Referral Support Service

ENT

ENT18 Snoring

Definition

Loud respiratory noises created by the upper airways during sleep. This is common both in men and women and can occur in children. Although not necessarily a medical condition it can cause significant distress for patients (e.g. impact on relationships). Factors contributing or leading to it include:

- Partial inflammatory air way obstruction (e.g. due to infection, adeno-tonsillar hypertrophy, chronic rhinitis etc.).
- Enlarged uvula.
- BMI > 25.
- Side effects of medications (e.g. hypnotics, muscle relaxants etc.) or alcohol.
- Other factors affecting circadian rhythm and quality / depth of sleep (e.g. night shift work, jet-lag etc.).

Exclude Red Flag Symptoms

- Symptoms or signs suggesting possible obstructive sleep apnoea (Epworth scale); in this case refer to respiratory medicine for sleep studies.
- Any possibly abnormal growths, swellings etc. in the head and neck area.
- Stridor or voice changes.
- Swallowing problems.

General Points

Snoring is very common and it can be difficult to draw the line, where it becomes a “medical condition”

Management

- Check BMI and advise patient, that reducing it to healthy levels is likely to be an important.
- Inspect nose and oral cavity for possible physiological obstruction (uvula, tonsils, tongue).
- Check cervical glands and palpate thyroid gland.
- For children: consider general health and growth of child, daytime sleepiness and behavioural problems when trying to assess significance of possible nocturnal obstruction.

- Advice smoking, alcohol intake, normal weight.
- Some patients benefit from “postural training” to avoid supine sleeping position (e.g. by sewing a tennis ball or marble into the mid-back of their pyjama top).

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- Consider seeking advice from their dentist, e.g. on mandibular advancement devices.
- Consider a trial of steroid nasal sprays for at least one month at a time.
- Give advice on “sleep hygiene” (aim for several hours sleep before midnight, avoid frequent day time snoozing etc.)
- There is little or no evidence for the efficacy of nose clips, magnets, accu-pressure devices etc. which are often advertised in mass media.
- In most cases surgical options are limited to improve outcomes.
- Adeno-tonsillar hypertrophy in children usually resolves with time.

- Do an Epworth score if indicated. If sleep apnoea is suspected refer to respiratory medicine for further assessment (sleep studies) and potential treatment (CPAP).

Outcome

A lot of snoring problems can be managed with life-style advice, BMI and alcohol control, positional improvement and “sleep hygiene”. Specialist options are generally limited.

Referral Information

Indications for referral

- Suspected sleep apnoea (clinically, high Epworth score): please refer to respiratory medicine for sleep studies, not to ENT
- Persistent severe snoring symptoms, which are unresponsive to normalised BMI or non-medical lifestyle interventions (sleeping position training, alcohol reduction etc.), as outlined above

Information to include in referral letter

- Timeline, severity, impact on daily living.
- Known variation of intensity, triggers.
- BMI, smoking, alcohol intake. **Note:** these should have been worked on, if needed, before a referral; otherwise the referral may well be returned with the advice to allow more time for normalisation.
- Current medications and significant co-morbidities.
- Actions attempted so far (medical and non-medical).
- Patient’s understanding and expectation regarding options in a specialist service setting.

Investigations prior to referral

- Consider TFT if suspected thyroid problem

Referral Criteria

- Please aim to avoid referring obese patients, because weight loss may be the main intervention needed to improve or resolve snoring.
- See above under indications for referral

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Patient Information Leaflet
http://www.britishsnoring.co.uk/

References
http://guidance.nice.org.uk/IPG240

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