



Sex The Secret [^] Life of Snorers

A report so revealing
it has to be e-mailed
in a plain brown wrapper.

Absolutely free.
Totally anonymous!

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Introduction



When was the last time you thought about sex?
And when you did, what was your reaction?

- ☐ Great! Yes! When? Where?
- ☐ I'm too tired
- ☐ With him? He snores!
- ☐ Uhhh.... ED
- ☐ I remember sex, it was fun
- ☐ It hurts
- ☐ Diabetes makes it tough
- ☐ Weight issue, I'm embarrassed
- ☐ Rather not talk about it

Sleep and Sex

There are two things that people think about when they think of bed: sleep and sex. Whether you are young chronologically or young in mind and spirit, the quality (and quantity) of your sleep and your bed partner's sleep determines the

quality (and quantity) of your sexual activity.

If you are sleeping in separate beds or even separate rooms because of snoring, the psychological bond between couples is broken.

Lack of sleep can cause moodiness and depression - emotions that can decrease your desire for sex. In fact, a low sex drive is the most common complaint made by up to 30% to 40% of women.

Relationship stress can also affect your sex life. If there is a strain in your relationship, seek help.

There are also a number of medical conditions that affect a sexual relationship. Sleep apnea can cause extreme daytime sleepiness, lower levels of testosterone and contribute to erectile dysfunction.

Other medical problems that can affect sleep and sex include diabetes, breathing problems, heart

disease, high blood pressure, obesity and stroke.

The medications that treat some of these medical problems, like high blood pressure, also reduce the ability to react to sexual stimulation.

Hectic work schedules may be the reason for lack of sleep. Nighttime shift workers often cannot find the time or opportunity for sleep or sex. Wakefulness at night also throws off the body's natural rhythm - known as circadian rhythm which doctors say is a cause for loss of libido.

Just plain fatigue can be a major reason why both men and women decide not to have sex as can hormonal fluctuations.

Some advice: Your bedroom should be a sanctuary. Remove any distractions like the laptop and the treadmill and get a big enough comfortable bed. And once in a while, get the kid's out of the house and have a romantic dinner.



Factoid:

If you do have to sleep in separate beds, consider what Queen Victoria did. Like most wealthy women during this period, she had a separate bedroom from her husband. But whenever she wished for a nocturnal visit from Prince Albert, she left a bowl of oranges outside her door. Rumor has it that the oranges appeared every night.

Snoring and [no] Sex [tonight]



Snoring, the sound that turns a usually loving woman into a screamer, crier, poker and kicker and turns a man into a liar (“I wasn’t snoring!”), an apologist and ultimately one who sleeps in a separate room.

Or as my wife once said “Honey, if you snore again tonight I’m going to the kitchen and I’m going to get a big knife and I’m going to kill you!” (I think she was kidding be-

cause I’m still here, but I did stop snoring.)

Snoring is an equal opportunity relationship killer whether it’s the first intimate encounter or after years in a happy marriage. Whether you are in a monogamous relationship or not, straight or gay, tall or short, snoring doesn’t care!

Here’s how it goes:

If you are single

- You Meet
- You Talk
- You Hook Up
- You Snore
- You Lose

If you are married

- You Met
- You Talked
- You Hooked Up
- You Married
- You Gained Weight



- You Snored
- You Still Lost

Snoring is caused by the vibration of tissues in the throat as air passes through constricted passageways. The noise can reach 90 decibels - what's 90 decibels sound like? Normal conversation is 40 decibels, city noise around 70 decibels, lawnmower about 90 decibels, a jet plane hits 110 decibels. Research has shown that even exposure to the noise, whether you are asleep or awake, can raise blood pressure, increase the risk of heart disease, stroke, kidney disease and even dementia.

It has been estimated that over 80% of snoring couples sleep in separate bedrooms. Studies also confirm that a significant number of heavy snorers have a lower sexual drive and that many also experience erectile dysfunction.

Swedish researchers have found that in women, frequent snoring may be a cause of excessive

daytime sleepiness and daytime fatigue. Another study in Australia linked heavy snoring to hardening of the arteries that supply blood to the brain possibly leading to stroke.

An article in the April 2008 issue of The Journal of Sexual Medicine reported that men who snored more reported less sexual satisfaction. In fact, men who were heavy snorers were over twice as likely to report low sexual satisfaction compared to non-snorers.

So if you live with a snorer, talk with him or her about the problem. There will no doubt be denial ("I still don't snore!") and some embarrassment, but reassure your partner that you know that he or she can't help it. Even if your partner has tried many "cures" and has settled into a feeling of helplessness, be sure that all treatment options have been explored.

It's a Medical Fact:

Dead People Make Really Lousy Lovers



It's true. Really!

But aside from being murdered in your sleep by an aggrieved bed partner because of snoring, how do people get dead? Snoring can be a sign of a serious medical condition known as sleep apnea. Obstructive sleep apnea occurs when the muscles in throat relax during

sleep. This causes the soft tissues in the throat to collapse and block the upper airway. Breathing pauses due to the obstruction of the airway can

last anywhere from 10 seconds to a full minute or longer and, in severe sleep apnea, can occur hundreds of times a night.

These breathing pauses can produce a dramatic drop in oxygen levels in the blood which leads to an increase in blood pressure putting a strain on the heart. There are many studies to show that people with sleep apnea have a high risk of coronary artery disease, heart attack and congestive heart failure.

The episodes of apnea also cause an awakening when the person is trying to open the airway. Most of the time, the sleeper is unaware of these periods but the body isn't - so the sufferer awakes feeling unrefreshed, often with a morning headache, and is excessively sleepy during the day. This excessive daytime sleepiness increases the chance of falling asleep while driving and has also been linked to a higher risk of stroke.

In older adults, less sleep is associated with a heightened death risk.

A study in the *Journal of the American College of Cardiology* in July of 2008 found that patients with obstructive sleep apnea were 6 times more likely to have a heart attack between midnight and 6 AM. Results of a study in the journal *Sleep* in August of 2008 reported that people with severe sleep apnea have three times the risk of dying compared to people who do not have sleep apnea.



Loud, erratic snoring interrupted by breathing pauses followed by a loud gasp is a key warning sign for sleep apnea. Men are twice as likely as women to have sleep apnea but the woman's risk increases after menopause.

Study after study confirm the increased risk of death in people with sleep apnea. So the next time you hear of someone who lost a loved one because of a heart attack early in the morning, think sleep apnea.

Snoring can no longer be considered a joke and apnea cannot be considered a minor problem. If you feel that you or a loved one suffer from sleep apnea, talk with your physician or qualified dentist.

Although there have been no reported studies to confirm my suspicions, I would hazard a guess that not dying increases your chance of having a satisfying sex life.

Little Blue Pill Blues



For those men with sleep apnea, erectile dysfunction may be part of the package (no pun intended). ED may be caused by the long standing intermittent decreased oxygen levels in the blood associated with the episodes of obstructed breathing.

One study showed that Cialis may ease the problem of ED, but does not totally overcome the problem in men with obstructive sleep apnea.

What is important is that

it is possible to reverse erectile dysfunction by treating snoring and sleep apnea dramatically improving the quality of life. But since most physicians who treat ED have little experience in sleep disordered breathing and, conversely, those who treat sleep disordered breathing have little experience in treating ED, the impact that each of these medical problems have had on the other has been mostly overlooked.

Even snoring may affect a man's libido. Men who suffer from obstructive sleep apnea produce lower levels of testosterone resulting in decreased sexual activity.

If you suffer with ED and you snore and have been told that you stop breathing during sleep, you should talk with your physician about a sleep test. If the test shows that you stop breathing at night, treatment of your sleep breathing problem may be an up-front solution to other problems.

And in women...

Undiagnosed sleep apnea may reduce a woman's sexual functioning by reducing the desire for sex, sensation, and lubrication as well as adversely affecting her relationship with their partner.

Even though sleep apnea is three times more common in men, there is research to show that up to 4% of women between the ages of 30 and 60 have sleep apnea.

Up to 40% of women have some form of sexual dysfunction which is often age related and linked to loss of estrogen.

Other medical conditions like high blood pressure and diabetes, both of which are related to sleep apnea, also may play a role.



In a study published in the *Journal of Sexual Medicine* results showed that as the severity of sleep apnea increased, sexual function decreased. The researchers found that women with more severe sleep apnea had reduced sexual desire, sensation, lubrication, orgasm and the quality of partner relationship compared with women with mild sleep apnea.

To Get Better in Bed You have to Get Better, in Bed

That's right - if you want to improve your sexuality, you have to lose the snoring and sleep apnea. That means that if you snore or have sleep apnea, you should get diagnosed and get treated.



Sleep Position

Some people snore only on their back. Sometimes something as simple of sleeping on one's side will solve the problem.

Weight

Excess weight adds to the likelihood of snoring and sleep apnea. It's thought that there is extra fatty tissue in the throat area. Many people have

reversed both a snoring and sleep apnea problem simply by losing weight.

Alcohol and Sedatives

Alcohol and sedatives around bedtime can relax loose muscles in the throat even further leading to snoring and an increased likelihood of a blocked airway. The solution is to avoid alcohol and sedatives at bedtime.

CPAP

By far the most effective solution for treating sleep apnea is a device known as CPAP. CPAP stands for continuous positive air pressure which is supplied by a tube through the nose. The increased pressure splints the airway and prevents collapse during sleep. When used it is 100% effective but unfortunately compliance with the treatment is low.

Surgery



Surgery can range from simple to complex. Expanding the facial structure to allow more tongue room and removal of the entire soft palate and uvula are the extreme. On the simple side, a procedure known as the Pillar procedure places small, semirigid strips into the soft palate to decrease snoring. There are varying reports of efficacy of some surgical procedures and since even simple surgery is invasive and non reversible, think very carefully before embarking on any surgical procedure and explore other options first.

Oral Appliances



Dental mouthpieces hold the jaw in a forward position to open the airway in the back of the throat. Oral appliances are effective and well tolerated by most patients. Unfortunately most physicians do not offer this therapy as an option,

so it will be up to you to tell your physician you would like to try an oral appliance.

Oral appliances and oral appliance therapy have been approved by the American Academy of Sleep Medicine. In fact, an article in the journal *Sleep* (Vol. 29, No. 2, 2006) states

“Oral appliances (OAs) are indicated for use in patients with mild to moderate OSA who prefer them to continuous positive airway pressure (CPAP) therapy, or who do not respond to, are not appropriate candidates for, or who fail treatment attempts with CPAP.”

But be careful. There are a number of over-the-counter devices illegally sold on the Internet. These appliances are at the very least ineffective and, at their worst, dangerous. They can cause damage to the teeth, bone support and the jaw joint and mask the signs of a more serious condition - sleep apnea.

Too Sexy for CPAP



CPAP is the first choice for treating obstructive sleep apnea. The problem is that compliance is low. (Compliance is the adherence to the time and pressure setting recommended for a patient to utilize the CPAP unit.) Sometimes lack of compliance is due to discomfort, sometimes air leakage, sometimes a claustrophobic feeling and sometimes it's just emotionally unsettling.

There are a growing number of couples whose sexuality has been disrupted by sleep problems and even by their solutions. Lack of adequate sleep leaves many too tired for sex, others are so annoyed by a bed partner's snoring that even the thought of sexual intimacy is out of the question. But for some, the CPAP unit itself is the turn-off. The tubing and hum from the machine are a deterrent to sexual intimacy. Comments like "It's like sleeping with Darth Vader" and "the most

unromantic device ever" can be found in social networking sites all over the Internet. And yet, many physicians fail to offer an alternative.

The only advice offered by physicians usually amounts to "Suck it up and wear the CPAP!" Why, when there is an alternative, one that has been researched and approved, one that effectively manages the airway and one that is readily accepted by patients who cannot tolerate CPAP - is it not offered by most of the medical community?

If you feel that you are "Too Sexy for CPAP" ask your physician to refer you to a dentist who has received post-doctoral education in dental sleep medicine for an evaluation to determine if you are a candidate for oral appliance therapy. The dentist you are referred to will work with your physician to find the most appropriate therapy for you.

**So here's the big secret about
the sex life of snorers...**

**There
Ain't
Any!**

So find a sleep physician or a dentist who has received post-doctoral education in sleep medicine and find out what you and he or she can do for your snoring and sleep apnea.



Your sex life and your actual life could depend on it. Because, remember...



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