



Advancements in Snoring Sound Analysis for Sleep Apnea Detection: A Comprehensive Review

Akhil Chaturvedi

Machine Learning Department, Headspace
San Francisco, CA
akhilchatur@gmail.com

Abstract Sleep apnea, a prevalent sleep disorder characterized by repeated breathing interruptions during sleep, poses significant health risks if left undiagnosed. Traditional diagnostic methods like polysomnography are costly and inconvenient, limiting widespread screening. This review examines the evolution of snoring sound analysis as a promising, non-invasive alternative for detecting sleep apnea. We explore the progression from traditional signal processing methods to advanced machine learning approaches, with a focus on mel spectrograms and the recent application of Vision Transformers. By synthesizing insights from signal processing, deep learning, and sleep medicine, we highlight the potential of these advanced techniques to enhance sleep apnea detection accuracy. This paper aims to contribute to the development of accessible diagnostic tools, facilitating early detection and improving patient outcomes.

Keywords Sleep Apnea Detection, Snoring Sound Analysis, Mel Spectrograms, Vision Transformers, Obstructive Sleep Apnea, Machine Learning in Healthcare, Audio Signal Processing, Deep Learning Models, Multimodal Integration, Non-invasive Diagnostics.

1. Introduction

Sleep apnea is a common sleep disorder affecting millions of individuals worldwide, characterized by repeated episodes of partial or complete obstruction of the upper airway during sleep [1]. These interruptions, known as hypopneas and apneas respectively, can lead to fragmented sleep, daytime fatigue, and are associated with serious health conditions such as hypertension, cardiovascular diseases, and metabolic disorders [2][3]. Despite its prevalence and health implications, sleep apnea remains underdiagnosed due to limitations in current diagnostic methods.

Polysomnography (PSG) is the gold standard for diagnosing sleep apnea, involving overnight monitoring of multiple physiological signals, including brain activity, eye movement, muscle activity, heart rhythm, and respiratory effort [4]. However, PSG is expensive, time-consuming, and requires specialized facilities and personnel, making it inaccessible for large-scale screening [5]. Consequently, there is a pressing need for alternative diagnostic methods that are cost-effective, non-invasive, and suitable for widespread use.

The analysis of snoring sounds has emerged as a promising approach for detecting sleep apnea [6]. Snoring is a primary symptom of obstructive sleep apnea (OSA) and results from the vibration of soft tissues in the upper airway due to turbulent airflow [7]. The acoustic properties of snoring sounds can reflect the anatomical and physiological changes associated with OSA, providing valuable diagnostic information [8]. Advancements in digital signal processing and machine learning have facilitated the extraction of meaningful features from snoring sounds and the development of automated classification systems [9].

This review aims to provide a comprehensive examination of the techniques used to extract diagnostic information from snoring sounds for sleep apnea detection. We discuss the pathophysiology of sleep apnea, the



limitations of traditional diagnostic methods, and the evolution of snoring sound analysis from classical signal processing techniques to modern deep learning approaches. Emphasis is placed on the use of mel spectrograms as a representation of snoring sounds and the potential of Vision Transformers in this context. We also review existing studies, including the work by Alonso-Álvarez et al. [10], which investigated the use of snore signals to predict OSA severity in children. Finally, we highlight challenges, future research directions, and the implications for clinical practice.

2. Sleep Apnea: Pathophysiology and Diagnosis

A. Pathophysiology of Sleep Apnea

Sleep apnea is characterized by repeated episodes of airflow reduction (hypopnea) or cessation (apnea) due to upper airway collapse during sleep [11]. Obstructive sleep apnea (OSA), the most common form, involves a physical blockage of the airway despite respiratory effort [12]. Factors contributing to airway collapse include anatomical abnormalities, neuromuscular control deficits, and reduced muscle tone during sleep [13]. The intermittent hypoxia and sleep fragmentation resulting from these episodes can lead to sympathetic nervous system activation, inflammation, and metabolic dysregulation [14]. Long-term consequences include increased risk of hypertension, stroke, diabetes, and cardiovascular mortality [15].

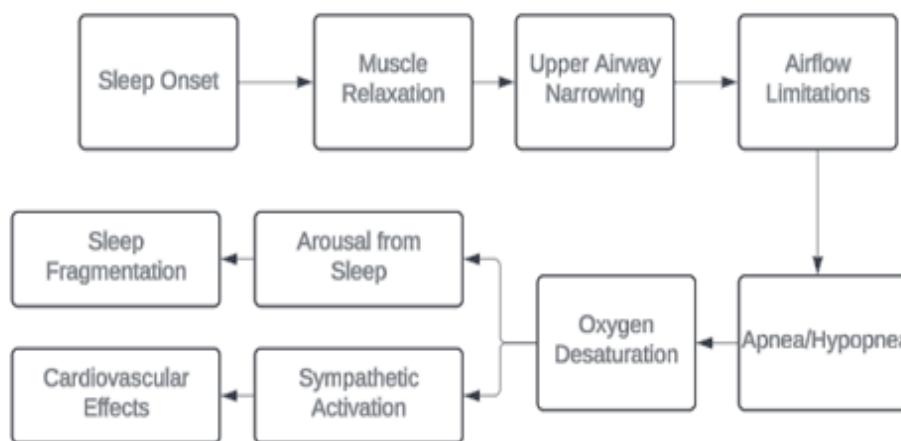


Fig. 1. Pathophysiological mechanism of obstructive sleep apnea.

B. Limitations of Traditional Diagnostic Methods

Polysomnography provides comprehensive data on sleep stages, respiratory events, oxygen saturation, and cardiac activity [4]. However, it has several limitations:

- **Cost and Accessibility:** PSG is expensive and requires specialized equipment and trained personnel, limiting its availability, especially in low-resource settings [5].
- **Patient Comfort:** The need to sleep in a laboratory with sensors attached to the body can be uncomfortable and may alter natural sleep patterns [16].
- **Capacity Constraints:** Sleep laboratories have limited capacity, leading to long waiting times for diagnosis [17].

These limitations highlight the need for alternative diagnostic methods that are more accessible and less intrusive.

3. Snoring Sound Analysis for Sleep Apnea Detection

A. Rationale for using Snoring Sounds

Snoring is a common symptom of OSA and results from the vibration of soft tissues in the upper airway due to turbulent airflow [7]. The acoustic characteristics of snoring sounds can reflect the degree and location of airway obstruction [18]. Analyzing snoring sounds offers a non-invasive means to detect sleep-disordered breathing events and has the potential for at-home monitoring.



Table I. Early Features Used in Snoring Sound Analysis

Feature Type	Examples	Reference
Time-Domain	Zero-crossing rate, RMS energy	[19]
Frequency-Domain	Formant frequencies, Spectral centroid	[20]
Statistical Methods	Autocorrelation, Cepstral coefficients	[21]
Time Series Data	Sequence Modeling	Recurrent Neural Networks, Temporal Convolutional Networks

B. Early Approaches in Snoring Sound Analysis

Initial studies focused on extracting features from snoring sounds using traditional signal processing techniques. Time-domain features, such as zero-crossing rate, energy, and amplitude variations, were used to characterize snoring episodes [19]. Frequency-domain features involved spectral analysis to obtain information about the frequency content of snoring sounds, including formant frequencies and spectral moments [20]. Statistical and empirical methods, such as autocorrelation and cepstral analysis, were also employed to extract patterns associated with OSA [21]. These methods provided valuable insights but often required manual feature selection and were limited in capturing the complex patterns inherent in snoring sounds.

4. Advances in Signal Processing and Machine Learning

A. Time frequency Analysis

The use of time-frequency representations allowed for a more comprehensive analysis of snoring sounds. Spectrograms, obtained by applying the Short-Time Fourier Transform (STFT), display how the frequency content of a signal evolves over time [22]. Wavelet transforms provided multi-resolution representations, capturing both time and frequency information at various scales [23]. These representations facilitated the extraction of features sensitive to both temporal and spectral variations in snoring sounds.

B. Mel Spectrograms

Mel spectrograms are a type of spectrogram where the frequency axis is transformed to the mel scale, which approximates human auditory perception [24]. The advantages of using mel spectrograms include:

- **Perceptual Relevance:** Emphasizes frequencies more relevant to human hearing.
- **Dimensionality Reduction:** Reduces computational complexity by aggregating frequency bins.
- **Compatibility with Image-Based Models:** Facilitates the application of computer vision techniques.

By emphasizing perceptually significant features and reducing data dimensionality, mel spectrograms have become a standard representation for acoustic signals in machine learning applications.

C. Machine Learning Classifiers

The application of machine learning algorithms enhanced the ability to classify snoring sounds. Support Vector Machines (SVM) were used for binary classification of apneic and non-apneic events based on extracted features [25]. Gaussian Mixture Models (GMM) modeled the distribution of features to classify different types of snoring sounds [26]. Hidden Markov Models (HMM) captured temporal dynamics in snoring patterns [27]. While these models improved classification performance, they relied heavily on handcrafted features and did not fully exploit the data's underlying structure.

5. Vision Transformers: A New Paradigm

A. Introduction to Vision Transformers

Transformers were introduced by Vaswani et al. [31] for sequence modeling tasks in natural language processing (NLP). The key innovation is the self-attention mechanism, which allows the model to weigh the importance of different elements in the input sequence. Transformers enable parallel processing and capture long-range dependencies more effectively than recurrent neural networks.

B. Adapting Transformers for Vision Tasks

Dosovitskiy et al. [32] proposed the Vision Transformer (ViT), adapting the transformer architecture for image recognition. In ViTs:

- **Image Patchification:** The image is divided into fixed-size patches.
- **Linear Projection:** Each patch is flattened and projected into an embedding vector.
- **Positional Encoding:** Positional information is added to retain spatial relationships.



- **Transformer Encoder:** The sequence of patch embeddings is processed using self-attention layers.
- **Classification Head:** The output is used for classification tasks.

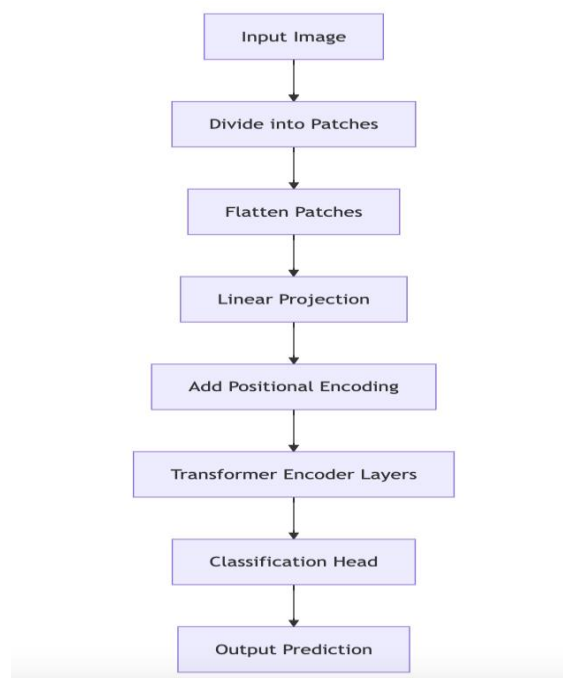


Fig. 2. Vision Transformer architecture for image recognition tasks.

C. Advantages of ViTs in Snoring Sound Analysis

Applying ViTs to mel spectrograms of snoring sounds leverages their ability to model global context and long-range dependencies. ViTs can:

- **Capture Complex Patterns:** Identify subtle differences associated with sleep apnea.
- **Benefit from Transfer Learning:** Utilize pre-trained models on large image datasets, addressing data scarcity.
- **Enhance Interpretability:** Attention mechanisms can highlight important regions in the spectrogram.

6. Methodology For Applying ViTs to Snoring Sound Analysis

A. Data Collection and Preprocessing

A comprehensive dataset of snoring recordings from individuals with and without OSA is essential. Ethical considerations include obtaining informed consent and ensuring compliance with data protection regulations.

a) Preprocessing Steps:

- **Segmentation:** Divide recordings into fixed-length snoring events.
- **Noise Reduction:** Apply filters to remove background noise.
- **Normalization:** Adjust amplitude levels for consistency.

B. Mel Spectrogram Generation

Mel spectrograms are generated by:

- **Applying STFT:** Convert time-domain signals to the frequency domain.
- **Mapping Frequencies:** Use the mel scale to approximate human hearing.
- **Logarithmic Transformation:** Apply log scaling to represent perceptual loudness.
- **Normalization:** Standardize spectrograms for uniform input.

C. Model Training and Evaluation

a) Training Process:

- **Pre-training:** Use ViTs pre-trained on large datasets like ImageNet.
- **Fine-tuning:** Adapt the model using the mel spectrogram dataset.
- **Hyperparameter Optimization:** Adjust learning rates, batch sizes, and optimizer settings.



- **Regularization:** Employ dropout and data augmentation to prevent overfitting.

b) Evaluation Metrics:

- Accuracy, Precision, Recall, F1-Score: Assess classification performance.
- AUC-ROC: Evaluate the model's ability to distinguish between classes.
- Cross-Validation: Use k-fold cross-validation for robustness.

D. Expected Outcomes

By capturing global patterns in the spectrograms, ViTs are expected to improve classification accuracy over CNNs. Attention maps from the ViT can provide insights into which regions of the spectrogram are most informative, enhancing interpretability. The model's scalability allows adaptation to larger datasets and different sleep disorders.

7. Existing Studies and Findings**A. Application of Vision Transformers in Related Domains**

Although the direct application of Vision Transformers (ViTs) to snoring sound analysis is limited, studies in related domains have demonstrated their potential effectiveness. Gong et al. (2021) applied ViTs to environmental sound classification using spectrograms, achieving improved performance over traditional Convolutional Neural Networks (CNNs) [33]. This study showcased the capability of ViTs to handle complex audio patterns by leveraging their attention mechanisms. Similarly, Chen et al. (2020) utilized ViTs for music analysis, indicating the versatility of ViTs in processing audio spectrograms for tasks such as genre classification and instrument recognition [34]. These studies suggest that ViTs can effectively manage spectrogram data, supporting their potential application in snoring sound analysis for sleep apnea detection.

B. Case Study: Predicting OSA Severity from Snore Signals

Alonso-Álvarez et al. [10] investigated the use of snore signals to predict obstructive sleep apnea (OSA) severity in children, highlighting the feasibility of acoustic analysis in a pediatric population. They extracted acoustic features from snore recordings of children undergoing sleep studies. The classification model developed in their study achieved a sensitivity of 89% and a specificity of 85% in detecting moderate to severe OSA. These impressive results demonstrate the potential of snore analysis as a non-invasive screening tool, particularly valuable in pediatric populations where traditional diagnostic methods like polysomnography can be challenging. This study underscores the importance of developing advanced techniques for snoring sound analysis to facilitate early detection and intervention in sleep apnea.

8. Challenges and Considerations**A. Data Limitations**

One of the significant challenges in applying advanced machine learning techniques to snoring sound analysis is the limitation of data. Medical datasets are often small due to privacy concerns and the complexities involved in data collection, which can hinder the training of complex models like ViTs. Additionally, there is often a class imbalance, with uneven representation of OSA severity levels in the dataset, affecting the model's ability to learn effectively across all classes. Variability introduced by differences in recording equipment, environmental conditions, and patient characteristics further complicates model development and generalization, as the model must account for a wide range of possible variations in the input data.

B. Ethical and Privacy Concerns

Ethical and privacy considerations are paramount when dealing with medical data. It is essential to obtain informed consent from all participants, ensuring they are fully aware of how their data will be used and the measures taken to protect their privacy. Personal identifiers must be meticulously removed or encrypted to safeguard patient confidentiality. Compliance with regulations such as the Health Insurance Portability and Accountability Act (HIPAA) in the United States or the General Data Protection Regulation (GDPR) in Europe is mandatory to maintain ethical standards and legal compliance. These regulations impose strict guidelines on data handling, storage, and sharing, which must be diligently followed in research and application.

C. Computational Resources

The computational demands of training ViTs present another challenge. ViTs require significant computational power and memory due to their complex architectures and large parameter sizes. Access to high-performance



computing facilities or cloud-based platforms is often necessary, which may not be readily available to all research institutions or practitioners. Efficient training techniques, such as model pruning, quantization, or using smaller model variants, can help mitigate some of these computational demands. Additionally, leveraging transfer learning from pre-trained models can reduce training time and resource requirements.

D. Model Interpretability

Deep learning models, including ViTs, are often considered "black boxes" due to their lack of transparency in how they arrive at specific decisions. This lack of interpretability poses a significant barrier to clinical acceptance, as clinicians may be hesitant to trust diagnostic tools that do not provide clear explanations for their outputs. Enhancing interpretability is crucial for building trust and facilitating adoption in clinical settings. Techniques from explainable AI, such as attention visualization, can help by highlighting which parts of the input data the model focuses on when making a decision. Developing models that balance complexity with interpretability, or creating interfaces that present results in an understandable manner, are essential steps toward clinical integration.

9. Future Research Directions

A. Data Augmentation and Synthetic Data Generation

Addressing data limitations is a critical area for future research. Data augmentation techniques, such as time-stretching, pitch-shifting, and adding noise, can artificially expand the dataset by creating modified versions of existing recordings. This approach increases the diversity of the training data, helping the model generalize better to new, unseen data. Generative models, particularly Generative Adversarial Networks (GANs), offer another avenue by creating synthetic snoring sounds or spectrograms that mimic real data [35]. These synthetic datasets can supplement real data, providing additional training examples. Transfer learning is also a valuable strategy, where models pre-trained on large, related datasets can be fine-tuned on smaller, domain-specific datasets, leveraging learned features that are applicable across domains.

10. Multimodal Integration

Integrating multiple physiological signals can enhance the accuracy and robustness of sleep apnea detection. Combining snoring sound analysis with other signals such as oxygen saturation levels, heart rate, or airflow measurements provides a more comprehensive view of the patient's physiological state. Fusion strategies can be explored at various levels:

- **Data-Level Fusion:** Combining raw data from different modalities before feature extraction.
- **Feature-Level Fusion:** Extracting features from each modality separately and then combining them.
- **Decision-Level Fusion:** Combining the outputs of separate models trained on each modality.

By fusing information from multiple sources, the model can make more informed decisions, potentially improving detection rates and reducing false positives and negatives.

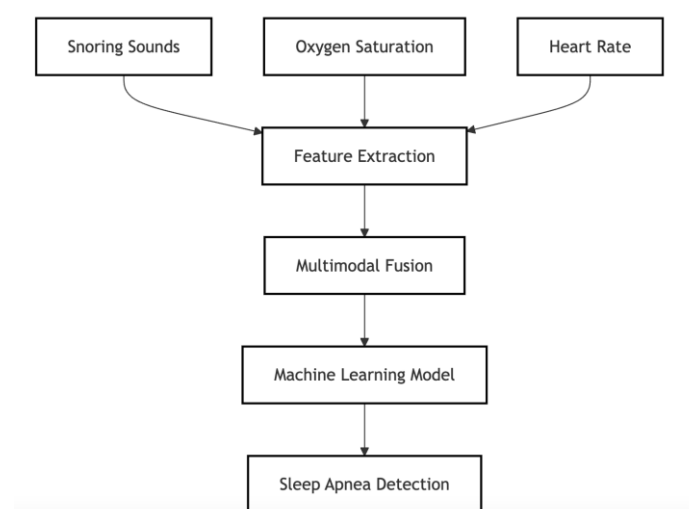


Fig. 3. Multimodal integration of various physiological signals for sleep apnea detection.



A. Explainable AI

Advancements in explainable AI are crucial for the practical adoption of machine learning models in healthcare. Techniques such as attention visualization allow for the identification of critical regions in the input data that the model focuses on when making decisions. For instance, attention maps can highlight specific areas of the mel spectrogram that are most indicative of sleep apnea events. Developing simplified models that maintain high performance while being more interpretable can also aid in clinician acceptance. Creating user interfaces that present results in a clear, understandable manner, possibly with visual aids and explanations, will help integrate these tools into clinical workflows and support decision-making processes.

B. Clinical Trials and Validation

Conducting rigorous clinical trials and validation studies is essential to demonstrate the efficacy and reliability of these diagnostic tools. Prospective studies using new patient data can validate model performance and ensure that the models generalize well beyond the training data. Real-world deployment in clinical settings allows for the assessment of usability, integration into existing workflows, and impact on patient outcomes. Feedback from these deployments can guide further refinements. Working towards obtaining regulatory approvals from health authorities, such as the FDA in the United States, is necessary for the widespread clinical adoption of these technologies.

C. Implications for Clinical Practice

The development of reliable, non-invasive diagnostic tools for sleep apnea has significant implications for clinical practice. Early detection facilitated by accessible and easy-to-use tools allows for timely intervention, potentially reducing the risk of complications associated with untreated sleep apnea. Increased accessibility enables screening in primary care settings or even at home, reaching underserved populations who may not have easy access to specialized sleep laboratories. This democratization of diagnostic capabilities can lead to broader public health benefits. Additionally, these tools can reduce healthcare costs by decreasing reliance on expensive and resource-intensive polysomnography studies.

Personalized medicine is another important implication. By allowing for continuous monitoring and analysis of individual patterns, treatments can be tailored to the specific needs of each patient. Integrating advanced snoring sound analysis into clinical workflows requires collaboration among engineers, clinicians, and policymakers. Developing training programs for healthcare professionals on the use of these tools is essential for successful implementation. Addressing concerns about data privacy, ethical considerations, and ensuring user-friendly interfaces will also contribute to the effective adoption of these technologies in routine clinical practice.

11. Conclusion

The analysis of snoring sounds presents a viable and promising avenue for the non-invasive detection of sleep apnea. Advancements from traditional signal processing techniques to deep learning models have progressively improved diagnostic accuracy and reliability. The application of Vision Transformers represents a cutting-edge approach that leverages global context modeling to capture complex patterns in snoring sound spectrograms.

While challenges related to data, ethics, and computational resources exist, ongoing research and technological advancements are addressing these barriers. Future efforts should focus on data augmentation, model interpretability, and clinical validation to ensure effectiveness and trust in real-world settings.

Ultimately, integrating advanced snoring sound analysis into clinical practice has the potential to revolutionize sleep apnea screening and diagnosis, leading to better patient outcomes and more efficient healthcare delivery.

References

- [1]. Punjabi, N. M. (2008). The epidemiology of adult obstructive sleep apnea. *Proceedings of the American Thoracic Society*, 5(2), 136-143.
- [2]. Marin, J. M., et al. (2005). Long-term cardiovascular outcomes in men with obstructive sleep apnea-hypopnea. *The Lancet*, 365(9464), 1046-1053.
- [3]. Young, T., et al. (2002). Sleep disordered breathing and mortality: eighteen-year follow-up of the Wisconsin sleep cohort. *Sleep*, 25(8), 109.
- [4]. Berry, R. B., et al. (2012). Rules for scoring respiratory events in sleep: update of the 2007 AASM Manual. *Journal of Clinical Sleep Medicine*, 8(5), 597-619.



- [5]. Kapur, V. K., et al. (2017). Clinical practice guideline for diagnostic testing for adult obstructive sleep apnea. *Journal of Clinical Sleep Medicine*, 13(3), 479-504.
- [6]. Abdullah, H., et al. (2019). Snoring acoustics: Diagnostic and monitoring tool in obstructive sleep apnea. *Journal of Clinical Sleep Medicine*, 15(7), 1075-1083.
- [7]. Amatoury, J., et al. (2016). Snoring-related energy transmission to the brain: A pilot study. *Sleep*, 39(4), 785-791.
- [8]. Pevernagie, D., et al. (2010). The acoustics of snoring. *Sleep Medicine Reviews*, 14(2), 131-144.
- [9]. Mesquita, J., & Pêgo, J. M. (2017). Snore sound analysis and its importance in obstructive sleep apnea. *Journal of Sleep Disorders: Treatment & Care*, 6(2), 1-6.
- [10]. Alonso-Álvarez, M. L., et al. (2019). Using snore signals to predict obstructive sleep apnea severity in children. *Sleep*, 42(Supplement_1), A180.
- [11]. Jordan, A. S., & White, D. P. (2008). Pharyngeal motor control and the pathogenesis of obstructive sleep apnea. *Respiratory Physiology & Neurobiology*, 160(1), 1-7.
- [12]. Eckert, D. J. (2018). Phenotypic approaches to obstructive sleep apnoea—new pathways for targeted therapy. *Sleep Medicine Reviews*, 37, 45-59.
- [13]. Schwab, R. J., et al. (2003). Upper airway and soft tissue anatomy in normal subjects and patients with sleep-disordered breathing. *American Journal of Respiratory and Critical Care Medicine*, 168(5), 522-530.
- [14]. Lévy, P., et al. (2015). Obstructive sleep apnea syndrome. *Nature Reviews Disease Primers*, 1(1), 1-20.
- [15]. Peppard, P. E., et al. (2013). Increased prevalence of sleep-disordered breathing in adults. *American Journal of Epidemiology*, 177(9), 1006-1014.
- [16]. Chen, H., et al. (2014). Polysomnography validation of a wireless portable sleep monitor for the diagnosis of obstructive sleep apnea. *Sleep and Breathing*, 18(4), 731-738.
- [17]. Flemons, W. W., et al. (2004). Home diagnosis of sleep apnea: a systematic review of the literature. *Chest*, 124(4), 1543-1579.
- [18]. Fiz, J. A., et al. (2010). Continuous analysis and monitoring of snores and their relationship to the apnea-hypopnea index. *The Laryngoscope*, 120(4), 854-862.
- [19]. Fiz, J. A., et al. (1996). Acoustic analysis of snoring sound in patients with simple snoring and obstructive sleep apnoea. *European Respiratory Journal*, 9(11), 2365-2370.
- [20]. Dalmaso, F., & Prota, R. (1996). Snoring: analysis, measurement, clinical implications and applications. *European Respiratory Journal*, 9(1), 146-159.
- [21]. Qian, Y., et al. (2018). Automatic detection, segmentation, and classification of snore related signals from overnight audio recording. *IEEE Transactions on Biomedical Engineering*, 65(3), 636-646.
- [22]. Cohen, L. (1995). *Time-frequency analysis*. Prentice Hall.
- [23]. Mallat, S. (1999). *A wavelet tour of signal processing*. Academic Press.
- [24]. Stevens, S. S., et al. (1937). A scale for the measurement of the psychological magnitude pitch. *The Journal of the Acoustical Society of America*, 8(3), 185-190.
- [25]. Karunajeewa, A. S., et al. (2008). Classification of obstructive sleep apnea using artificial neural network based on tracheal breathing sounds. *IEEE Transactions on Information Technology in Biomedicine*, 12(6), 702-708.
- [26]. Hadjileontiadis, L. J., & Rekanos, I. T. (2003). Detection of explosive lung and bowel sounds by means of fractal dimension. *IEEE Transactions on Biomedical Engineering*, 50(8), 997-1006.
- [27]. Nakano, H., et al. (2014). Monitoring sound to quantify snoring and sleep apnea severity using a smartphone: proof of concept. *Journal of Clinical Sleep Medicine*, 10(1), 73-78.
- [28]. Ghosh, D., et al. (2018). Automatic detection of sleep apnea events using deep learning model. *Sleep and Breathing*, 24(3), 1051-1058.
- [29]. Faust, O., et al. (2018). Automated characterization of obstructive sleep apnea using waveform analysis of electrocardiogram and respiratory signals. *IEEE Journal of Biomedical and Health Informatics*, 22(3), 1062-1073.



- [30]. Qian, K., et al. (2020). Snore sound recognition using deep learning for obstructive sleep apnea diagnosis. Proceedings of the Annual International Conference of the IEEE Engineering in Medicine and Biology Society, 2020, 4236-4239.
- [31]. Vaswani, A., et al. (2017). Attention is all you need. In Advances in Neural Information Processing Systems (pp. 5998-6008).
- [32]. Dosovitskiy, A., et al. (2020). An image is worth 16x16 words: Transformers for image recognition at scale. arXiv preprint arXiv:2010.11929.
- [33]. Gong, Y., et al. (2021). AST: Audio Spectrogram Transformer. arXiv preprint arXiv:2104.01778.
- [34]. Chen, T., et al. (2020). Music tagging transformer. In Proceedings of the 21st International Society for Music Information Retrieval Conference (pp. 899-906).
- [35]. Donahue, C., et al. (2018). Adversarial audio synthesis. In International Conference on Learning Representations.
- [36]. Chaturvedi, A., Goh, C. F., Raina, R. S., & Shimada, K. (2019). Comparing deep feature representations to improve robustness to subject variation in snore detection. *Sleep*, 42(Supplement_1), A180–A181. <https://doi.org/10.1093/sleep/zsz067.448>

