular Advancement Splint
- MBA = Master of Business Administration
- MRD = Mandibular Repositioning Device
- OSA = Obstructive Sleep Apnoea
- OSAS = Obstructive Sleep Apnoea Syndrome
- PAP = Positive Airway Pressure
- PCP = Primary Care Physician
- RPSGT = Registered Polysomnographic Technologists
- SDB = Sleep-Disordered Breathing
- SRBD = Sleep Related Breathing Disorder
- UPPP = Uvulopalatopharyngoplasty



JARGON ALERT!

These acronyms, and others that you may come across are explained in the **Snorer.com** Jargon Buster! Check it out at: <https://snorer.com/jargon-buster>

References

1. LEE *et al*, (2008) Heavy snoring as a cause of carotid artery atherosclerosis. *Sleep*. Sep;31(9):1207-13. PubMed PMID: 18788645; PubMed Central PMCID: PMC2542975.
2. YOUNG T, Peppard PE, Gottlieb DJ. (2002) Epidemiology of obstructive sleep apnea: a population health perspective. *Am J Respir Crit Care Med*;165(9):1217-39.
3. BIXLER, E. *et al*. (2001) Prevalence of Sleep-disordered Breathing in Women. *American Journal of Respiratory and Critical Care Medicine*, Vol 163, No 3, pp 608-613.
4. PAGEL, J. *et al*. (2008) Obstructive Sleep Apnea: Recognition and Management in Primary Care. *Supplement to The Journal of Family Practice*. Vol. 57. No. 8.



5. WORSNOP *et al.* (1998) The prevalence of obstructive sleep apnea in hypertensives. *American Journal of Respiratory Critical Care Medicine*; 157:1111-5.
6. LOGAN *et al.* (2001) High prevalence of unrecognized sleep apnoea in drug-resistant hypertension. *Journal of Hypertension*.
7. HORSTMANN *et al.* (2000) Sleep related accidents in sleep apnea patients. *Sleep*.

Support groups

United Kingdom

- Sleep Apnoea Trust Association: <http://www.sleep-apnoea-trust.org/>
- Scottish Association for Sleep Apnoea (SASA): <https://www.scottishsleepapnoea.co.uk>
- Irish Sleep Apnoea Trust: <https://www.isat.ie/>
- Hope2Sleep: www.hope2sleep.co.uk

United States

- American Sleep Apnea Association: <https://www.sleepapnea.org/>

Legal statements

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Control over how & when:

- Confidential access to independent information on snoring and sleep apnoea.
- How-to-Choose Guides without commercial bias.

Control over who knows:

- Anonymous, confidential access to sleep apnoea assessment.

Control over what:

- You control when and what to communicate about your results.

Independent in this context means not influenced by any company trying to sell an anti-snoring device or CPAP machine.

Snorer.com does **not** sell products or gadgets, and **does not** encourage any kind of self-diagnosis.

Snorer.com does provide a way to get tested for sleep apnoea anonymously and provides free information to support

Author & reviewer

Adrian Zacher MBA

Adrian Zacher has a wide ranging experience in medical devices for both conscious and unconscious respiratory medicine. He is a recognised pioneer, inventor, author, expert and serial entrepreneur.



Adrian pioneered the first commercial dental sleep medicine laboratory in Europe; ZSA Ltd. During the 11 years of successfully running ZSA, he invented a sleep device that could be adjusted to suit the individual needs of the wearer, winning an award for the device. He went on to co-found the [British Society of Dental Sleep Medicine](#) (BSDSM) and instigated and assembled the sleep medicine team which ultimately developed the [Pre-Treatment Screening Protocol](#), which forms the benchmark for obstructive sleep apnoea screening in the UK. He continues to provide specialist dental sleep medicine knowledge to interested parties.

<http://bsdsm.org.uk/>

<http://www.nature.com/bdj/journal/v20/6/n6/full/sj.bdj.2009.214.html>

Adrian successfully completed his MBA in Oxford. After which, he was headhunted to lead international business development for a leading sleep business, working as subject matter expert on oral appliances and dental sleep medicine. He left in February 2012.

Adrian is often asked for advice and insight in the field of sleep medicine, recently co-authoring a chapter in Carranza's Clinical Periodontology Expert Consult, and has completed the 2013 update.

Whilst taking time off as a new parent (truly appreciating the need for good quality sleep!) he started work on **Snorer.com** Ltd.

When not running **Snorer.com**, including [Snorer.me](https://snorer.me) (for patients), [Snorer.business](https://snorer.business) (for employers) and [Snorer.training](https://snorer.training) (for dentists), Adrian runs a LinkedIn group "[The impact of sleep disorders on business](https://www.linkedin.com/groups/4925339)" is a member of the [British Sleep Society](http://www.sleepsociety.org.uk) and a recent past Trustee of the charity [Hope2Sleep](http://www.hope2sleep.co.uk) that supports patients with sleep disordered breathing.

<https://snorer.me>
<https://snorer.business>
<https://snorer.training>
<https://www.linkedin.com/groups/4925339>
www.sleepsociety.org.uk
www.hope2sleep.co.uk

Kath Hope

Kath runs the charity Hope2Sleep.co.uk, along with associated online forums, where her mission is to raise awareness of sleep apnoea and provide comfort accessories and masks for CPAP/ BIPAP/ APAP treatment. She also offers free support for newly diagnosed sleep apnoea sufferers in order to help them comply with their CPAP treatment.



Kath has first-hand experience; as she has sleep apnoea herself, so can truly empathize.

She is an active member of the British Lung Foundation's OSA Advisory Panel, is an 'Expert Patient' of Guys & St Thomas' Hospital, London and regularly liaises with sleep clinicians to help their patients struggling with CPAP.

Important (but a bit boring) information...

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