

Sleep Apnea in Children

Taken from [Vincent Iannelli, M.D.](#), About.com Guide and modified by Arthur M. Strauss, DDS.

Obstructive sleep apnea syndrome (OSAS) is a common problem in children, and is increasing being recognized as a cause of daytime attention and behavior problems. Unlike adults with sleep apnea, who are often overweight and frequently wake up at night, children with OSA are more difficult to recognize and diagnose.

Symptoms

Although snoring is a common symptom in children with obstructive sleep apnea, it is important to remember that between 10-20 percent of normal children snore (primary snoring) on a regular or intermittent basis.

In addition to continuous loud snoring, other symptoms of obstructive sleep apnea in children include:

- failure to thrive (weight loss or poor weight gain)
- mouth breathing
- enlarged tonsils and adenoids
- problems sleeping and restless sleep
- excessive daytime sleepiness
- daytime cognitive and behavior problems, including problems paying attention, aggressive behavior and hyperactivity, which can lead to problems at school

Diagnosis

The diagnosis of OSA in children is usually based on the characteristic symptoms and evidence of big tonsils and adenoids and mouth breathing. Children suspected of having OSA should usually be evaluated by a Pediatric ENT or Sleep Disorders Specialist; further testing might include polysomnography (a pediatric sleep study).

Treatments, Management and Prevention

Although younger children with OSA are seldom overweight, if a child is overweight, that might contribute to his symptoms. Weight loss is therefore important for overweight children with obstructive sleep apnea, yet is difficult before the apnea is under control. Other associated medical conditions, especially allergies, should also be managed. A nasal steroid might help improve nasal obstruction and OSA symptoms in children that also have allergies.

The main treatment for kids with OSA is surgery, with removal of the child's enlarged tonsils and adenoids (tonsillectomy and adenoidectomy or T&A).

Orthodontic intervention as early as possible (3-5 years old), through a process of dentofacial orthopedics (guiding the growth of the face and jaws) with orthodontic appliances may be used to correct jaw-growth problems, effecting the tongue posture and position and, therefore, OSA.

What You Need To Know

- As in adults, obstructive sleep apnea can cause a lot of complications, including, headaches, high blood pressure and other heart and lung problems.
- OSA, and sleep problems in general, are increasingly being recognized as a cause of children's daytime school and behavioral problems. If your child is having problems at school or with his behavior and he snores loudly, consult with a Sleep Disorders Dentist or ask your Pediatrician about OSA.