

SHIP 8 Clinical Commissioning Groups' Priorities Committee Policy

CEC16/004 Treatments for people who snore

Date of issue (from SHIP 8 Priorities Committee): February 2016

Date of adoption (by NHS North Hampshire CCG): May 2016

The Priorities Committee recommend that the treatment of snoring is a low priority, due to the lack of evidence that treatment will prevent other diseases from occurring or progressing.

Background

- Snoring is common, and some snorers seek referral for investigation and treatment.
- Snoring needs to be distinguished from obstructive sleep apnoea. This is a more serious diagnosis in which the upper airway closes intermittently during sleep, causing brief cessation of breathing. People with obstructive sleep apnoea usually snore, but most snorers' airways remain at least partially open throughout sleep and they do not have obstructive sleep apnoea.

Clinical effectiveness

- For non-pregnant people, snoring is associated with diabetes, hypertension, otitis media, coronary heart disease, ischaemic stroke, cardiovascular disease, metabolic syndrome and of each of its components (hypertension, dyslipidaemia, central obesity and diabetes) and asthma.
- For pregnant women, snoring is associated with gestational hypertension, pre-eclampsia, gestational diabetes, caesarean section, oedema in late pregnancy, small-for-gestational-age babies and depression.
- However, these associations identified in studies do not indicate that snoring is the cause of these health problems, far less that treatment of snoring will prevent the disease occurring or progressing.

Notes:

Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.

This policy may be reviewed in the light of new evidence or guidance from NICE.