SYMPTOM

Snoring

Snoring is a rough sound caused by airflow vibrating tissues in the nose or throat during sleep.

WHAT IT FEELS LIKE
Noisy, rough breathing sounds during sleep

WHERE IT IS FELT
Nose, mouth, and throat

MOST COMMON CAUSES
Nasal congestion, back sleeping, relaxed throat tissues

WHEN IT IS URGENT
Sleepiness causing a driving or work-safety risk

USUALLY LASTS
Based on congestion, sleep position, anatomy, and underlying conditions

SEE A DOCTOR IF
Frequent snoring, breathing pauses, poor sleep, or daytime drowsiness

Overview

Snoring is a rough, rattling, or vibrating sound made during sleep. It happens when air moves past relaxed tissues in the nose, mouth, or throat, causing them to vibrate.

Occasional snoring is common during a cold or after sleeping on your back. Regular, loud snoring may disturb your sleep or someone else's. It can also be a sign that your airway is narrowing repeatedly during sleep.

Snoring is not the same as obstructive sleep apnea. Sleep apnea causes repeated pauses or major reductions in breathing. Many people who snore do not have sleep apnea, but loud snoring with breathing pauses, choking, or marked daytime sleepiness should be assessed.

What it may feel or look like

You may not know that you snore unless someone tells you or a recording captures it. The sound may be soft, or it may be loud enough to disturb others. It can be steady or interrupted by snorts and gasps.

Other features may include:

In children, regular snoring may occur with mouth breathing, restless sleep, unusual sleeping positions, irritability, attention problems, or daytime tiredness. These signs do not prove sleep apnea, but they are reasons to arrange an assessment.

- Waking with a dry mouth or sore throat
- Restless or broken sleep
- Morning headaches
- Feeling unrefreshed after enough time in bed
- Trouble concentrating or staying awake during the day
- Pauses in breathing noticed by another person

Common causes

Common causes include normal relaxation of the tongue and throat during sleep. Sleeping on your back can let these tissues fall farther toward the airway. A blocked nose from a cold, allergies, or sinus inflammation can also make snoring more likely.

Alcohol near bedtime can relax throat muscles and worsen snoring. Some medicines that cause sleepiness may have a similar effect. Do not stop a prescribed medicine without speaking with the prescriber.

Body weight can contribute because extra tissue around the neck may narrow the airway. However, people of any body size can snore.

Less common causes include the shape of the nose, jaw, tongue, or soft palate at the back of the mouth. A bent wall inside the nose, called a deviated septum, may limit nasal airflow. Large tonsils or adenoids are important possible causes in children and can also affect adults.

A cause needing medical assessment is obstructive sleep apnea. With this condition, the upper airway repeatedly becomes partly or fully blocked during sleep. Breathing usually restarts with a gasp, snort, or brief awakening. Untreated sleep apnea can affect alertness and long-term health, but snoring alone does not establish the diagnosis.

When to seek medical care

Book a routine appointment if snoring is frequent, very loud, getting worse, or affecting your sleep or relationships. You should also arrange an assessment if another person notices

breathing pauses, gasping, or choking.

Make an appointment if you regularly wake with headaches or feel unrefreshed, irritable, forgetful, or sleepy during the day. A child who snores regularly should be discussed with a healthcare professional, especially if there is mouth breathing, disturbed sleep, behavior change, or difficulty concentrating.

Seek same-day medical advice if sleepiness is creating a driving, machinery, or workplace safety risk. Do not drive or do hazardous work while struggling to stay awake.

Call emergency services if someone has severe trouble breathing while awake, has blue or grey lips, cannot be woken normally, or has breathing that does not restart promptly. These are not typical features of simple snoring.

How the cause is found

A healthcare professional will ask how often you snore, how loud it is, and whether anyone has noticed gasping or pauses in breathing. They may ask about nasal symptoms, alcohol, medicines, sleep position, morning headaches, and daytime alertness.

Information from someone who has heard or watched you sleep can be useful. A short recording may help describe the sound, but phone apps and recordings cannot diagnose sleep apnea.

An examination may look for nasal blockage, large tonsils, jaw shape, or crowding at the back of the mouth. Your blood pressure and neck measurement may also be checked.

If sleep apnea is possible, you may be offered a sleep study. This records breathing and oxygen levels while you sleep. Some adults can use testing equipment at home. A laboratory study records more information and may be needed when a home test is unsuitable, unclear, or negative despite ongoing concern. Children are usually assessed through a specialist service.

Treatment and self-care

Treatment depends on why you snore and whether sleep apnea is present. Measures that may help include:

Saline nasal spray or rinsing may help congestion. Nasal strips may improve airflow when blockage is mainly in the nose, but they do not treat obstruction deeper in the throat or cure sleep apnea.

Be cautious with products marketed as quick snoring cures. Evidence for sprays, rings, clips,

and many mouth devices is limited. A poorly fitted mouth device can cause jaw discomfort or affect the teeth.

When obstructive sleep apnea is diagnosed, treatment may include positive airway pressure, which uses gentle air pressure through a mask to hold the airway open. A custom oral appliance may move the lower jaw forward. Surgery may be considered for selected structural causes. Children with enlarged tonsils or adenoids may be referred to an ear, nose, and throat specialist.

- Sleeping on your side rather than your back
- Avoiding alcohol near bedtime
- Treating nasal congestion appropriately
- Stopping smoking
- Working toward a healthy weight if weight contributes
- Keeping a regular sleep schedule

What to expect

Snoring caused by a cold may improve as congestion clears. Snoring linked to sleep position or alcohol may improve when those triggers change. Snoring related to anatomy or sleep apnea is more likely to continue without targeted treatment.

Improvement is not judged by sound alone. If you have been treated for sleep apnea, daytime alertness, breathing events, oxygen levels, and correct use of treatment may also matter.

Arrange follow-up if self-care does not help, symptoms worsen, or a treatment is uncomfortable. Persistent sleepiness deserves reassessment even if the snoring becomes quieter.

Common questions

Does snoring always mean sleep apnea?

No. Many people snore without having sleep apnea. Breathing pauses, gasping, morning headaches, and daytime sleepiness make sleep apnea more likely, but testing may be needed to confirm it.

Can I rely on a snoring app?

An app may record sounds or show patterns over time. It cannot reliably tell whether your

breathing or oxygen level is abnormal, so it should not replace a medical assessment.

Is snoring normal in children?

Occasional snoring during a cold can happen. Regular snoring, especially with mouth breathing, restless sleep, or breathing pauses, should be assessed.

Can changing pillows stop snoring?

A pillow may help you stay on your side or keep your head supported. It will not correct every cause, particularly sleep apnea or major narrowing of the airway.

Sources

- NHS. Snoring . Guidance on causes, self-care, and when to seek medical advice.
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- Patil SP, et al. Treatment of Adult Obstructive Sleep Apnea with Positive Airway Pressure . Journal of Clinical Sleep Medicine . 2019;15(2):335-343.
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