How Do Habits Relate To Obstructive Apnea?

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The foundation of this inquiry lies in a commitment to reality within the terminology we use. It begins with the impact of words, in this case the qualitative, judgmental, conclusive word dysfunction. In reality something can only function. Why it is functioning in a particular way at a particular point in time is "scientific inquiry" that results in "knowledge".

A useful way of relating to this is through the premise that "the design function of the body is to keep itself alive" in reaction to the most immediate threat of survival, cutting-off the air (oxygen) supply.

Obstructive apnea (OA) describes a decrease or total blockage of airflow to the lungs, while awake and while asleep. The body automatically and subconsciously compensates for obstruction of airflow through the throat by doing the following:

- Clenching and/or grinding teeth to change tongue position in the throat.
- Posture changes (poor posture while awake and positional changes while asleep) like forward head posture, creating more room in the throat behind the tongue.
- Increased adrenaline secreted as in the "fight or flight" response to increase muscle tone and activity support the above actions, breathing, circulation and more.

The compensations help un-block the throat and more efficiently move air through a narrowed, partially blocked one and circulate oxygenated blood to cells that need this to survive.

To accomplish restoration of balance of airflow to survive the body creates imbalances in other areas anatomically, physiologically, biochemically each time all of which trigger other responses.

Anatomically, our airway is unstable, constantly losing and regaining patency, thus airflow, while asleep ranging from snoring to obstructive sleep apnea and while awake as seen in numerous on-edge sensations from stressors with minimal calm states.

These compensations can become hard wired in the form of habits such as:

- Tongue sucking, finger sucking or tongue thrusting that directly holds the tongue forward,
- Clenching or grinding of teeth that indirectly move the tongue forward through effecting the position of the jaw.
- Forward and other head posture changes influence the neck and space between back walls and side walls of the throat and the back of the tongue along with movement of muscles of the tongue that effect the tongue position.

All of these have their impact causing further reactions and adaptations throughout the body that lead to numerous, unwanted chronic, even acute conditions. In considering the pyramid as the hierarchy of survival, patency of the airway is at the top. The jaw-tongue-throat relationship rests within the domain of dentistry along with the opportunity to improve stability of airway patency and one's ability to breathe.