

Face masks and lying on your side can also relieve exhausting sleep apnoea

# I'm sorry Ed, but nose surgery may not solve your sleep problems



**RESTING HIS CASE:** Ed Miliband has opted for an operation

## Health



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Last weekend Ed Miliband revealed he is suffering from a potentially serious disorder called obstructive sleep apnoea (OSA). The condition, in which sufferers stop breathing for short periods while asleep, is common – around four in 100 middle-aged men and two in 100 middle-aged women have it.

OSA can affect people of all ages, including children, but I most often see it in patients aged 35 or over. Usually, sufferers snore thunderously and are dragged to my surgery by their exhausted partners. The 41-year-old Labour leader will, apparently, have a procedure carried out on his nose at an NHS hospital during the summer to correct it. I hope it helps – OSA raises the risk of high blood pressure, stroke and heart attacks. It also leaves sufferers exhausted from lack of quality sleep.

In Ed's case it seems doctors believe his adenoids – lumps of lymphatic tissue at the back of the nasal passages – and a deviated nasal septum are the cause of his obstructed breathing. He is going to have his adenoids removed – which is a bit like having your tonsils out – and his septum, the tough cartilage that forms the bridge of the nose, straightened. There was also rather a lot of unkind talk about hopes that the operation might correct his 'annoying' nasal voice. I'm afraid it probably won't.

In fact, there is a wide variety of causes of OSA. The good news is that there are a range of treatments, which don't involve surgery. Here is my guide for patients.

**Q** I snore terribly – but how can I tell if I have sleep apnoea?

**A** Many people snore loudly but do not have sleep apnoea. The distinguishing feature of sleep apnoea is that sufferers stop breathing transiently while they are asleep. When we are asleep our muscles, including those in the airway, go floppy. In those with sleep apnoea they go so floppy the windpipe collapses and breathing stops for about ten seconds. Breathing normally starts again with a very loud



By Dr Ellie Cannon

snort. This occurs at least five times an hour, but can occur 30 times an hour in those with severe sleep apnoea.

**Q** What other symptoms do people with sleep apnoea get?

**A** Doctors are normally alerted that someone may have sleep apnoea if they are a loud snorer and complain of being exceedingly tired in the daytime. This is because during each non-breathing episode, sleep is broken. This leads to excessive daytime tiredness where people feel exhausted and often have a morning headache. Other symptoms include poor concentration, irritability and even depression.

**Q** How can I get diagnosed?

**A** If daytime tiredness is significant, patients will be referred to a specialist for a sleep study. This involves being monitored in hospital while asleep for airflow, oxygen levels and breathing patterns, allowing the correct diagnosis to be made.

**Q** What causes sleep apnoea?

**A** Anyone can get it but it is most common in the obese, particularly in those with a large neck. Smoking makes people more prone, as does drinking alcohol, taking sleeping tablets and sleeping on your back. Anything that can block the airways can worsen sleep apnoea. For example, nasal polyps, a deviated septum or having large tonsils or adenoids.

**Q** How common a cause is a deviated septum – and what are the other problems this can lead to?

**A** Having a deviated septum causes nasal congestion, which worsens sleep apnoea – but is not normally an isolated cause of sleep apnoea. Having a deviated nasal septum causes a blocked nose and recurrent sinus infections. If problems are severe, surgical correction is possible.

**Q** Could my adenoids be the problem – and is it true having them out doesn't always help?

**A** Adenoids can contribute to the problem and they are often the cause in children: removing them often solves the problem but it is not always a solution in adults. Ed is having his tonsils and adenoids removed, as well as correction of his nasal septum. All of this should lessen any nasal obstruction he has.

**Q** Is surgery usually available on the NHS?

**A** Surgery is not a usual way to treat sleep apnoea other than to remove airway obstructions such as the tonsils or adenoids or nasal polyps. If someone is diagnosed with sleep apnoea and does not have any of these conditions, surgery is not an option.

**Q** Will it change the sound of my voice?

**A** Removal of adenoids or correcting a deviated septum would not normally affect the voice, as voice production occurs in the larynx.

**Q** I'm told an oxygen mask can be helpful?

**A** This is the optimum treatment for sleep apnoea and it is known as CPAP. It is not oxygen but normal room air which is pressurised and delivered via a face mask. The mask is worn all night and the pressurised air keeps the airways open, stops people snoring and allows an undisturbed night's sleep. Sufferers notice the improvement immediately. The downside is the mask is bulky and it can cause a very dry throat.

**Q** My doctor says surgery won't help and I don't want to wear an uncomfortable face mask at night – are there any other options?

**A** There are measures you can take yourself that can start to help: losing weight, avoiding sleeping tablets and alcohol in the evening as well as stopping smoking all help. Raise the head of the bed or sleep on your side to lessen symptoms. Ask a dentist about a mandibular advancement splint – this is a small device worn in the mouth overnight, that pulls the jaw forward which, in turn, keeps the airways open. They can be obtained online without prescription but should ideally be fitted by a dentist to lessen long-term damage to the teeth.

● For health advice follow Dr Ellie Cannon on Twitter, [www.twitter.com/Dr\\_Ellie](http://www.twitter.com/Dr_Ellie).



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