

**Snoring and Sleep apnea induce organic and functional disorders and poor quality of life to the sufferers**



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Sleep-disordered breathing occurs in approximately 2% to 4% of the adult population and includes conditions in which patients stop breathing completely (apnea) or have marked reductions in airflow (hypopnea) during sleep. Typical symptoms of sleep apnea include snoring, restless sleep, excessive daytime somnolence, nocturnal enuresis, irritability, depression, memory deficits, inability to concentrate, and decreased alertness. Also, hypothyroidism and depression are accompanied with sleep disorders especially in women[2].

The clinically relevant outcomes of these symptoms include impairment in work efficiency, increased automobile accident rates, and decrements in quality of life.

The primary events of obstructed breathing during sleep, snoring and obstruction of the upper airway, cause hypoxemia, sleep fragmentation, and daytime sleepiness. Obstructed breathing during sleep can have negative effects on mental processes, behavior, and interpersonal relations. Apnea is associated with cognitive impairments but these are generally mild. Most studies suggest that these impairments improve with CPAP but evidence suggests that some changes may be permanent.

Even mild apnea may worsen depression and quality of life. Apnea may have more profound effects in children but the findings are inconclusive. This may be due to difficulty in recognizing sleep apnea in children, the subtle nature of the disorder, the lack of daytime sleepiness, and the imposition of adult norms on children's sleep studies[3].

Sleep and sleep disorders are different in several important ways between men and women. Primary care physicians should be aware of obstructive sleep apnea (OSA) in women and the importance of referring women for sleep studies when they complain of symptoms associated with OSA, even if other non-specific symptoms such as morning headaches are reported. Also, hypothyroidism and depression are accompanied with sleep disorders especially in women[2].

The etiology of depression and personality disorders in patients with sleep-disordered breathing (SDB) is not well defined and it is still unclear if they are directly related to the severity of the disease. We conclude that among patients evaluated for SDB, higher depression scores show an association with reduced daytime alertness, which therefore may have important effects on mood[5].

Sleep apnea often is associated with impotence and/or erectile dysfunction (ED). Urology patients will report a variety of sleep problems, but neither persistent snoring nor suspected OSAHS is correlated uniquely to ED[6].

Emotional disturbances are common clinical features in OSAS patients. Abnormal auditory P3 latency indicates the cognitive dysfunction in OSAS patients. Nocturnal hypoxaemia may play an important role on it. Snorers should be monitored because of the tendency to develop cognitive impairment[4].

Snoring was positively correlated with the frequency of nightmares and morning headaches; and nightmares and morning headaches were significantly correlated. Snoring was also significantly and positively correlated with the number of brief wakings during sleep, and was positively correlated with weight. While these relationships are ones that have previously indicated risk status, snoring was not related to respiratory events, sleep complaints, or other health problems.

Snoring, nightmares and headaches each showed a significant, negative correlation with age, but this is a finding that cannot be readily interpreted from a cross-sectional study. Replication of this study with a larger sample, studied longitudinally, is required to confirm a significance of the snoring/nightmares/headaches constellation for aging women[7].

Treatment of sleep apnea, primarily with continuous positive airway pressure, reduces sleepiness and improves mood disturbances, neurocognition, and performance [1].

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