

HOW TO STOP SNORING: The Definitive Guide (2019)

Nobody wants to snore.

So, this step-by-step, evidence-based Guide will tell you exactly how to stop. And if your snoring is actually a symptom of sleep apnoea – we've got you covered.

Working with the medical and dental professions that you trust to care for you, will quickly and permanently stop your snoring (and ensure sleep apnoea is identified and treated). Here's how to do just that.

Bottom line: Want to stop snoring permanently, sleep in the same bed as your other-half (and wake up with them smiling)? You'll love this Guide.



HOW TO STOP SNORING: The Definitive Guide (2019)

Peer review

Emeritus Professor of Respiratory Medicine, John Stradling MD FRCP

This is a very comprehensive manual for those interested in understanding why they snore and what to do about it. Adrian Zacher has many years of experience in this field. Take time to read it carefully as there is a great deal of information to digest. Armed with this information one should be able to make informed choices as to what to do about snoring and possible sleep apnoea.

Prof. John Stradling

How to stop snoring guide.

October 24, 2018

About the Author

I'm a sleep-industry insider with a quarter of century of sleep medicine experience.

[Adrian Zacher MBA](#)

Author and Sleep Apnoea Evangelist

Copyright Snorer.com All rights reserved. (2019)

Signposting™ is CE marked Clinical Decision Support System. (SaMD). The manufacturer is Snorer.com Ltd.

Snorer.com Ltd. 2 Baynards Green Farm Cottage, Baynards Green, Bicester, Oxfordshire, OX27 7SG

Tel: 01235 364121 | contact@snorer.com | Company reg. 08144806 | Registered in England & Wales.

HOW TO STOP SNORING:
The Definitive Guide (2019)

In this guide you'll learn about:



[CHAPTER 1](#)
[Self-help and Signposting the treatment routes to stop snoring](#)



[CHAPTER 2](#)
[Assessment and screening for Obstructive Sleep Apnoea \(OSA\)](#)



[CHAPTER 3](#)
[Sleep testing and diagnosis](#)



[CHAPTER 4](#)
[Treatment options](#)



[CHAPTER 5](#)
[Follow-up](#)



[CHAPTER 6](#)
[FAQs](#)

HOW TO STOP SNORING: The Definitive Guide (2019)

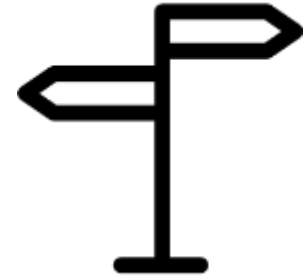
CHAPTER 1:

Self-help and Signposting the treatment routes for snoring and sleep apnoea

6 self-help ways to stop snoring

If you snore and are drowsy consult your GP immediately.

Otherwise these 6 self-help or 'lifestyle changes' are the first ways to stop snoring:



1. **If you're overweight, try to lose weight.** We get fat inwards as well as outwards and weight around your neck reduces the diameter of your airway. If the airway in your throat gets narrower, the air you breathe has to travel faster and this makes the walls of your airway vibrate (in other words it make you snore).
2. **Avoid evening alcohol.** Alcohol super relaxes your throat – which makes it floppy and prone to vibrate (and you snore). I know that drinking alcohol in the evening is exactly when you want to drink it – so you have to choose.
3. **Stop smoking.** Smoking inflames the tissues of your throat which makes your airway narrower, so you snore.
4. **Get off your back!** Gravity pulls your tongue backwards and narrows your airway. Your mouth may also fall open and as it does so your jaw moves downwards and backwards and this also narrows your airway. And no a chin strap is NOT the answer.
5. **Keep your nose clear.** If you can't breathe through your nose you have to breathe through your mouth. When you mouth opens it moves downwards and backwards – narrowing the airway in your throat. Ditto point 4.
6. **Avoid sedative medication** i.e. sleeping pills and painkillers (Consult your GP re alternatives if you have a diagnosed condition that requires their use).

HOW TO STOP SNORING: The Definitive Guide (2019)

Need a reminder of why you're bothering?

Not snoring means:

- You may maintain intimacy with your partner
- You may share hotel rooms
- You may stay over at friends
- You may fly long-haul without complaint
- You won't experience a sore throat / dry mouth on waking

Finally, from a health perspective, snoring may lead to high blood pressure (your throat vibrating may harden artery walls).

Sadly, self-help and lifestyle changes may be insufficient, or their effect may not last over time:

Now it's time to seek professional help.

Help yourself and your healthcare professional by completing your assessment forms in your own time – online. Then get directed to the most appropriate expertise.

That's where Signposting™ comes in:

HOW TO STOP SNORING: The Definitive Guide (2019)

Signposting™ or Guessing?

Signposting™ is the first step to definitively answering your question: How to stop snoring ASAP? The Oxford English dictionary defines signposting as:

“A sign giving information such as direction and distance...”

Signposting in sleep medicine, is about providing free, valid information, regarding available services and options. And pointing out the right ‘road’.... It works like this:

1. You answer a handful of questions on-line
2. Your GP or a UK sleep-trained dentist, then uses your answers to rapidly screen you for sleep apnoea and determine if you need further investigation.
3. If you don’t need a sleep study, then a custom-made, prescription anti-snoring device is the first way to stop snoring.

If you’re interested

- In bringing the guess work to an end? Begin [here](#)
- A sleep-trained dentist (in the UK) [click here](#)

HOW TO STOP SNORING: The Definitive Guide (2019)

CHAPTER 2: Assessment of snoring and screening for obstructive sleep apnoea

Assessment and screening occur when a healthcare professional checks to see if your snoring needs further investigation – for example by conducting a sleep study.

Early detection confers an advantage (i.e. you “*nip it in the bud*”).

We’re getting closer to definitively knowing:

How to stop snoring.



HOW TO STOP SNORING: The Definitive Guide (2019)

Step 1. Assessing and screening for sleep apnoea symptoms

What is Obstructive Sleep Apnoea?

Obstructive sleep apnoea (OSA) is when your breathing is disrupted while you are asleep.

The airway in your throat repeatedly narrows and not enough air gets to your lungs despite continued efforts to breathe.

Sufferers snore and may be drowsy in the day because they must wake up to breathe.

When snoring (with or without daytime drowsiness) is a problem consult your GP (Primary Care Physician – we use ‘GP’ throughout this Guide).

Your GP has your medical history to hand and they want you to be well.

Yet today, the average GP is extremely time-poor. To make better use of their clinical time, you may be asked to complete an assessment form in your own time – and to return for another appointment.

So your options are:

1. Fill in the forms and return once again to your GP.

They will use this information, to screen you for obstructive sleep apnoea (OSA) and other related conditions, and determine if you need further investigation in a sleep unit or perhaps by referring you to an ENT (Ear, Nose and Throat) department.

Your GP may be clued up about snoring, but equally, they may not be. Currently, sleep medicine in the UK and elsewhere, is not part of core medical training.

Download our [GP Guidelines](#) and post them ahead of your appointment (to give them time to read it).

2. Waste your money on OTC (Over-the-Counter) snoring cures, aids and gumshields.

HOW TO STOP SNORING: The Definitive Guide (2019)

Learn how to compare [OTC gumshields and custom-made dental devices](#) (known as Mandibular Repositioning Splints) and find out if [chinstraps for snoring](#) are dangerous, or safe and effective.

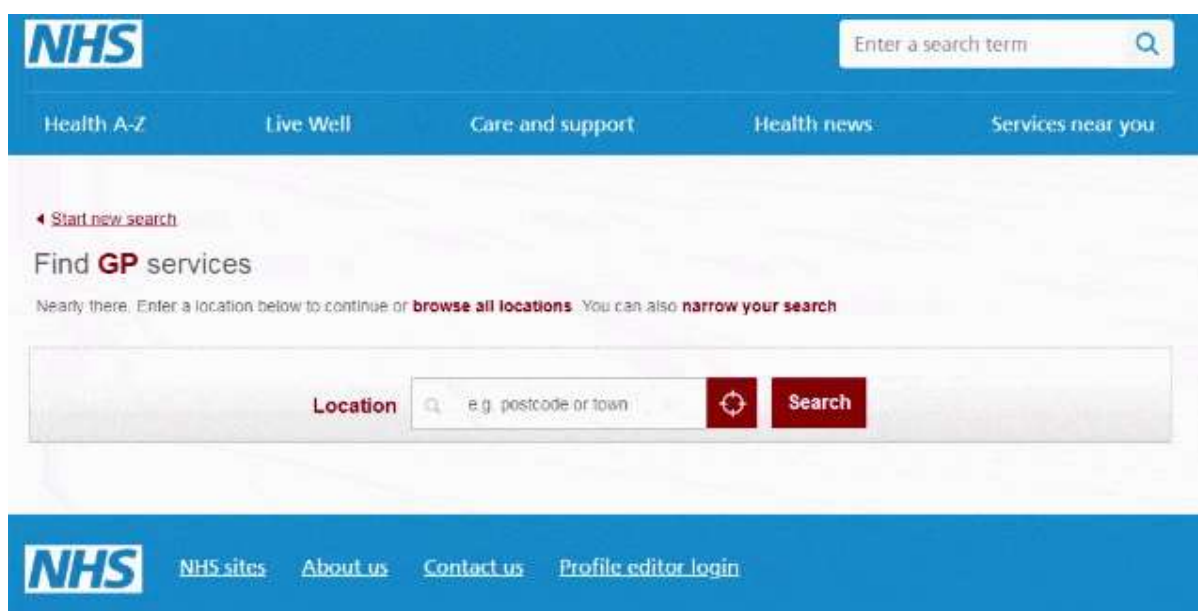
How to find a GP?

If you're in the UK and don't have a GP you can find one here:

<https://www.nhs.uk/Service-Search/GP/LocationSearch/4>

Punch in your location (PRO TIP: It works better with a place name rather than postcode).

Take your pick:



The image shows a screenshot of the NHS website's 'Find GP services' page. At the top, there is a blue navigation bar with the NHS logo on the left and a search bar on the right containing the text 'Enter a search term'. Below the navigation bar, there are five menu items: 'Health A-Z', 'Live Well', 'Care and support', 'Health news', and 'Services near you'. The main content area has a white background with a light blue map in the background. It features a heading 'Find GP services' and a sub-heading 'Nearby there. Enter a location below to continue or **browse all locations**. You can also **narrow your search**'. Below this is a search form with a 'Location' label, a search icon, a text input field containing 'e.g. postcode or town', a refresh icon, and a red 'Search' button. At the bottom, there is a blue footer bar with the NHS logo and links for 'NHS sites', 'About us', 'Contact us', and 'Profile editor login'.

Copyright Snorer.com All rights reserved. (2019)

Signposting™ is CE marked Clinical Decision Support System. (SaMD). The manufacturer is Snorer.com Ltd.

Snorer.com Ltd. 2 Baynards Green Farm Cottage, Baynards Green, Bicester, Oxfordshire, OX27 7SG

Tel: 01235 364121 | contact@snorer.com | Company reg. 08144806 | Registered in England & Wales.

HOW TO STOP SNORING: The Definitive Guide (2019)

Step 2. Consult your GP

Return to your GP with your completed assessment forms (ideally you completed the forms with the help of your partner – they may have a different perspective...).

Now, the outcome of your GP appointment may go 1 of 3 ways:

Option 1: Referral to a sleep unit

After reviewing your assessment forms, consulting your medical history and perhaps a physical examination; your GP may suspect that you're suffering from obstructive sleep apnoea (find out more about OSA in the FAQ) or something else that is making you drowsy (as well as snore) and considers further investigation necessary.

They may then refer you to a sleep unit for further investigation.

If you often experience daytime drowsiness when driving, ask someone else to take you to the appointment, as you might be told by the doctor that you cannot legally drive yourself home.

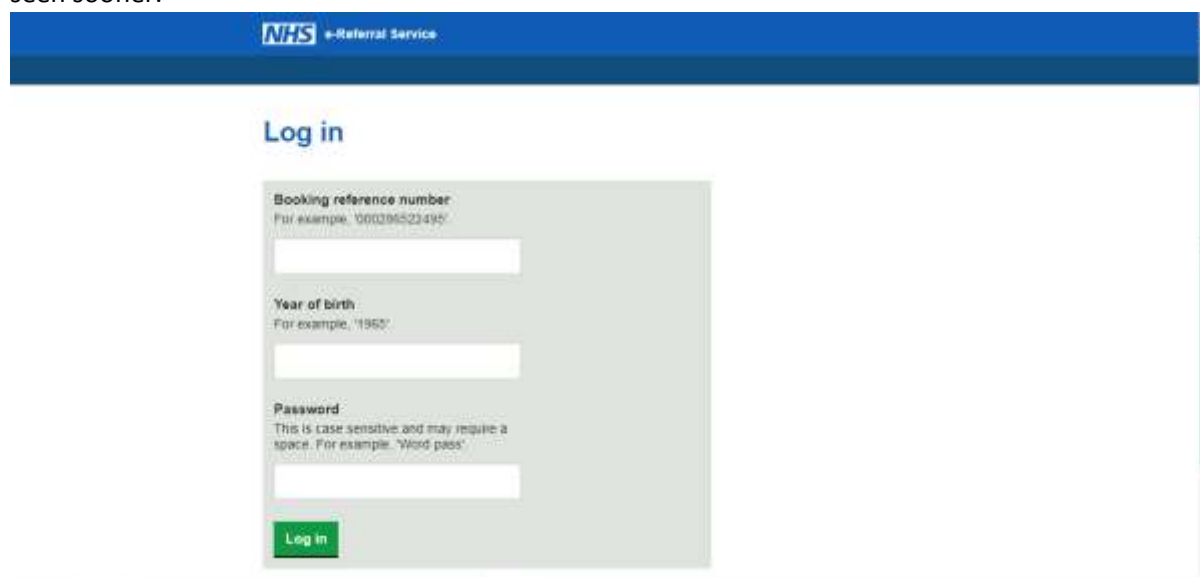
Important:

Keep hold of your referral paperwork and if you're in the UK, visit the NHS e-referral website: <https://www.ebs.ncrs.nhs.uk/login/>

You will need your:

1. booking reference (first page)
2. year of birth
3. and the (automatically generated) password to login (that's on the last page).

TIP: Compare waiting times. If you are prepared to travel for a consultation, you may find you can be seen sooner.



Copyright Snorer.com All rights reserved. (2019)

Signposting™ is CE marked Clinical Decision Support System. (SaMD). The manufacturer is Snorer.com Ltd.

Snorer.com Ltd. 2 Baynards Green Farm Cottage, Baynards Green, Bicester, Oxfordshire, OX27 7SG

Tel: 01235 364121 | contact@snorer.com | Company reg. 08144806 | Registered in England & Wales.

HOW TO STOP SNORING: The Definitive Guide (2019)

If you're in Scotland the GP will make a referral for you and the Hospital will contact you with an appointment.

Option 2: Lifestyle change & local management

If your GP does not suspect obstructive sleep apnoea (OSA) they may suggest lifestyle changes (e.g. lose weight if you're overweight, stop smoking (if you do), quit the evening alcohol, get off your back when sleeping, exercise...).

Option 3: Dental appliance for snoring

If your GP does not suspect obstructive sleep apnoea: they may consider your snoring to be 'benign', they may offer lifestyle advice (as Outcome 2), and suggest you consult a sleep-trained dentist with a view to a prescription dental appliance.

This type of dental appliance is known as a custom-made mandibular repositioning splint (MRS).

Grab [this](#) free, evidence-based Guide about how to choose a 'mouthpiece' to stop snoring.

The NHS will not fix snoring

Bad news?

Only option 1 above (Referral) involves NHS treatment.

Options 2 and 3 require you to take action yourself.

So now you're wondering:

HOW TO STOP SNORING: The Definitive Guide (2019)

How can I stop snoring?

If you're given Option 2 or 3, the good news is that you're unlikely to have sleep apnoea symptoms.

Hang on:

Don't go and feed the 'circling sharks' by buying an over-the-counter 'cure'.

There's very good evidence¹ that custom-made, adjustable dental devices for snoring (aka mandibular repositioning splints) will help with anti-social snoring. Below are two examples (there are many more to choose from). The images below are used with permission from SomnoMed UK Ltd. and Somnowell (UK) Ltd. respectively.



Clinical research² has established that custom-made devices are NOT the same as over-the-counter 'gumshields' or other mechanisms, and neither are they valid as a trial of whether a custom dental device will work.

So, be sure to bookmark my independent [review](#) of the top 13 criteria for choice of 'gumshield', so you can come back to it later.

[Jump to Chapter 4](#), if your GP says you don't need further investigation and learn more about dental devices (the first option for anti-social snoring).

Otherwise its time for...

HOW TO STOP SNORING: The Definitive Guide (2019)

CHAPTER 3:

Diagnosis of obstructive sleep apnoea

Assume you've been offered an appointment at the sleep unit for further investigation.

When you're diagnosed, you know if your 'snoring' is actually sleep apnoea and how bad it is.

Soon, you will sleep better – and more quietly.



HOW TO STOP SNORING: The Definitive Guide (2019)

Snoring and Sleep Apnoea happen for a reason

It's a "cause-and-effect" relationship, while the 'cause' is unknown; until you're diagnosed, the 'effect' is the all too familiar, loud snoring noise....

An investigation into the cause of 'snoring' is called an assessment. This typically includes an overnight sleep study and a review of your medical history.

All of which helps the specialist respiratory medicine physician come to a diagnosis.

When you have a diagnosis, the doctor will determine what is the most appropriate treatment, and this (finally and definitively) answers your question:

"How to stop snoring, ASAP?"

How to know if your snoring is actually sleep apnoea:

Step 1

You will be invited to attend the Hospital sleep unit for basic assessments including height and weight measurements, your medical history and a review of your GP referral letter.

It's not a bad idea to take a copy of your Snorer Signposting™ printout with you as well (just in case it has been mislaid).

Step 2

Some time later, you will be invited to the sleep unit (should a sleep study be considered appropriate).

Home Sleep Apnoea Testing (HSAT) is, in the UK, the default way to examine your sleep quality and quantity. Home Sleep Apnoea Testing is testing of your sleep at home, in your own bed. Learn more about home sleep Apnoea testing <https://snorer.com/what-is-home-sleep-testing/>

You will be loaned some sleep test equipment, to put on over your pyjamas, before you go to sleep. The sleep unit nurse will show you how to use it. The sleep-test equipment records (amongst other things) your snoring, how much oxygen there is in your blood and how much of the night you sleep on your back.



Copyright Snorer.com All rights reserved. (2019)

Signposting™ is CE marked Clinical Decision Support System. (SaMD). The manufacturer is Snorer.com Ltd.

Snorer.com Ltd. 2 Baynards Green Farm Cottage, Baynards Green, Bicester, Oxfordshire, OX27 7SG

Tel: 01235 364121 | contact@snorer.com | Company reg. 08144806 | Registered in England & Wales.

HOW TO STOP SNORING: The Definitive Guide (2019)

In the morning when you wake up, turn it off, repackage it and return it promptly to the sleep unit. The data it has captured is then downloaded and analysed by a skilled sleep technician. They will 'score' your sleep study and create a report to accompany your medical history.

The sleep doctor will then review your scored sleep study, sleep tech's report, your medical history and assessment forms. If possible, and if there is sufficient data, they will then diagnose your sleep condition and severity.

Step 3

Diagnosed with obstructive sleep apnoea syndrome (OSAS)?

If you're diagnosed with obstructive sleep apnoea syndrome (OSAS):

- First-line therapy is Positive Airway Pressure therapy (PAP)
- Second-line therapy is a prescription, custom-made mandibular repositioning splint (MRS)
- Surgery is usually only considered appropriate to enhance the use of PAP and MRS

Chapter 4 (coming up in a moment) explains more about these treatment options.

Not diagnosed with obstructive sleep apnoea syndrome?

If you are not diagnosed with obstructive sleep apnoea syndrome of a severity that merits treatment with Positive Airway Pressure therapy (PAP) then the healthcare system of the country you live in, determines whether prescription mandibular repositioning splints (MRS) are a funded therapy:

If you're in the UK, then you will most likely be told no NHS help is available. That said, sleep units often have an informal network of dentists that may help you as a private, fee-paying patient.

If you're not in the UK, then you should discuss what options exist with your sleep doctor. In the US and in some EU countries your healthcare system may contribute to the cost of treatment.



First-line and second-line therapies

Initial and preferred therapy is known as 'first-line' and the backup option as 'second-line'.



Need an Overview of Snoring & Sleep Apnoea and the Treatments?

[Click to grab a free, award-winning guide](#) by Adrian Zacher and Professor Adrian Williams MD FRCS

HOW TO STOP SNORING: The Definitive Guide (2019)

CHAPTER 4:

Treatments for snoring and sleep apnoea

Treatment follows diagnosis.

In this chapter we'll introduce the various prescription ways to stop snoring and treat obstructive sleep apnoea.

The choice of treatment (made by your Doctor) is the definitive answer to your question:

“How to stop snoring?”



HOW TO STOP SNORING: The Definitive Guide (2019)

3 Categories of treatment for snoring & sleep apnoea

There are 3 categories of prescription treatment for snoring and obstructive sleep apnoea syndrome (OSAS):

1. Dental appliances known as Mandibular Repositioning Splints (MRS)
2. Positive Airway Pressure (PAP)
3. Surgery (both soft and hard tissue in the nasal and respiratory airway) and bariatric (stomach surgery to reduce weight)

Your sleep Doctor will determine which category of therapy is most appropriate for you.

Additionally, if you're in the UK your sleep-trained dentist may offer you a prescription, custom-made MRS if you do not require further investigation in a sleep unit.

Mandibular Repositioning Splints (MRS)

How do dental appliances for snoring work?

Dental appliances worn in your mouth to stop you snoring are known as Mandibular repositioning splints (MRS). They are only worn while you sleep. They keep your airway open and stop snoring by holding your jaw forwards, which both keeps your tongue away from the back of your throat and tensions your soft palate.

The effect of an MRS is similar to that of the anaesthetist's hands with an unconscious patient. The dental appliance moves the jaw forwards (and in turn the tongue) to open your airway and help you breathe.

They do not cure snoring: you must wear the MRS for it to work.

Mandibular repositioning splints mechanically open the airway in your throat

What happens next?

The sleep-trained dentist will assess your suitability (from a dental perspective) for an oral appliance.

Factors include ability to protrude your lower jaw more than 5mm, oral hygiene, jaw-joint health, number and distribution of teeth.

If an oral appliance is prescribed they will take impressions of both your jaws (moulds of your mouth) and a bite registration in a forward posture (how your jaws meet when you close your mouth).

This information is then sent to a specialist dental laboratory for the dental technician to make your oral appliance. When it is fitted you will learn how to insert, remove and perhaps how to adjust it. You will be requested to visit the dentist again in a week to two weeks, and again at regular intervals.

Copyright Snorer.com All rights reserved. (2019)

Signposting™ is CE marked Clinical Decision Support System. (SaMD). The manufacturer is Snorer.com Ltd.

Snorer.com Ltd. 2 Baynards Green Farm Cottage, Baynards Green, Bicester, Oxfordshire, OX27 7SG

Tel: 01235 364121 | contact@snorer.com | Company reg. 08144806 | Registered in England & Wales.

HOW TO STOP SNORING: The Definitive Guide (2019)

How to choose a 'Mouthpiece' (MRS) Anti-Snoring Device?

[Grab the Mouthpiece Guide](#)

Co-author: Adrian Zacher MBA

Co-author: Dr Roy Dookun BDS, MFGDP (UK), MGDSRCS (ENG), FFGDP (UK), DIP DENT SED

Peer Reviewer: Dr Shouresh Charkhandeh DDS

In this NHS England's Information Standard Accredited Guide, you'll learn in jargon-free language:

- What a 'Mandibular Repositioning Splint' is
- How to choose the best 'mouthpiece' for you
- What the sleep-trained dentist can do
- How to compare over-the-counter with prescription anti-snoring devices

No signup is required.

No credit card.

Nothing at all in fact.

We do this to help – because we can.

[Grab the Mouthpiece Guide](#)

Meet the co-authors



Adrian Zacher MBA

Author and founder of Snorer.com, co-founder and former CEO of the British Society of Dental Sleep Medicine



Dr Roy Dookun BDS

Co-founder and former President of the British Society of Dental Sleep Medicine



Dr Shouresh Charkhandeh DDS

Award-winning Dental Sleep Medicine Dentist

Copyright Snorer.com All rights reserved. (2019)

Signposting™ is CE marked Clinical Decision Support System. (SaMD). The manufacturer is Snorer.com Ltd.

Snorer.com Ltd. 2 Baynards Green Farm Cottage, Baynards Green, Bicester, Oxfordshire, OX27 7SG

Tel: 01235 364121 | contact@snorer.com | Company reg. 08144806 | Registered in England & Wales.

HOW TO STOP SNORING: The Definitive Guide (2019)

Positive Airway Pressure (PAP) therapy

What is PAP for sleep apnoea? And how does it work?

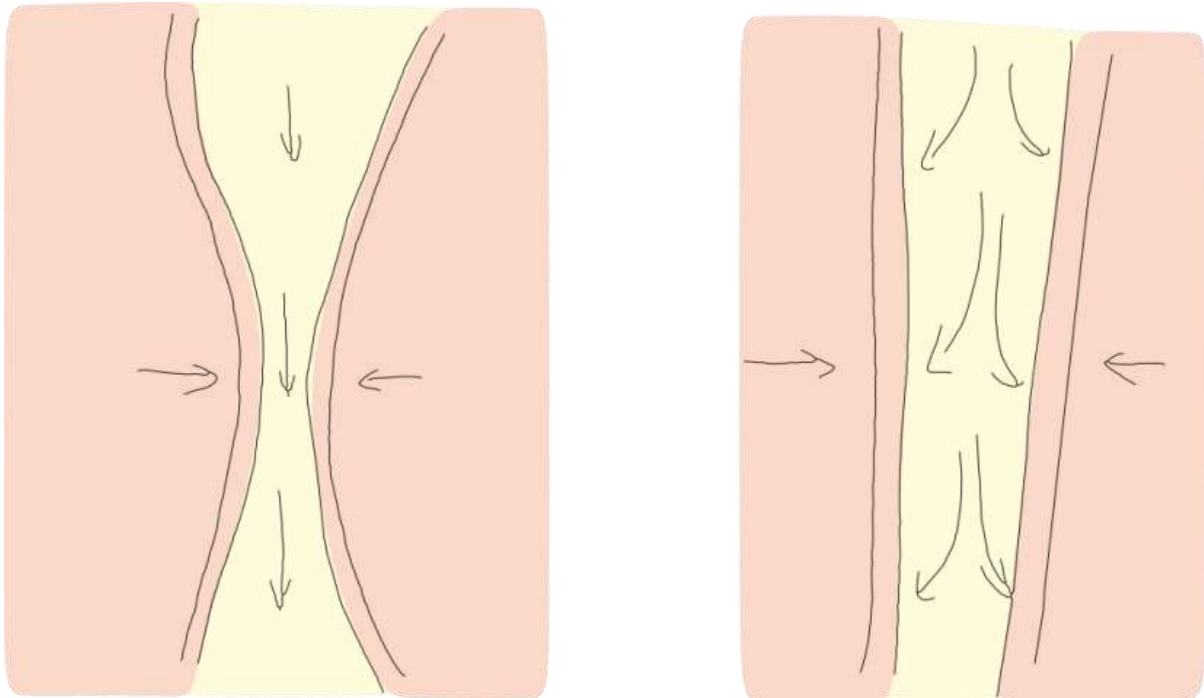
Positive Airway Pressure (PAP) therapy for obstructive sleep apnoea (OSA) is a treatment that prevents your airway narrowing or collapsing while you sleep. PAP works by pumping air into your nose (and or mouth) through a mask worn over your face.

PAP therapy is considered the 'gold standard' or reference therapy for obstructive sleep apnoea.

For those who can tolerate PAP (an arduous therapy) it's absolutely transformative.

A common misconception is that oxygen is pumped in. This is rarely the case.

The **left-hand image** illustrates airway narrowing on breathing in. The **right-hand image** illustrates how PAP prevents this.



Copyright Snorer.com All rights reserved. (2019)

Signposting™ is CE marked Clinical Decision Support System. (SaMD). The manufacturer is Snorer.com Ltd.

Snorer.com Ltd. 2 Baynards Green Farm Cottage, Baynards Green, Bicester, Oxfordshire, OX27 7SG

Tel: 01235 364121 | contact@snorer.com | Company reg. 08144806 | Registered in England & Wales.

HOW TO STOP SNORING: The Definitive Guide (2019)

What happens next?

Sleep apnea treatment with Positive Airway Pressure therapy

Have a PAP mask fitting and loan of an Automatic PAP

After you receive your OSAS diagnosis, you usually have an appointment the same day, with a sleep unit nurse. At this appointment the sleep unit nurse will:

- Provide an explanation of PAP therapy
- Fit you with a PAP mask
- Loan you an automatic PAP machine (an automatic PAP establishes over the following 2 weeks your specific PAP therapy pressure)
- Supply you with support details

Return to collect 'your own' PAP machine

Approximately 2 weeks later, you return to the Hospital sleep unit and the data from your APAP machine is used to setup your treatment device. This is routinely a fixed or continuous pressure PAP machine.

Return for a 3-month review and sleep test

You will be sent a letter inviting you for a 3-month review and another sleep study using your PAP therapy. The idea is to determine both subjectively (how do you feel?) and objectively (what does the sleep study data say?) if you are adequately treated and restored to normal function.

You will meet with the sleep unit practitioner/nurse to review your latest sleep study data and see how you're getting on with PAP therapy. This is the time to seek help with niggles with mask fit (if you haven't already).

HOW TO STOP SNORING: The Definitive Guide (2019)

How to choose PAP therapy?

[Grab the PAP Guide](#)

Co-author: Adrian Zacher MBA

Co-author: Dr Lizzie Hill PhD

In this 3-part NHS England's Information Standard Accredited Guide, you'll learn in jargon-decoded language:

- How PAP therapy works
- What to consider when selecting a 'mask'
- What 'titration', 'ramping' and 'humidification' mean... and more
- Includes details of support groups and PAP user feedback

No signup is required. No credit card.

Nothing at all in fact.

We do this to help – because we can.

[Grab the PAP Guide](#)



Meet the co-authors



Adrian Zacher MBA

Author and founder of Snorer.com, co-founder and former CEO of the British Society of Dental Sleep Medicine



Dr Lizzie Hill PhD RPSGT EST. Clinical Sleep Physiologist (RCCP M-Level registered); Education Lead, British Sleep Society & President, European Society of Sleep Technologists.

Copyright Snorer.com All rights reserved. (2019)

Signposting™ is CE marked Clinical Decision Support System. (SaMD). The manufacturer is Snorer.com Ltd.

Snorer.com Ltd. 2 Baynards Green Farm Cottage, Baynards Green, Bicester, Oxfordshire, OX27 7SG

Tel: 01235 364121 | contact@snorer.com | Company reg. 08144806 | Registered in England & Wales.

HOW TO STOP SNORING: The Definitive Guide (2019)

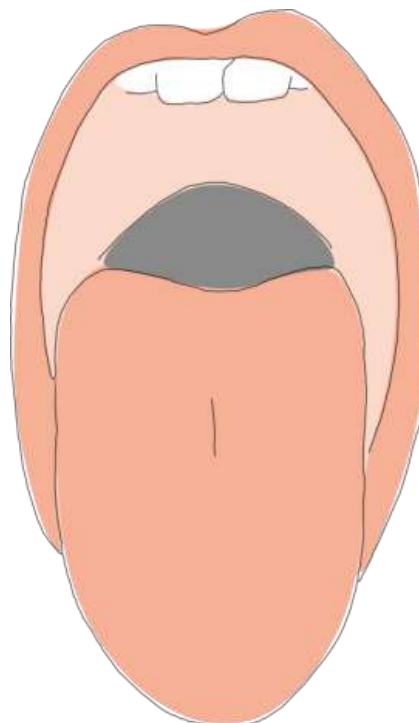
Surgery for snoring and obstructive sleep apnoea

Surgery (both soft and hard tissue)

Soft tissue surgery for snoring and sleep apnoea is considered appropriate to enhance the use of mandibular repositioning splints and PAP.

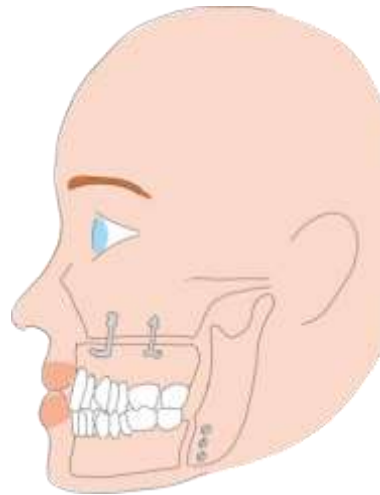
- Soft tissue surgery, includes surgery on the inside of your nose, soft palate and base of your tongue.
- Hard tissue surgery will change the way you look. It moves the bones of your face. Hard tissue surgery (surgery on the bones of your face) aims to eliminate the need for MRS and PAP.
- Exceptionally, bariatric surgery may be considered when your health and quality of life are impacted by obesity. Qualifying criteria varies – consult your doctor.

Soft tissue surgery (UPPP) Uvulopalatopharyngoplasty



HOW TO STOP SNORING: The Definitive Guide (2019)

Hard tissue (bone)
Bi-maxillary osteotomy.



What happens next?

Accuracy of the diagnosis is essential for surgery to provide a satisfactory result. Sleep nasendoscopy is sometimes performed to confirm the surgical site.

Read our [Surgical Guide](#) for a jargon-decoded explanation of all the options.

HOW TO STOP SNORING: The Definitive Guide (2019)

Things to discuss, when considering surgery for snoring and sleep apnoea

[Grab the Surgery Guide](#)

Co-author: Adrian Zacher MBA
Co-author: Professor Bhik Kotecha FRCS
Co-author: Professor Iain Ormiston FRCS

In this NHS England's Information Standard Accredited Guide, you'll learn in jargon-free language:

- About soft tissue, hard tissue and bariatric surgery
- When surgery is considered appropriate
- Includes 'non-gory' image explanations
- Details of support groups

No signup is required.

No credit card.

Nothing at all in fact.

We do this to help – because we can.



[Meet the co-authors](#)



Adrian Zacher MBA
Author and founder of Snorer.com,
co-founder and former CEO of the
British Society of Dental Sleep
Medicine



Professor Bhik Kotecha MB, MPhil,
FRCS (Ed, Eng, Orl), DLO
Professor Kotecha is the Clinical Lead
for the Sleep Disorders Unit at the
Royal National Throat, Nose & Ear
Hospital, London.



Professor Iain Ormiston BDS, LRCP,
MRCS, FDSRCS, FCSHK, FHKAM, FRCS
Professor Ormiston is doubly
qualified in medicine and dentistry
holding dental and medical/surgical
fellowships, FDSRCS, FRCS. He is also
a Fellow of the Hong Kong Academy
of Medicine.

Copyright Snorer.com All rights reserved. (2019)

Signposting™ is CE marked Clinical Decision Support System. (SaMD). The manufacturer is Snorer.com Ltd.

Snorer.com Ltd. 2 Baynards Green Farm Cottage, Baynards Green, Bicester, Oxfordshire, OX27 7SG

Tel: 01235 364121 | contact@snorer.com | Company reg. 08144806 | Registered in England & Wales.

HOW TO STOP SNORING: The Definitive Guide (2019)

CHAPTER 5: Follow-up of snoring and sleep apnoea patients

Follow-up for both snorers and those with OSA is essential.

Snoring may become sleep apnoea, and sleep apnoea may worsen, or an initially successful therapy fail to control drowsiness in the long-term.

But what does follow-up look like?

What does it entail?



HOW TO STOP SNORING: The Definitive Guide (2019)

Follow-up

The importance of follow-up for snoring and sleep apnoea therapy users cannot be overstated.

However, snorers who are prescribed a mandibular repositioning splint are commonly NOT followed-up to assess whether:

- Their mandibular repositioning splint continues to provide satisfactory control of their snoring
- Or, if their snoring has developed into sleep apnoea

What should follow-up of 'snorers' look like?

Mandibular Repositioning Splints (MRS) are typically prescribed for 'benign' snorers or those with less severe sleep apnoea.

Follow-up by the dentist MUST include assessment of perceived sleepiness or drowsiness and ideally an annual home sleep apnoea test performed to determine if the mandibular repositioning splint is effective.

Dental changes should be communicated to you by your dentist and your risk/benefit analysis reviewed.

PAP therapy today, commonly incorporates sophisticated monitoring technology, to follow how much it is used and how effective it is.

Less commonly remote 'titration' or adjustment of therapy pressure to optimise treatment may occur. This has an unfortunate tendency to get tied up in data access and use permissions.

Annual follow-up is required to identify if daytime drowsiness symptoms have returned – if so they need investigating.

Surgery for snoring. It is vital that follow-up home sleep apnoea testing is performed for those who have undergone surgery for snoring.

The 'fire alarm' of snoring has been removed. What if the far more serious fire of sleep apnoea develops?

Changes in weight, lifestyle (particularly evening alcohol consumption) may give rise to sleep apnoea symptoms that need investigating.

HOW TO STOP SNORING: The Definitive Guide (2019)

Driving or similar vigilance critical roles

When obstructive sleep apnoea syndrome treatment is effective (i.e. no more drowsiness when you should be awake) and most importantly the treatment is adequately used, driving may resume.

It is the individual's responsibility to ensure they are fit to drive.

It should be noted that if you are a vocational driver or perform some other vigilance critical role (i.e. a pilot or such like) then you will be actively monitored to ensure the safety of those around you.

Should sleepiness / drowsiness symptoms return you must immediately cease driving/flying and contact your sleep unit. They will be keen to assist you.

Summing up follow-up and condition change

Regrettably, nil follow-up and symptomatic treatment of 'snoring' without any, or perhaps inadequate assessment of sleep apnoea symptoms, is today encouraged or through regulatory inaction, effectively condoned.

Consequently, the snorer and partner are exploited for profit:

Some custom dental appliance manufacturers (with a short-term view) may neglect to mention to dentists who prescribe mandibular repositioning splint therapy, that without sleep training, the dentist is practising outside the bounds of both their expertise and professional indemnity insurance. Shameless plug for on-demand sleep training for dentists

Over-the-counter (OTC) mandibular repositioning splints are commonly sold on-line and in the pharmacy as Class 1 (low-risk) devices. This is (in my assessment) irresponsible and typically delays effective treatment of sleep apnoea and its co-morbidities. Check out this exhaustive post about the silly claims the manufacturers make.

Finally, medical professionals may wish to reconsider condoning or suggesting a snoring patient use an over-the-counter gadget not least because they might find themselves personally liable for the harm such oral appliances can cause to the teeth and jaw joints, because oral appliance therapy is the practice of dentistry.

Snoring and sleep apnoea both change as we get older (and typically gain weight).

Our lifestyle may also change, so in summary:

What works tonight, may not work tomorrow night.

HOW TO STOP SNORING: The Definitive Guide (2019)

CHAPTER 6:

FAQ about how to stop snoring ASAP

We conclude with a snoring and sleep apnoea Frequently Asked Questions (FAQ) section.

Have a question that isn't answered? Ask it by emailing contact@snorer.com if we don't personally know the answer, we'll find someone who does!

Please note we cannot give medical advice.



Snoring - a technical explanation

Assume a fixed volume of air travels into your lungs while you sleep (typically this is around 500 ml). If your airway narrows, the air must travel faster for the same volume, to enter your lungs in one breath. As the air speeds up, floppy airway walls move in-and-out and make the snoring noise.

What does surgery offer for sleep apnoea?

Surgery may appear a 'quick-fix' solution. However, diagnosis and accurate identification of precisely WHERE the problem is, dictates the success or outcome of surgery, which in itself is challenging.

Surgery for sleep-related breathing disorders, is split by whether bone needs to be operated on. If not then 'soft-tissue' surgery, is intended to improve the effective use of other therapies (see above). In contrast, surgery on the bones of the face, is intended to eliminate the need for other therapies. This is major surgery and it will change the way you look.

A final option is to bypass the collapsing area of the throat. This is known as a tracheotomy and it's not normally considered, until everything else has failed. Grab the [Surgery for snoring Guide](#)

I would like to undergo surgery to stop my snoring...

Question continued:

I would like to undergo surgery to stop my snoring, I have been to my doctor regarding this and they referred me to a specialist, who gave me a machine to test for sleep apnoea.

The results came back fine (I don't have sleep apnoea). Yet my snoring is so bad that it keeps my partner awake, and they already sleep with ear plugs. Not sure what else to do. Have tried sleep spray, strips, mouthguard etc.

Copyright Snorer.com All rights reserved. (2019)

Signposting™ is CE marked Clinical Decision Support System. (SaMD). The manufacturer is Snorer.com Ltd.

Snorer.com Ltd. 2 Baynards Green Farm Cottage, Baynards Green, Bicester, Oxfordshire, OX27 7SG

Tel: 01235 364121 | contact@snorer.com | Company reg. 08144806 | Registered in England & Wales.

HOW TO STOP SNORING: The Definitive Guide (2019)

Response:

We cannot give medical advice. However, we can offer personal opinion on the UK situation: Consult your GP.

You will find that surgery for snoring without sleep apnoea (the machine the specialist sent you home with to test your sleep overnight) is NOT provided by the NHS. Which means that if you're a suitable patient you would have to pay for surgery. Of course I do not know if you're in the UK reading this!

We have 2 things to help you make a more informed decision:

- [Things to discuss when considering surgery for snoring and sleep apnoea Guide](#)
- [How to stop snoring: The definitive, step-by-step Guide \(2019\)](#)

Have you tried a custom-made oral appliance for snoring? These are fundamentally different to over-the-counter devices and (if you get the right one) will help most people. You can find more about them here: [here](#)

Finally, I suggest you contact the <https://www.facebook.com/hope2sleep.co.uk/> forum on Facebook. It may help to discuss things there.

How would I go about getting surgery and how much would it cost?

First you must be screened for obstructive sleep apnoea. Consult your GP (additionally if you're in the UK a sleep-trained dentist) and heed their advice.

Three important things to note:

1. Surgery is an option when all other options have failed.
2. Surgery is usually only considered to improve the effect of PAP or an oral appliance.
3. If your weight changes it will impact upon the success (or otherwise) of surgery.

If your GP considers it appropriate, you would be referred to the nearest ENT department or you can choose somewhere else if you wish. (the NHS Constitution gives you this choice).

At the ENT department they would assess you, examine your nose and throat and perhaps do a nasendoscopy or a sleep nasendoscopy in an attempt to identify where the snoring is coming from. Various surgical options exist but the difficulty is in identifying precisely where the problem is. It may be many areas.

Surgery is a private option. You could discuss the cost of this with the GP and then the ENT department.

Copyright Snorer.com All rights reserved. (2019)

Signposting™ is CE marked Clinical Decision Support System. (SaMD). The manufacturer is Snorer.com Ltd.

Snorer.com Ltd. 2 Baynards Green Farm Cottage, Baynards Green, Bicester, Oxfordshire, OX27 7SG

Tel: 01235 364121 | contact@snorer.com | Company reg. 08144806 | Registered in England & Wales.

HOW TO STOP SNORING:

The Definitive Guide (2019)

How would I go about getting surgery and how much would it cost?

First you must be screened for obstructive sleep apnoea. Consult your GP (additionally if you're in the UK a sleep-trained dentist) and heed their advice.

Three important things to note:

1. Surgery is an option when all other options have failed.
2. Surgery is usually only considered to improve the effect of PAP or an oral appliance.
3. If your weight changes it will impact upon the success (or otherwise) of surgery.

If your GP considers it appropriate, you would be referred to the nearest ENT department or you can choose somewhere else if you wish. (the NHS Constitution gives you this choice).

At the ENT department they would assess you, examine your nose and throat and perhaps do a nasendoscopy or a sleep nasendoscopy in an attempt to identify where the snoring is coming from. Various surgical options exist but the difficulty is in identifying precisely where the problem is. It may be many areas.

Surgery is a private option. You could discuss the cost of this with the GP and then the ENT department.

HOW TO STOP SNORING: The Definitive Guide (2019)

What is obstructive sleep apnoea?

Sleep apnoea can be thought of as the serious side of snoring. The problem is, without professional assessment its impossible to say if snoring is (or is not), a symptom of sleep apnoea.

Sleep apnoea may be observed as periods of silence between snores. The snorer's chest and stomach continue to move up and down, but no air enters their lungs, until they wake up and breathe. As you can imagine, sleep apnoea eliminates deep, restorative sleep. If left undiagnosed and untreated, the sufferer will experience multiple short and long-term health consequences.

Ultimately, untreated sufferers will die sooner than would otherwise be expected. Sleep apnoea affects the individual in what is called apnoeic episodes. These typically last 10 seconds and can be as long as 2 minutes at a time – they occur occasionally with most people who snore and this can be considered relatively normal.

However, most observers only notice the 'tip of the iceberg' and the condition may be far more serious. The severely affected individual will experience daytime symptoms that may be described as 'a cross between jetlag and a hangover'. The partner will notice the noise and occasional moments of silence – this is when the individual is not breathing!

Get a better understanding of snoring and sleep apnoea, by grabbing our free [Overview Guide](#).

How to stop snoring: 'Tips and Tricks'?

For some snorers a quick and easy solution to stop snoring, is to change sleep position (get off your back). This may immediately reduce or stop the annoying noise: "[TURN OVER!](#)" might be something you've heard before...?

Sadly, changing sleep position alone, doesn't cure snoring for everyone. This is because there are many reasons, with as many solutions, for why someone may snore each night. That's why you need expert signposting and professional screening and assessment.

Is snoring an act which absolutely cannot be controlled?

Yes. It is an unintentional and uncontrollable phenomenon. While the individual can lower certain risk-factors (see above), they can't choose 'not' to snore. It would be like asking someone, not to breathe!

Snoring risk factors

There are a number of risk-factors, some may be quickly and easily fixed... Others may not.

Lifestyle changes include:

- maintaining your ideal weight,
- not smoking,
- reducing alcohol consumption (and not drinking that glass or two of wine/beer in the evening – which is exactly when you WANT to drink it – I know!)

Copyright Snorer.com All rights reserved. (2019)

Signposting™ is CE marked Clinical Decision Support System. (SaMD). The manufacturer is Snorer.com Ltd.

Snorer.com Ltd. 2 Baynards Green Farm Cottage, Baynards Green, Bicester, Oxfordshire, OX27 7SG

Tel: 01235 364121 | contact@snorer.com | Company reg. 08144806 | Registered in England & Wales.

HOW TO STOP SNORING:

The Definitive Guide (2019)

These are useful things to work on. However, lifestyle changes take time and are not always effective even then.

For example, if your lower jaw is 'set back' in relation to your upper jaw, this may make your airway narrower and predispose you to snore. You may also snore if you have enlarged tonsils and adenoids – physical obstructions in your nose or throat – that limit the size of your airway. If you're concerned about this, your GP is the first person to contact to seek a referral for an ENT assessment.

As we get older, it's a fact of life that our body tissue becomes less elastic (we're back to tone again) as we age. This 'floppiness', together with excess weight, is a contributory factor to why we snore.

If we are more tired, do we snore while sleeping?

If we're exceptionally tired, we may lose body tone more rapidly and more deeply, when we go to sleep, so yes if we're prone to snore, this would mean we snored more loudly or frequently.

Why do anything about snoring?

You mean apart from not being anti-social?!

Snoring may be a symptom of Obstructive Sleep Apnea (OSA). OSA makes your heart race as the oxygen in your blood drops. This places strain on your heart and because after every stoppage of breathing, you start to wake up, you do not get a good nights sleep. This affects the way you feel and your behaviour the following day.

UARS is a milder version of this and can be thought of as in between snoring (mild interference in airflow) and obstructive sleep apnea (when the airway is closed or obstructed).

Why don't we wake-up from our own snoring?

A classic warning sign of obstructive sleep apnoea is waking up and: ...hearing the end of your own snore...

Typically, this would be as a result of what is known as an 'apneic episode' or period of not breathing. The sufferer usually doesn't remember this. They take a breath and go back to sleep.

Its sounds like this:

Snoring.... Stop breathing... silence.... Partially awaken. [Gasp / cough / scratch / roll over.] Snoring... Stop breathing....silence... Partially awaken. [Gasp / cough / scratch / roll over.]

Repeat. All night.

However, most snorers do not wake themselves up, they just irritate those who are trying to sleep within earshot...

HOW TO STOP SNORING:

The Definitive Guide (2019)

When does snoring indicate a more serious problem?

If you snore loudly with occasional pauses in breathing, and you frequently wake up during the night, you may be suffering from sleep apnoea.

Ask your partner, or a member of your family to listen for signs of this disorder.

Sleep apnea is periods when you stop breathing while you're sleeping. These interruptions in your breathing, which can last 10 seconds or longer, occur when the muscles in your soft palate, uvula, tongue and tonsils relax during sleep.

This is the same process involved with normal snoring, but with sleep apnea, the airway narrows so much that it closes. Your breathing stops, cutting off the flow of oxygen into your body and reducing the elimination of carbon dioxide (CO₂) from the blood.

Your brain detects this rise in CO₂ and briefly wakes you up, re-opening your airways and re-starting your breathing. This process can be repeated many times during the night.

Proper sleep can become impossible, resulting in severe fatigue and a decreased quality of life. Sleep apnea in adults can increase the risk of serious health problems such as heart failure, because it deprives the sufferer of adequate levels of oxygen, making the heart work harder than normal.

How can I tell if I snored last night?

Well, you could ask your long-suffering partner! But what if you don't have a partner? (Or if they're not in the same bed?). Well, if you wake up with a sore throat or perhaps a dry mouth, this probably means that yup, you were snoring.

To get slightly more scientific about it, you could buy a voice-activated dictaphone or if you have a smartphone, there are apps that may detect snoring.

A word of caution: Light from your phone at bedtime could interfere with falling and staying asleep.

Why do some people snore so loudly?

Some people are born with certain traits and characteristics that pre-dispose them to be snorers, such as a heavy set lower jaw, a large neck circumference and a high body mass index (BMI).

Why does alcohol make you snore more loudly?

Alcohol further relaxes the soft tissue in the throat and worsens any snoring noise created.

HOW TO STOP SNORING: The Definitive Guide (2019)

My doctor doesn't seem to listen or take me seriously?

Some people and some doctors, do not take anti-social snoring very seriously.

Question. *Is treatment really necessary?*

Answer. Both ends of the spectrum deserve treatment. Benign snoring can be far from benign. The social consequences can be extremely distressing, snoring may be a symptom of obstructive sleep apnoea and as such investigation for this possibility is reason enough to take what the patient reports seriously.

The misery of snoring to both the partner and the snorer is not worthy of the joke approach. We can help you inform your Doctor of the serious social consequences, and the economic and longer-term health benefits of the available treatment options.

Should I visit a doctor about my snoring?

Your Doctor (General Medical Practitioner or Primary Care Physician) has access to your medical history. As such they will be able to make an informed decision about how appropriate the available treatment options are for you. They will want to know and discuss how your life (and that of your partner) is affected.

What will the sleep or ENT consultant do?

Upon referral from a doctor, the hospital consultant will examine you and discuss all the treatment options with you.

There are many options available and not all are suitable for everyone. You may need to spend a night at the hospital and be examined while sleeping.

Do dental mouthguards work for sleep apnoea?

Yes, in selected cases. Over-the-Counter (OTC) gumshields for snoring are NOT the same thing as custom-made, adjustable prescription Mandibular Repositioning Splints (MRS).

There are a few important points to remember:

- You should be screened for sleep apnoea BEFORE using any 'mouthguard'
- Clinical research has established that OTC gumshields are not valid as a trial or therapeutic device²

Adrian has examined how to choose the [best anti-snoring device](#) and also looked at the claims made by OTC dental devices for snoring manufacturers.

Grab our free Guide about how to choose a mouthpiece to stop snoring

HOW TO STOP SNORING: The Definitive Guide (2019)

What will the dentist do?

Upon referral from a Hospital Consultant the Dentist will examine the condition of your mouth and your oral hygiene. You must have good oral hygiene and be prepared to work hard to maintain it.

If you have periodontal problems or extensive crown and bridge work Sleep appliances may not a good idea. You must have sufficient good teeth in both jaws to hold the appliance in place.

Exceptionally in the UK, a sleep-trained dentist may screen you for sleep apnoea (and if they don't recognise the need for further investigation into your sleep problem) offer you a mandibular repositioning splint without you having to be medically diagnosed beforehand.

Why not buy a mandibular repositioning splint on-line or at the local pharmacy)?

It's essential that the presence or absence of obstructive sleep apnea (OSA) is established

before using any treatment or 'cure' for snoring. Why? Because some people with undiagnosed OSA (remember snoring may be a symptom of OSA), do not adequately respond to oral appliance therapy (the typical pharmacy bought stop snoring 'cure'), and their underlying condition may continue to deteriorate, while their snoring noise is perhaps a little muffled, (but this is not a definitive guide to anti-snoring devices. [This is.](#)) It would be a bit like turning off the fire alarm (the snoring) and ignoring the fire.

Is sleep apnoea classed as a disability?

The [Sleep Apnoea Trust Association](#) state:

Untreated, obstructive sleep apnoea can be very disabling. But it is not a disability as the condition can be treated by a simple painless non-surgical approach available entirely free of charge on the NHS. For most patients, the treatment, using a CPAP machine, is wonderfully effective and dramatic. Many users experience a return to energy levels that they have not enjoyed for many years.

The main symptoms such as constant and excessive sleepiness, memory impairment, mood swings, irritability and under performance at work are quickly eliminated.

2 Longer term benefits are still being intensively researched, but the 20% reduction in life expectancy

3, if not diagnosed and treated, is rapidly mitigated

The best treatment for OSA on the NHS is continuous positive airway pressure (CPAP). This involves wearing a mask over the nose (or nose and mouth) during sleep, connected to a quiet pump beside the bed. It supplies slightly pressurised air to keep the throat open. The mask allows the breathing to return to normal during sleep and usually ends the snoring! Many partners enjoy sleep that they have not experienced for even longer, as they are not disturbed by their partner's snoring any more.

When successfully treated, any concerns about driving while sleepy disappear, and no driving restrictions are imposed by the DVLA.

Copyright Snorer.com All rights reserved. (2019)

Signposting™ is CE marked Clinical Decision Support System. (SaMD). The manufacturer is Snorer.com Ltd.

Snorer.com Ltd. 2 Baynards Green Farm Cottage, Baynards Green, Bicester, Oxfordshire, OX27 7SG

Tel: 01235 364121 | contact@snorer.com | Company reg. 08144806 | Registered in England & Wales.

HOW TO STOP SNORING: The Definitive Guide (2019)

Do men snore more than women?

Yes. Snoring affects more men than women. However, a large neck circumference, fat deposits on the neck and a heavy set lower jaw predispose both sexes to snore.

As we get older our soft tissue loses some of its elasticity and this allows it to vibrate when the air (your breathing) passes – creating the snoring noise. After the menopause, women may snore just as much as men of a similar age.

What is the latest treatment for sleep apnoea?

The sleep apnoea treatment market is expanding rapidly (as are our waistlines – obesity being a compounding variable for sleep apnea). The latest treatment today, will be superseded tomorrow.

As of June 2018, I have seen a novel CPAP launch that permits the use of ‘low-flow’ positive air pressure (high air pressure being a major cause of treatment non-use). Check them out Fresca Medical.

What works best to stop snoring?

There are many variables to consider and everyone is different.

That’s why a ‘One-Size-Fits-All’ approach will never work.

See your GP or a sleep-trained dentist and put this question to them IN CONTEXT. They will have access to your medical (and dental history) and be able to guide YOU individually to answer: “What works best to stop snoring?”

Can snoring in children be indicative of a medical problem?

Children should not routinely snore each night: If they do, then consult your GP and seek an ENT assessment.

The ENT specialist will examine your child’s tonsils and adenoids, at the back of their throat. These can become swollen and make it hard for your child to breathe. Surgery permanently cures this.

If your child snores occasionally, perhaps because they have a cold or hayfever symptoms, then this should pass and it’s nothing to worry about.

Your GP is only human, and they may not know much about snoring and sleep apnoea. Print and take with you the: [GP Guidelines for Snoring and Sleep Apnoea](#)

HOW TO STOP SNORING: The Definitive Guide (2019)

Are there societal or evolutionary ‘benefits’ from snoring?

An internet myth about snoring proposes we snore to warn off prowling predators: “I am sleeping here”, Cue caveman:

“Grrr!”

Or perhaps its a warning noise:

“Do not disturb!?”

However, it’s more likely our early, grunting ancestors, didn’t snore at all! We started to snore, as we developed the ability to speak, perhaps due to a design compromise in our throat.

Our throat must be: Flexible enough to pass food to our stomach when we swallow (the wave like action of peristalsis).

Yet rigid enough not to collapse as we breathe These are contradictory requirements. If we contrast man with apes, their throat is more rigid (as they do not compromise their need to breathe, to be able to talk).

HOW TO STOP SNORING: The Definitive Guide (2019)

Do you know someone who snores?

Share this with them. But first, put the noise to one side for a moment, have you observed periods of silence in between their snores?

The silence is when they're NOT BREATHING. Their chest and stomach rises and falls, as they make increasing efforts to breathe, yet no air enters their lungs.

They're suffocating. Yes really!

Eventually, they come up from deeper sleep enough to cough, take a breath... and resume snoring.

Repeat. All night, every night.

They wouldn't tolerate someone strangling them while awake – yet at night the snorer with untreated sleep apnoea – does it to themselves.

Learn how you might help them by reading our [Partner's Guide](#)

Learn more about snoring with exclusive tips and insights that we only share with private newsletter subscribers.

Other types of sleep and breathing issues

This page has focused on snoring and obstructive sleep apnoea (OSA), but you should know that there are other types of sleep and breathing issues (less common) where the 'drive' to breathe momentarily pauses.

A review of medical history, sleep study and an expert medical diagnosis is essential before starting any treatment because some people are made worse with regular PAP therapy.

If you are concerned about your own or someone else's sleep or daytime alertness, I urge you to consult a sleep-trained professional. You would be helping them immensely.

HOW TO STOP SNORING: The Definitive Guide (2019)

Now, over to you

You've read how to stop snoring. Now, it's time to act.

- Which way to stop snoring will you try first?
- Does snoring mean you sleep separately?
- Did this definitive Guide help?

Comment or write a review and let us know.



Thanks, Adrian & Emma.

Reviews

Darren Umbers (Former Regional Director UK & Ireland, Philips Respironics)

"Well done Adrian, anything that helps people find help and navigate the confusing terminology and landscape to better understand what they need to reclaim their days and nights is a win with me. There are both too many people not getting the help that they need, as well as too many people being mis-sold the help that they don't need. I think that your guide will be a help to close the information inequality gap for many people."

Darren Umbers

How to Stop Snoring (The Definitive Guide)

October 25, 2018

Mike McEwan, (Former VP Europe – ResMed)

"An excellent overview and specific advice. Very useful."

Mike McEwan

How to stop snoring Guide

October 6, 2018

Copyright Snorer.com All rights reserved. (2019)

Signposting™ is CE marked Clinical Decision Support System. (SaMD). The manufacturer is Snorer.com Ltd.

Snorer.com Ltd. 2 Baynards Green Farm Cottage, Baynards Green, Bicester, Oxfordshire, OX27 7SG

Tel: 01235 364121 | contact@snorer.com | Company reg. 08144806 | Registered in England & Wales.

HOW TO STOP SNORING: The Definitive Guide (2019)

References

1. Basyuni S, Barabas M, Quinnell T. An update on mandibular advancement devices for the treatment of obstructive sleep apnoea hypopnoea syndrome. *Journal of Thoracic Disease*. 2018;10(Suppl 1):S48-S56. doi:10.21037/jtd.2017.12.18. Available here: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5803051/> [accessed 2nd Oct 2018]
2. Vanderveken OM, Devolder A, Marklund M, et al, 2008. Comparison of a custom-made and a thermoplastic oral appliance for the treatment of mild sleep apnea. *Am J Respir Crit Care Med*; 178: 197–202. Available here: http://www.atsjournals.org/doi/abs/10.1164/rccm.200701-114OC#.V9ukcFT_rio [accessed 12 April 2017]

Signposting™ is a CE marked, Clinical Decision Support System, Software as a Medical Device. The Manufacturer is Snorer.com Ltd.

Created by Adrian Zacher and Emma Easton. All rights reserved. Last updated 14th Jan 2019.

Comments

Edward F Grandi, E.D. of the ASAA (2004 -2014) on October 4, 2018 at 1:15 pm (Edit)

“The authors have put together a comprehensive “how to” addressing one of most serious health issues of our time. It provides insight and guidance on treatment, which is key to regaining wellness and possibly a bed partner. Kudos on producing an eminently readable guide!”

Reply

Adrian Zacher on October 4, 2018 at 8:24 pm

“Dear Mr Grandi,

Thank you, so much for your comment and high praise. We’re both humbled and hugely appreciative you took the time to write.”

Reply

Shouresh C on October 10, 2018 at 11:37 am

“Very comprehensive, step by step and evidence-based guide to addressing the issue of Snoring and Sleep Apnea!! Well done!!”

Reply

Adrian K Zacher on October 10, 2018 at 11:50 am

“Dear Shouresh, thanks for commenting and for your high praise!”

Copyright Snorer.com All rights reserved. (2019)

Signposting™ is CE marked Clinical Decision Support System. (SaMD). The manufacturer is Snorer.com Ltd.

Snorer.com Ltd. 2 Baynards Green Farm Cottage, Baynards Green, Bicester, Oxfordshire, OX27 7SG

Tel: 01235 364121 | contact@snorer.com | Company reg. 08144806 | Registered in England & Wales.