

FREQUENCY OF SNORING AND SYMPTOMS OF SLEEP APNEA AMONG PAKISTANI MEDICAL STUDENTS

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Background: Snoring and its related problem, sleep apnea, are very common. They occur in all ages and both sexes. Frequency varies in different communities therefore studies of other countries are invalid for Pakistan. The aim of this study is to assess the frequency of snoring and emergence of symptoms of sleep apnea among the affluent class young adult Pakistani population. **Methods:** Subjects were evaluated through a questionnaire. Questions pertained to quality of sleep, intensity and frequency of snoring and presence of symptoms such as waking up choking, morning headaches and morning dry mouth. Data were collected for age, sex, height and weight. Subjects were also asked if they took alcohol or any drugs. **Results:** A total of 111 subjects, M:F=2:3, age range between 18–23 years, responded to the survey. The frequency of snoring was 27% in males and 12% in females, with males admitting to snoring more night in the week than the females. 92% of both males and females graded their snoring as being softer than the sound of talking. 15% of the males and 38% of the females said they snored in every body position. Percentages of male and female snorers exhibiting symptoms of sleep apnea were very similar, with choking arousals at 6% and 5% respectively. **Conclusion:** This study was done on the young Pakistani population for the determination of frequency of snoring and the emergence of symptoms of sleep apnea. The results are similar to studies done on the adult population with snoring more common and louder among the males.

Key Words: snoring, sleep apnea, prevalence, Pakistan, young adults.

INTRODUCTION

First described in 1965, sleep apnea, the cessation of breathing during sleep, is a very common problem¹ and one of the most disturbing exacerbations of snoring. The predisposing factors for obstructive sleep apnea are considered as being old, male and obese, but in actuality sleep apnea occurs in all age groups and both sexes², it is seen to be more common in men but is considered as being underdiagnosed in women³. As much as 40% of people with this disability are not obese⁴ and it can strike anyone at any age, even children³. Young African Americans are considered to be at high risk for developing this disease³. It is thought that as much as 10 out of 100,000 people may suffer from this condition⁴. Yet because of the lack of awareness by the public and healthcare professional, the vast majority remains undiagnosed and therefore untreated, despite the fact that this serious disorder can have significant consequences such as, weight gain, impotency, headaches, hyperlipidemia, hypertension, and other cardiovascular problems⁵.

In a given night, the number of involuntary breathing pauses or ‘apneic events’ may be as high as 20 to 30 or more per hour⁶, leading to sleep insufficiency and memory disturbances. These breathing pauses are almost always accompanied by snoring between apnea episodes. Snoring is

considered the number one indication of any future or ongoing episodes of obstructive sleep apnea, although not everyone who snores has this condition.

Information about the frequency of obstructive sleep apnea among the Pakistani population is scarce, especially concerning the emergence of symptoms in young age. So the aim of this study is to assess the frequency of snoring and emergence of symptoms of sleep apnea among the affluent class young adult Pakistani population.

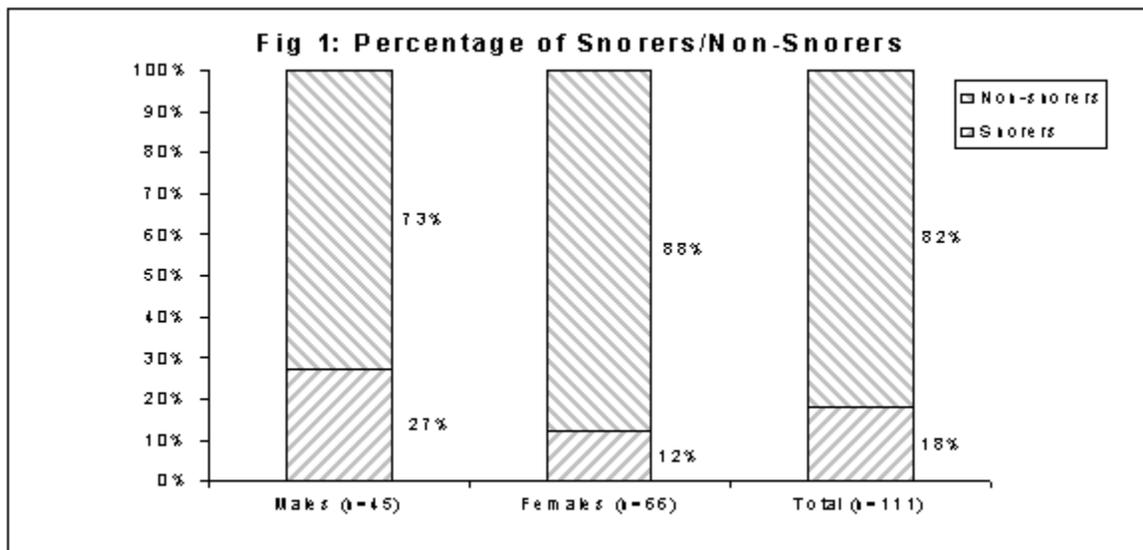
MATERIALS AND METHODS

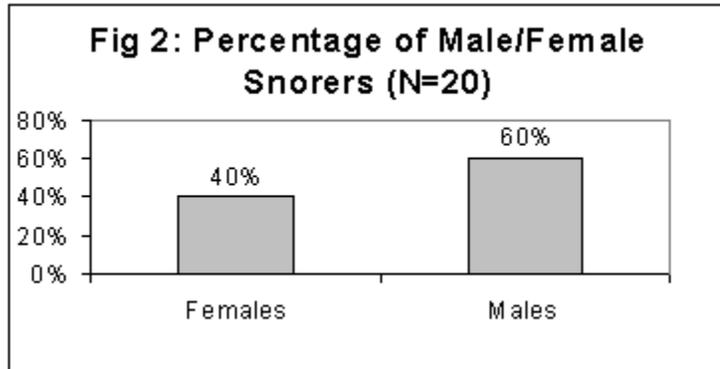
A survey was designed to analyze the sleep habits of the students of Shifa College of Medicine, Islamabad, Pakistan. Data were collected from March to April 2002. In order to carry out a comprehensive survey, a questionnaire was compiled consisting of a total of 50 questions divided into 7 blocks. Each block pertained to a specific area of sleep and its various disturbances. The answers were restricted to either YES or NO. Where answers required further qualification choices were provided from which the respondents were asked to choose the one which best described their situation.

A total of 120 questionnaires were distributed to the students of the first four years, with an explanation of the aims and objectives of the study. Responses were received from 111 students (n=111). The breakdown according to class was; First year (n=28), Second year (n=38), Third year (n=21), Fourth year (n=24). The male to female ratio was 2:3, with the age range between 18 and 23 years and the subjects included were of BMI in normal range.

RESULTS

Responses were analyzed on the bases of gender and it was seen that the percentage of males admitting to snoring (60%) was substantially more than the females (40%). (Fig-1 and 2).





Sixty-three percent of the females said they snored infrequently which was calculated to mean one night or less per week, the rest admitted to snoring 3 to 4 nights per week, none said they snored every night. Among the males 50% revealed they snored 3 to 4 nights per week, the remainder were divided among 33% who snored one night or less and 17% who admitted to snoring every night of the week. (Table-1).

Table-1: Frequency of nights with snoring

	Males (n=12)	Females (n=8)
1 Night or Less Per Week	33%	63%
3 to 4 Nights Per Week	50%	37%
Every Night	17%	0%

When asked to scale the noise of their snoring, 92% of both males and females believed their snoring was softer than the sound of talking (Table-2).

Table 2: Intensity of snoring compared with the sound of normal talking

	Softer	Loud As	Louder
Males (n=12)	92%	0%	8%
Females (n=8)	92%	8%	0%

When asked if they snored in every body position 15% of the males and 38% of the females answered yes.

Concerning symptoms associated with obstructive sleep apnea (Table-3) a great degree of similarity was seen in the responses of both males and females.

Table-3: Symptoms of Obstructive Sleep Apnea

	Males	Females
	(n=12)	(n=8)

Wake up choking	6%	5%
Wake up with dry mouth	25%	26%
Wake up with a headache	10%	23%
Un-refreshing sleep	27%	27%
Without symptoms	32%	19%

Six percent of the males and 5% of the females admitted to waking up in the night with a sensation of choking. 25% and 26% respectively agreed they woke up in the morning with a very dry mouth and 27% of both men and women admitted they woke up in the morning as tired as when they went to bed at night. Aberration from this similarity was seen in the case of morning headaches where the females showed much greater results at 23% compared to the males at 10%.

All the students denied taking alcohol, sleeping tablets or any other medication with a sedative effect. The body mass index for all the respondents was well within the normal range.

DISCUSSION

Snoring is a common problem seen in about 20% of the adult population⁷. Much data are not available for the Pakistani population and results concerning the prevalence of snoring differ in different communities^{8,9,10}. Therefore the results from Western studies cannot be used as guidelines when estimating prevalence and planning therapies for patients in this part of the world.

In our study snoring was reported at 18% with apneic episodes seen only in snorers, 5% in females and 6% in males. These findings are similar to those seen in Western studies^{8,11,12} and one local study¹³.

The objective of our study is to show the prevalence of snoring and emergence of sleep apnea related symptoms in the young local population. Not only is snoring a habitual annoyance but it is now considered a major public health concern¹. Many disorders have been associated with sleep apnea such as nocturia and adult enuresis^{14,15}. It has been involved in the onset of ischemic heart disease and coronary vascular disorders⁵.

Hypertension is the most documented disease secondary to sleep apnea^{16,17}. It is found in half of all patients with sleep apnea and nearly a third of all patients with essential hypertension have sleep apnea¹⁸. This association is considered independent of obesity, sex and most important to our study, age^{16,19,20}. Body position appears to have an important influence on the incidence and severity of sleep disordered breathing¹⁸. Both snoring and sleep apnea are usually worse while sleeping in the supine position^{18,21}. Knowing the severity of the consequences of disordered breathing during sleep, screening for symptoms in younger age could be a tool for preventive care in the future. Awareness about the association between snoring and these serious diseases will lead to increased rate of diagnosis and more accurate prevalence studies.

In our study only a limited population was used with an age range on which not much data are available to compare results with. Of the 12 major prevalence studies on sleep apnea¹¹ all evaluated sleep through questionnaires and poly-somnography, while we only used a questionnaire. The small sample size and lack of sleep evaluation through objective means may have lead to low

estimates of snoring and sleep apnea. More accurate results would be available if a larger study on a bigger population were used.

CONCLUSION

Results show that snoring is not uncommon and is more prevalent in males. The symptoms of sleep apnea such as waking up choking, morning dry mouth and unrefreshing sleep are present equally among both male and female snorers. More sophisticated studies need to be done among this age group and the larger population to gain an accurate picture of the frequency of snoring and sleep apnea in Pakistan.

REFERENCES

1. Barthel SW, Strome M. Snoring, obstructive sleep apnea and surgery. *Medical clinics of North America* 1999; 83(1): 85-96.
2. American Sleep Apnea Association. <https://www.sleepapnea.org/geninfo.html>.
3. Sleep Apnea. <https://www.sleepfoundation.org/publications/sleepap.html>.
4. Obstructive sleep apnea. <https://www.yahoo.com/health/encyclopedia/000811/0.html>.
5. Maekawa M, Shiomi T, Usui and Sasanabi R, Kobayashi T. Prevalence of ischemic heart disease among patient with sleep apnea syndrome. *Psychiatry and Clinical Neurosciences* 1998; 52(2): 219-20.
6. National Institute of Health. National Center on Sleep Disorders Research. 301/435-0199. <https://www.nhlbi.nih.gov/about/ncsdr>
7. Lugaresi E, Cirignotta F, Coccagna G, Piana C. Some epidemiological data on snoring and cardiocirculatory disturbances. *Sleep* 1980; 3:221-24.
8. Young T, Palta M, Dempsey J, Skatrud J, Weber S, Badr S. The consequences of sleep disordered breathing among middle-aged adults. *N Engl J Med* 1993; 328:1230-5.
9. Mary SM, Lam B, Lauder LJ, Tsang KWT, Chung K, Mok Y, et al. A community study of Sleep Disordered Breathing in middle-aged Chinese men in Hong Kong. *Chest* 2001; 119(1): 62-69.
10. Ng TP, Seow A, Tan WC. Prevalence of snoring and sleep related breathing disorders in Chinese, Malay and Indian adults in Singapore. *Eur Respir J* 1998; 12:198-202.
11. Davies RJO, Stradling JR. The epidemiology of sleep apnea. *Thorax* 1996;51: (suppl 2): s65-s70.
12. Stradling JR, Crosby JH. Predictors and prevalence of obstructive sleep apnea and snoring in 1001 middle aged men. *Thorax* 1991; 46:85-90.
13. Haqquee R, Hussain SF, Mujib M, Ahmad HR. A Hospital based preliminary report on sleep disordered breathing in Pakistani population. <https://www.ayubmed.edu.pk/JAMC/PAST/14-13/RaanaHaqquee.asp>
14. Kramer NR, Bonitati AE, Millman RP. Enuresis and obstructive sleep apnea in adults. *Chest* 1998;114(2):634-7.

15. Ulfberg J, Thuman R. A non-urollogic cause of nocturia and enuresis--obstructive sleep apnea syndrome (OSAS). *Scandinavian Journal of Urology and Nephrology* 1996-30(2)-.135-7. 1.
16. Hla KM, Young TB, Bidwell T, Palta M, Skatrud JB, Dempsey J. Sleep apnea and hypertension. A population based study. *Ann Intern Med* 1994;120:382-8.
17. Stradling JR. Sleep apnea and systemic hypertension. *Thorax* 1989; 44:984-89.
18. Berger M, Oksenberg A, Silverberg DS, Arons E, Radwan H, Iaina A. Avoiding the supine position during sleep lowers 24 hour blood pressure in obstructive sleep apnea (OSA) patients. *Journal of Human Hypertension* 1997; 11(10): 657-64.
19. Carlson JT, Hender JA, Ejnell H, Peterson LE. High prevalence of hypertension in sleep apnea patients independent of obesity. *Am J Respir Crit Care Med* 1994; 150: 72-7.
20. Fletcher EC. The relationship between systemic hypertension and obstructive sleep apnea: facts and theory. *Am J Med* 1995; 98: 118-28.
21. Oksenberg A, Silverberg DS. The effect of body posture on sleep-related breathing disorders: facts and therapeutic implications. *Sleep Medicine Reviews* 1998; 2(3): 139-62.

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