SLEEP & STRESS

When Your Partner's Snoring Keeps You Awake

How to protect your sleep, spot signs that need medical attention and start a useful conversation without turning bedtime into a battle.

The noise is not the whole problem

The room is dark, your partner is asleep and you are listening for the next snore. Perhaps you nudge them. Perhaps they roll over, the noise stops, and you hold perfectly still in case it starts again. By morning, one person may remember none of this. The other has spent the night on watch.

Snoring happens when breathing is blocked during sleep and tissues at the top of the airway strike each other and vibrate. It is common, particularly among older people and people who are overweight, although thin people snore too. Severe snoring can cause frequent awakenings and daytime sleepiness in the person snoring. It can also disrupt the sleep of the person beside them.

A 2026 systematic review found evidence of partner disturbance in all four studies that directly examined it. But the researchers also found inconsistent measurement methods and too little control for other disturbances. Studies of how sharing a bed affects sleep architecture were small and mixed. In other words, disturbed partners are not imagining the problem, but research cannot reduce every couple's night to one neat explanation.

That uncertainty matters. You do not need a laboratory result to know you are exhausted after a fractured night. Equally, the available evidence does not establish that every snore has the same effect or that sleeping beside another person is always harmful. The useful question is narrower: is this ordinary snoring that needs practical changes, or could it be a sign of obstructive sleep apnea?

Listen for the gaps

A loud snore can be irritating. A silence followed by a gasp is different. Sleep apnea can involve breathing that repeatedly starts and stops, frequent loud snoring and gasping for air. The person asleep may not know any of this is happening until a partner tells them. That makes your observation medically useful, even if neither of you enjoys discussing it.

Daytime clues matter too. Sleep apnea can be accompanied by sleepiness, tiredness, problems

with learning, focus or reactions, dry mouth, headache, insomnia, decreased libido and waking frequently to urinate. The pattern may not look identical in everyone: fatigue, insomnia and morning headaches are reported more often by women, while loud snoring is reported more often by men.

This stops being merely a bedroom irritation when your partner has breathing that starts and stops, gasps for air, often feels tired during the day, wakes gasping or regularly feels they have not slept well. Those signs warrant a conversation with a healthcare provider. A sleep study may be needed to determine whether sleep apnea is present.

Your role is not to diagnose the sound from the other pillow. It is to report what happens when your partner cannot observe it themselves. Keep the language concrete: "I heard your breathing stop and then you gasped" is more useful than "your snoring is terrible." It also changes the conversation from blame to information.

Relief from noise and treatment of an airway disorder are not necessarily the same thing.

Start with the modest changes

For uncomplicated snoring, the supported advice is refreshingly short. Avoid sleeping flat on the back. Cut down or avoid alcohol and other sedatives at bedtime. If the person who snores is overweight, weight loss may help, although it is not a universal answer and should not be treated as one. Thin people can snore as well.

These suggestions do not promise a silent night. They identify factors that may reduce snoring, not guaranteed fixes. That distinction can spare both of you an exhausting cycle in which every unsuccessful nudge, pillow rearrangement or earnest promise is treated as a failure. Snoring is a physical sound, not evidence that your partner is being inconsiderate in their sleep.

It may also be reasonable to sleep apart when you need uninterrupted rest, but the supplied research does not establish separate sleeping as a treatment for snoring or sleep apnea. A spare bed may protect one night from noise; it does not explain why the noise is happening. If there are pauses in breathing, gasping or substantial daytime sleepiness, changing rooms should not replace medical assessment.

The same caution applies to the crowded market of anti-snoring ideas. The evidence here supports a few general measures and medical evaluation when warning signs appear. It does not support assuming that any object promising to stop snoring will address the cause. Relief from noise and treatment of an airway disorder are not necessarily the same thing.

Exercises are not a shortcut

Mouth and throat exercises, known as myofunctional therapy, are sometimes promoted for obstructive sleep apnea. These exercises involve muscles and areas of the mouth, throat and upper airway used for functions including breathing, chewing, swallowing and speaking. That sounds plausible. Plausibility, however, is not the same as dependable evidence.

A 2020 systematic review found nine randomized controlled trials involving 347 participants. Compared with sham therapy, the exercises probably reduced daytime sleepiness and may have improved sleep quality in the short term. They may also have reduced the number of apnea and shallow-breathing events. But evidence about snoring frequency was very uncertain, while the reduction in perceived snoring intensity was slight.

The review judged the overall certainty of evidence from moderate to very low. Studies had problems including incomplete data, imprecise results and a lack of blinded assessment for subjective outcomes. None examined accidents, cardiovascular disease or mortality. The trials were also short, and the researchers called for larger studies including more women and children.

Continuous positive airway pressure (CPAP), delivered through a machine using a hose and mask or nosepiece, is considered the first treatment option for most people with obstructive sleep apnea. In the review, myofunctional therapy did not emerge as a clear substitute: compared with CPAP, it may have resulted in more apnea and shallow-breathing events. Exercises may have a role, but they are not a reason to delay assessment or replace prescribed care.

Write down one week of nights

This week, turn the argument into a record. Use a plain notebook and write down only what you can actually observe: loud snoring, breathing that starts and stops, gasping, repeated awakenings and any move to another room. Ask your partner to add what they notice during the day, such as sleepiness, tiredness, headache, dry mouth or difficulty focusing.

Do not try to calculate breathing events or label the pattern yourself. A notebook cannot diagnose sleep apnea. Its value is simpler: the sleeping person may not know that their breathing stops or that they gasp, and a partner's account can bring those invisible moments into a healthcare conversation.

If there are repeated breathing pauses, gasping, daytime tiredness or a persistent sense of unrefreshing sleep, take the notes to a healthcare provider and ask whether a sleep study is

appropriate. If those signs are absent, the same record can show whether avoiding back sleeping or reducing bedtime alcohol appears to coincide with quieter nights, without pretending that a brief observation proves cause and effect.

You need one notebook, a calm conversation outside the bedroom and permission to treat your own lost sleep as real. The goal is not to prosecute the snorer. It is to stop spending another week listening in the dark without knowing what you are hearing.

Where this comes from

- Snoring

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/snoring.html
- Your Guide to Healthy Sleep

  National Heart, Lung, and Blood Institute · https://www.nhlbi.nih.gov/sites/default/files/publications/11-5271.pdf
- Sleep Apnea - Symptoms

  National Heart, Lung, and Blood Institute · https://www.nhlbi.nih.gov/health/sleep-apnea/symptoms
- Associations between sleep bruxism and other sleep-related disorders in adults: a systematic review.

  Sleep medicine, 2022 · https://pubmed.ncbi.nlm.nih.gov/34879286/
- Myofunctional therapy (oropharyngeal exercises) for obstructive sleep apnoea.

  The Cochrane database of systematic reviews, 2020 · https://pubmed.ncbi.nlm.nih.gov/33141943/
- Sleep quality and diabetic neuropathy: A review and exploratory meta-analysis.

  Journal of diabetes and its complications, 2026 · https://pubmed.ncbi.nlm.nih.gov/41905298/
- Partner disturbance in co-sleeping and effects on sleep architecture: A systematic review.

  Sleep health, 2026 · https://pubmed.ncbi.nlm.nih.gov/41720659/
- Maximizing outcomes by multimodal treatment in obstructive sleep apnea: a systematic review and meta-analysis.

  European archives of oto-rhino-laryngology : official journal of the European Federation of Oto-Rhino-Laryngological Societies (EUFOS) : affiliated with the German Society for Oto-Rhino-Laryngology - Head and Neck Surgery, 2026 · https://pubmed.ncbi.nlm.nih.gov/41276663/