Abstract:

This guideline aims to promote high-quality care by medical specialists for subjects who snore and is designed for everyone involved in the diagnosis and treatment of snoring in an in- or outpatient setting. To date, a satisfactory definition of snoring is lacking. Snoring is caused by a vibration of soft tissue in the upper airway induced by respiration during sleep. It is triggered by relaxation of the upper airway dilator muscles that occurs during sleep. Multiple risk factors for snoring have been described and snoring is of multifactorial origin. The true incidence of snoring is not clear to date, as the incidence differs throughout literature. Snoring is more likely to appear in middle age, predominantly in males. Diagnostic measures should include a sleep medical history, preferably involving an interview with the bed partner, and may be completed with questionnaires. Clinical examination should include examination of the nose to evaluate the relevant structures for nasal breathing and may be completed with nasal endoscopy. Evaluation of the oropharynx, larynx, and hypopharynx should also be performed. Clinical assessment of the oral cavity should include the size of the tongue, the mucosa of the oral cavity, and the dental status. Furthermore, facial skeletal morphology should be evaluated. In
select cases, technical diagnostic measures may be added. Further objective measures should be
performed if the medical history and/or clinical examination suggest sleep-disordered breathing, if
relevant comorbidities are present, and if the subject requests treatment for snoring. According to
current knowledge, snoring is not associated with medical hazard, and generally, there is no medical
indication for treatment. Weight reduction should be achieved in every overweight subject who
snores. In snorers who snore only in the supine position, positional treatment can be considered. In
suitable cases, snoring can be treated successfully with intraoral devices. Minimally invasive surgery
of the soft palate can be considered as long as the individual anatomy appears suitable. Treatment
selection should be based on individual anatomic findings. After a therapeutic intervention, follow-up
visits should take place after an appropriate time frame to assess treatment success and to potentially
indicate further intervention.