

Sleep Apnea and Children



Witnessed apneas occur in approximately 5% of children. Although obesity is a less important risk factor in children than adults, symptoms of sleep-disordered breathing occur 2 to 3 times as often in obese children as they do in non-obese children.

Studies suggest that a minimum prevalence of obstructive sleep apnea (OSA) of 2 to 3% is likely, with prevalence as high as 10 to 20% in children who snore habitually. Daytime sleepiness is reported in 25 to 30% of children.

According to the American Sleep Apnea Association, children may present with hyperactivity, inattentiveness, aggressive behavior, irritability and mood swings.

OSA in children is a serious disorder that, untreated, may result in health problems as well as behavior and academic problems.

Down Syndrome

It has been reported that the incidence of upper airway obstruction may be as high as 31% in children with Down syndrome.

ADHD

A 2002 study found that children who frequently snore or have sleep disorders are almost twice as likely to suffer from ADHD as those who sleep well.

Tonsils and Adenoids

Large tonsils and adenoids are often responsible for snoring and sleep apnea in children. When large tonsils and adenoids are removed, the snoring and apnea resolves approximately 80% of the time.

Orthodontic Treatment

In many instances, snoring and sleep apnea in children can be caused by dento-facial abnormalities. Often, the upper airway can be widened through orthodontic expansion of the dental arches (a routine procedure done in most orthodontic offices).

Prevention

Some researchers suggest that breast-feeding serves to shape the dental arches in infants in a manner which increases the likelihood that the upper airway becomes adequately formed for proper breathing and sleeping. Conversely, many clinicians feel that most commercial pacifiers and thumb sucking serve to cause malformation of the dental arches so as to increase the risk of snoring and obstructive sleep apnea.

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