

# Does Your Child Snore?

JACQUES DOUECK, DDS

**S**leep problems 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, this may be a symptom of Obstructive Sleep Apnea (OSA), a condition that causes a child or adult to stop breathing during sleep due to a blockage. Each pause in breathing, called an apnea, can last from a few seconds to minutes, and may occur 5 to 30 times or more an hour.

OSA is known to affect a child's attention, cognitive thinking, and logical function. Children need sleep and healthy oxygenation to grow and function normally, and thus when a child's sleep is frequently disrupted throughout the night, their faculties are impaired. Not surprisingly, a recent study at the Children's Hospital Sleep Center and University of Colorado-Denver showed that treatment of OSA in children can lead to significant improvements in behavior, attention and verbal memory.

In a recent radio interview, we spoke with Dr. Jay Dolitsky, a pediatric ENT (Ear, Nose and Throat) specialist whose fields of expertise include snoring and sleep apnea in children. (You can listen to the entire recording on [www.HealthWatchRadio.com](http://www.HealthWatchRadio.com).) He explained that children with sleep-disordered breathing do not sleep properly and may thus be irritable or have difficulty concentrating in school. Other conditions frequently seen among children with sleep

apnea include hyperactive behavior and bed-wetting.

The major causes of Obstructive Sleep Apnea (OSA) include enlarged tonsils and adenoids, and often a high narrow upper palate. Children with a history of thumb sucking are often predisposed to this high narrow upper palate. According to Dr. Dolitsky, enlarged tonsils and adenoids are not caused by frequent throat infection. These children may be mouth breathers and may have nasal speech. Overweight children are at increased risk for OSA because fat deposits around the neck and throat can narrow the airway, though most children with OSA are not overweight.

## Treatment for Sleep-Disordered Breathing

Surgical removal of the tonsils and adenoids (T&A) is generally considered the first line of treatment for pediatric OSA-disordered breathing. According to Dr. Dolitsky, tonsil removal is a much more comfortable procedure today than in the past. The majority of the over 500,000 pediatric T&A procedures performed in the U.S. each year are done to treat sleep-disordered breathing. A second treatment that is done to treat OSA in children is to orthodontically expand the palate.

If your child snores and you suspect OSA, your pediatrician or a dentist trained in dental sleep medicine can help screen your child and direct you to a pediatric ENT specialist who can diagnose and treat sleep disorders.

Children need a good night's sleep to develop and function properly, so make sure OSA isn't getting in the way of your child's growth and achievement.

## Potential Consequences of Untreated Snoring and OSA

- **Social difficulties:** Loud snoring can become a significant social problem if a child shares a room with siblings, or at sleepovers and summer camp.
- **Behavior and learning problems:** Children with OSA may become moody, inattentive and disruptive both at home and at school, and it can often be misdiagnosed as ADHD (Attention Deficit Hyperactivity Disorder).
- **Bedwetting:** OSA can cause increased nighttime urine production, which may lead to bedwetting.
- **Slowed Growth:** Children with OSA may not produce enough growth hormone, resulting in abnormally slow growth and development.
- **Obesity:** OSA may cause increased resistance to insulin in the body, which can contribute to obesity.