

NASAL CONGESTION AND SNORING (STUFFY NOSE)

WHAT ARE COMMON CAUSES OF NASAL CONGESTION?

Stuffy nose can have many causes. It can be the shape of the inside of the nose or swelling of the inside of the nose. Both problems can give a feeling of "nasal congestion". The following is a list of causes of nasal congestion:

- Viral infection (see Upper Respiratory Infection)
- Allergies (See Allergic Rhinitis)
- Environmental irritants
- Enlarged turbinates (See Nasal Anatomy)
- Crooked nasal septum (See Nasal Anatomy)
- Chronic sinusitis (See Adult or Pediatric Sinusitis)
- Nasal polyps (See Nasal Polyps)
- Benign and cancerous tumors (See Sinus Tumors)

WHAT ARE SOME TREATMENT OPTIONS FOR NASAL CONGESTION?

Treatment of nasal congestion typically begins with medical therapy, avoiding known allergy triggers, and using nasal saline rinses. Common medications used to treat the various causes of nasal congestion include:

- Nasal steroid spray
- Nasal antihistamine spray (for allergies)
- Antibiotic pills (in the case of bacterial infection, not viral)
- Steroid pills
- Antihistamine pills (for allergies)

The presence of a physical blockage does not necessarily mean that surgery is required. However, if the above treatments have been attempted and the symptoms persist, then surgery can be very helpful. Surgical treatments for nasal stuffiness can be performed in the office or in the operating room. Office treatments for nasal stuffiness make the turbinates smaller. Operating room treatments can straighten the septum, make the turbinates smaller, and open up the valve inside the nose.

HOW CAN NASAL CONGESTION CAUSE SNORING?

During sleep, the body naturally tries to breathe through the nose. When nasal stuffiness forces mouth breathing during sleep, negative pressure develops behind the uvula and soft palate, which are structures in the back of the throat, beyond the nasal cavities. This negative pressure increases the vibration of these "noise-makers" (the uvula and soft palate) during sleep, helping to create the sound we know as "snoring".



DOES NASAL SURGERY FIX SNORING?

Although some patients will notice a decrease in snoring after nasal surgery, snoring itself is not a good reason to have nasal surgery. In fact, most people who undergo sinus surgery, septoplasty, or turbinate reduction will have improved nasal breathing without affecting their snoring. This is often due to the many other causes of snoring, which are unrelated to the nose.

WHAT ARE OTHER CAUSES OF SNORING?

Although improved nasal airflow can be very helpful in the treatment of snoring, the diagnosis and treatment of other factors is typically necessary to increase the probability for cure. Other major contributing factors for snoring include:

- Obesity
- Large tonsils
- Long uvula and palate
- Large tongue with respect to the jaw size

In some cases, snoring is a sign of a medical condition called obstructive sleep apnea (OSA). Obstructive sleep apnea exists when breath holding or shallow breathing episodes occur during sleep. A sleep study is generally required to differentiate between snoring and snoring with OSA.

WHAT IS THE DIFFERENCE BETWEEN SNORING AND SLEEP APNEA?

Snoring is generally considered the noisy breathing caused by vibrations of the upper airway during sleep. In contrast to snoring (a noisy but otherwise normal pattern of breathing), sleep apnea is thought of as a disturbance of this pattern with interruptions and pauses in breathing. After a pause in breathing, there is often a gasp prior to the next breath.

Regular snoring is not considered a serious health risk. Snoring has not been proven to cause other medical conditions, and it is generally thought of as more of a nuisance (especially to sleep partners).

In contrast, obstructive sleep apnea causes both short and long-term consequences to the patient's health. Signs of OSA include daytime sleepiness, restless sleep, periods of silence during sleep followed by gasps for breath, morning headaches, mood changes, and the tendency to fall asleep during the day while in the sitting-up position. Health risks include more than just the decrease in oxygen levels at night during the apnea episodes. They also include:

- Increased risk of heart disease
- Increase in blood pressure
- Increase chances of stroke, diabetes, depression
- Increase in weight (obesity)
- Increase chances of congestive heart failure

WHAT ARE THE TREATMENTS FOR SNORING AND SLEEP APNEA?

Considering the severity of the medical diseases that OSA can cause, it is important to discuss your symptoms with your doctor. Once the diagnosis of snoring or sleep apnea is made, the treatment can be tailored to best treat the patient. The first line treatments for both snoring and sleep apnea rely mainly on lifestyle changes. These include:

- Weight loss (diet and exercise)
- Avoiding alcohol and other sedatives (ie. muscle relaxants), especially prior to sleeping
- Avoiding sleeping on your back (side or stomach positions are better),
- some people even sew a tennis ball into the back of a T-shirt to prevent themselves from rolling onto their back at night
- Oral appliances or nasal dilator strips

Other types of treatment may be prescribed by your physician and include CPAP (continuous positive airway pressure), medications, and occasionally surgery. Unfortunately, there is no single drug or surgery that is a guaranteed cure for sleep apnea and related snoring, although there are surgeries that have been shown to help with both. This is why weight-loss and CPAP remain the two most important tools for controlling OSA. For severe cases, some patients can even require a tracheostomy to bypass the upper airway obstruction.

SUMMARY

If you suffer from nasal congestion, snoring, or suspect sleep apnea, contact your local Otolaryngologist. Considering the complexity of the upper airway, it is important to keep track of your symptoms and to write down what makes your symptoms better or worse. This may help your physician in choosing the right treatment for you.

Copyright © 2020 by The American Rhinologic Society

The American Rhinologic Society presents this information as a service to current, past and future patients of its members as well as its membership. All information is believed to be accurate and true. Diligent efforts have been made to ensure objectivity and balance. The American Rhinologic Society, its Board of Directors, its Officers, its representatives, and its members are not responsible for any errors and/or omissions. The American Rhinologic Society cannot provide specific medical advice to patients via the Internet. All patients are encouraged to direct their specific questions to their personal physicians. The American Rhinologic Society presents this information for patients so that patients can understand and participate in their own medical care