

Snoring is a Symptom

McKaskle Family Dentistry

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The general perception is that snoring is a benign and somewhat humorous situation. It has been the subject of many jokes. For those of you "over retirement age" who grew up with radio only, you'll recall the very popular weekly show called *The Bickerson's*, starring Don Ameche and Frances Langford. The running joke in the sitcom, concerned Don's snoring... the source of many family arguments. However, in his helpful and informative book, *Snore, No More*, James Mosley points out that "snoring is abnormal, and can be hazardous to your health!"

Even more important than the obviously obnoxious sound production is the fact that most snorers eventually develop **Obstructive Sleep Apnea (OSA)**. This condition results in a stop in breathing, which may occur many times in an hour of sleep. These halts in breathing may last from a few seconds to more than a minute. In order to start breathing again, a person must actually wake up, even though he may not be aware of it or remember it. This basically means that a person will almost never be in deeper stages of restorative sleep long enough to really get rested! It is no wonder that many who snore feel "blah" in the mornings and are frequently "groggy" during the day. This can occur in young children as well as in mature adults. Extra body weight is not always a requirement either.

Medical specialists usually prescribe a mechanical, air-pump device that can force air into your lungs through a facial mask during the night. This is known as a Continuous Positive Air Pressure machine (CPAP). These help many people, but, as you might imagine, many cannot tolerate such an "intrusive" answer to their problem. Perhaps as many as half of those with OSA are claustrophobic. Sometimes, those who do tolerate the air pump find that it may become less and less effective after two or three years of use.

Snoring and sleep apnea are inherited characteristics. Just as you inherit the size of your nose and the shape of your ears, you also inherit the length and shape of your soft palate and the size of your tongue. Thus, if one or both of your parents have the problem, then you will likely have it too!

Another finding, of those who are always struggling to keep their airway open is **clenching of teeth (bruxism)**. When a person clenches the teeth together, it is easier to force the tongue forward and reduce its blocking the entrance to the throat. All this occurs on an unconscious level.

I have worked with several designs of anti-snoring dental devices for the past twelve years. The one I've used for the past three and a half years has proved superior in results, comfort and ease of use for the patient compared to the others.

We get depressed A study in the archives of the Internal Medicine, showed a casual relationship between depression and sleep related breathing disorders like sleep apnea. Patients with moderate to severe breathing disorders are 2.6 times as likely to become clinically depressed as normal sleepers.

TIME December 4, 2006

Snoring is not a benign activity. OSA is very frequently associated with it, whether in a mild or severe form. Likewise, many chronic health problems are directly associated. A few of these are elevated blood pressure,

irregular and abnormal heartbeats, tachycardia (a "racing" heart), intestinal difficulties such as gastric reflux and/or irritable bowel syndrome, chronic tension headaches or migraine headaches, and restless leg syndrome. Many of these difficulties are ones which conventional medicine does not deal with very well. The Autonomic Nervous System (ANS) mediates hundreds of "automatic unconscious" functions within the body. Our hypothesis is that it "gets out of balance" as it compensates in order to keep us breathing. Thus, if we can make it possible to breathe more *easily* with an oral device, then the body usually starts to correct its own dysfunctions as the ANS returns to a more normal state.

Introducing Oral Systemic Balance (OSB) Therapeutic System

A new oral therapy that can alleviate snoring and sleep apnea more comfortably and more effectively than other designs on the market. Frequently, as an added benefit, you may see improvement in chronic headaches, neck aches and irregular sleep patterns.

This is a removable plastic device that fits over the upper and lower teeth. It looks something like an orthodontic retainer. It is able to reposition the lower jaw to a more forward (protruded) position and hold it there during sleep. When the jaw comes forward, the base of the tongue moves forward with it and therefore, keeps the airway open while sleeping.

Most people view snoring rather lightly, a mere noise nuisance. However, it often progresses into **Obstructive Sleep Apnea (OSA)**. This means that the individual actually stops breathing for varying lengths of time. This can occur many times per hour. A person has to "wake up" in order to start breathing again, so he (or SHE) may get much less of the deeper, restorative sleep. He will not be aware of these awakenings. The body oxygen levels will take serious drops also.

It has been estimated that up to 50% of Americans snore at least occasionally and that perhaps 25% have OSA to some degree. A multitude of health disorders and chronic pain syndromes may arise as the struggle to breathe, EASILY, goes on.

Since the difficulty lies with the tongue combined with the soft palate blocking the throat, there is really an ongoing struggle to keep the tongue more forward

to facilitate breathing. This goes on around the clock with more severe results occurring at night with the big postural change of lying down on the bed. This is why many people comment to me that they sleep better in the recliner chair.

The body compensates in order to keep the tongue forward during the waking hours and sleeping hours. It does so through the Autonomic Nervous System (ANS). Most people have never heard of this system. You could think of it as the Automatic nervous system. It provides the nervous stimuli for all the unconscious functions of the body. You don't have to "remember" to sweat during hot weather, or produce saliva flow when you eat, secrete thyroid hormone in the right amounts and such like.

One of the important chemicals the ANS can produce is adrenaline. While it is very helpful for many situations, you don't want to have excess amounts in your system all the time. It is one of the main STRESS chemicals. While it can tone up the muscles of the tongue and throat to function better, it continues on to other muscles and body systems that don't need it. Therefore, the muscles of your jaws, head and neck, etc., will be contracting harder and longer for no good reason.

A partial list of health problems associated with snoring and sleep apnea

1. Time magazine reported that those with sleep related breathing disorders are 2.6 times as likely to become clinically depressed as normal sleepers.
2. UC San Diego reports OSA as a contributor in dementia with advancing age.
3. Frequent day time sleepiness and fatigue. Many have fallen asleep while driving their cars resulting in crashes.
4. There may be increased day time irritability, faulty memory, inability to concentrate and decreased libido.
5. More frequent tension headaches and migraine headaches. I have yet to see a patient suffering with migraines who does not show the signs of an airway struggle.
6. Asthma is more common.
7. The UC Berkley Wellness Letter has reported that OSA is strongly linked to a broad range of cardiovascular problems, including hypertension, strokes, heart attacks, arrhythmias, heart failure as well as Type II diabetes.

The following are some comments made by a physician whom I have known for many years, a specialist in Anesthesiology. This very experienced doctor had not previously realized that there are dental based devices that can relieve snoring and OSA:

“Literally, every day at work I am having discussions with people with sleep apnea. It is America’s epidemic. Some is clearly weight related but others are not. Even the weight related ones have such a hard time because they are so tired they can’t bring themselves to exercise. Sleep apnea affects every system and impacts their health, anesthetic and recovery to a degree that is hugely unrecognized. People are always asking me what I recommend and I haven’t really had a good answer for them. Honestly, the ones that have surgery seem to be little improved, if any, and the same goes for those pillar implants that were popular a few years ago. I have thought it was going to take a device that fit in the nose to be able to really clear the airway. Most people hate the CPAP machines, so they don’t routinely use them. How cool is this!”

Patient Testimonials

Cheri N., Houston, TX: started April 2004 (age 44)

“I would never feel like I was getting enough rest no matter how early I went to bed. I was exhausted all day, having to take a nap on my lunch break. Driving on the highway to work would make me sleepy to the point that I got dizzy. In April 2004, I received my new dental appliance. I have enjoyed immediate results. The first night I slept with my new dental appliance, I woke up the next morning refreshed, my mind was clear, alert and responsive. My symptoms have been relieved.... I feel brand new.”

Frank D., Houston, TX: (age 55)

“In May 2005, I took your recommendation and decided to be fitted for your oral appliance. You have been my dentist for many years and I have great confidence in your skills and recommendations. I find that the oral appliance gives me results equivalent to the CPAP machine without all the inherent troubles and inconveniences. Thanks for introducing me to this beneficial appliance.

Harold W., Houston, TX: started 2004 (age 65)

“My snoring had progressed from a one room volume to a two story, 5 to 6 room disturbing volume. After reading about your appliance, I hoped it would lessen my volume, at least, and I could appease my family. Instead, the first night I put it in my mouth, I no longer snore at all, and I awaken refreshed!. What a pleasant surprise for all of us.”

Young boy –age 7 years, central Texas. Started Sept. 2007.

Mother reported that her son snored very loudly and was still wetting the bed routinely. There was a clinical sleep study performed in Aug. 07 which showed that he had OSA (apnea). He was neither overweight nor had large tonsils & adenoids. The sleep device was delivered about Oct. 1. 2007 and after a month Mom said he no longer snored and had stopped the bed wetting. The child had no trouble at all adapting to the use of the appliance.

Mary S., N. Carolina: started April 2007. (age 54)

“Thanks for all the life changing help you have given me! I am still amazed at the dramatic improvement in the quality of life I have now that I can breathe. No snoring, no asthma (I am completely off medication)! Big change in energy level. Little or no motion sickness. I can react more effectively under stress (other people have noticed this about me). I look forward to the years ahead!”

Rachel, Katy, TX: started Feb. 2006. (age 34)

“I sleep soundly, without snoring and have so much more energy. Also, no more gastric reflux. After 4 days, I awoke with NO HEADACHE for the first time in two years! I would estimate that I am getting 80-90% relief—that is substantial. You have truly helped me reclaim my health, my vitality and my life! My family and I cannot thank you enough Dr. Blake!”

Jan, Katy, TX: (age 53)

“I started using the nightguard in July 2007. Now I SLEEP! No more snoring and no more tired, achy jaws. I breathe more easily and I actually reach that final stage of sleep...awaking refreshed and feeling like I rested. I have also said goodbye to ‘Lunesta’...what a relief!”

Sleeping Sickness: Do you have it?

Anywhere from 12 to 18 million adults suffer from sleep apnea. But fewer than a third know it. Alarming, many victims find out only after they've been in an accident. A study from the University of California, San Diego, estimated that 567,000 car crashes a year- nearly a thousand of them fatal- could be prevented if doctors diagnose sleep apnea more often.

Who's most at risk? Obese individuals, men more than women, and people over 40. Smoking, drinking, and family history of the disorder up the chances. But anyone can have the kind of anatomical glitch that obstructs the airway and causes apnea. Be suspicious if you have several of these symptoms:

- ♦ **Loud Snoring.**
- ♦ **Excessive perspiration during the night.**
- ♦ **Waking in the night with a sensation of choking**
- ♦ **Waking up with headaches or dry mouth**
- ♦ **Difficulty concentrating or staying awake during the day.**

Good Housekeeping Magazine

FAQ's

Q. What is the cost? **A.** Many cases would be of a simple variety, with a fee range of \$1900-\$2500.

Difficult cases would be more. (March 2008)

Q. Does my Insurance cover this procedure? **A.** Regular health insurance MIGHT cover some of the cost under very specific conditions. Medicare does not cover at all.

Q. Is it hard to get used to wearing it? **A.** Most people need 7-10 nights until this feels like a non-intrusive part of going to sleep, some have immediate comfort along with good results (symptom relief).

Q. How do I know if I have sleep Apnea? **A.** You can have many of these symptoms without having either snoring or sleep apnea. The ongoing struggle to keep the tongue from blocking the throat is the real problem. There is another condition that frequently exists known as Upper Airway Resistance Syndrome (UARS). Many people have this relatively serious condition. The presence of OSA can be noted by a bed partner observing periods of breathing pauses. There is also simple electronic home monitoring available for more exact evaluations.

Q. What does this procedure involve? **A.** 1. An oral evaluation 2. Special x-ray (lateral cephalometric head film) 3. Very accurate upper & lower rubber impressions of the teeth 4. Laboratory fabrication of the devices. 5. Delivery & initial fitting/adjustments. 6. Return for additional changes in the settings (1-5 times) over a period of 1-2 months.

More Extensive Printed Information Is Available For Those Interested

This includes information regarding the other types of health dysfunctions and pain syndromes that are often improved for a person who has difficulty keeping the tongue from blocking the throat. These frequently are cases where snoring and OSA are not necessarily an issue. There are also reference sources giving a more complete understanding about snoring.

Please note that the dental device described does not directly treat the wide variety of "disorders" and "syndromes" mentioned in this literature. Helping the tongue to more easily stay out of the upper airway, apparently allows the body itself to correct the problems that have developed. Unfortunately, this therapy is not a cure all; however, most people are able to get some significant improvements. Sometimes the results are unusually good. This technique seems to be able to help people with problems for which conventional medicine is not especially effective.

I've been in dental practice for over 38 years. I now share an office with my son in Cinco Ranch.

*Thank you for reading.
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