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Sleep Apnea in children

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Does your child snore? Have you witnessed your child stop breathing while sleeping? Is your child not growth at a normal rate? Does your child feel tired? Does your child have trouble focusing in school? Does your child wet the bed?
All of the above conditions may be related to having sleep problems and or sleep disordered breathing.

What is sleep disordered breathing? It is a group of conditions characterized by breathing difficulty while sleeping. Obstructive sleep apnea is the most common type of those conditions (1).

What is Obstructive sleep apnea?
It is the presence of repeated episodes of either complete or incomplete closure of the airway when sleeping which can cause a lowering in the oxygen level in the blood below what is normal. These episodes may be associated with loud snoring and daytime sleepiness (1).

Is it normal for a child to snore? How common is snoring in children? How common is sleep-disordered breathing and sleep apnea in children?
Snoring is not normal in children. Reports indicate that >10% of children snore and have obstructive sleep apnea. Boys and girls can be equally affected by sleep apnea (2).

Children who have obstructive sleep apnea can have one or more of the following characteristics especially if they are showing some of the signs of sleep disordered breathing:

1. Children who have enlarged tonsils and adenoids (large enough to block the airway)
2. Children who have craniofacial malformations and syndromes
3. Children who have neuromuscular disorders (3)
4. Children who are obese. There is an increased chance of developing obstructive sleep apnea in obese children compared to non-obese children (4).

What can I do if I suspect my child to have some or all of these problems? What should I expect if my child is diagnosed with obstructive sleep apnea?
If your child dentist is well informed and trained in dental sleep medicine, you can mention this to the dentists. The dentists will conduct and examination and or refer your child to the ENT, sleep physician, or primary care physician for further evaluation. If deemed necessary, your child will undergo an overnight sleep study. During this sleep study, you and your child will spend the night in a sleep lab to monitor your child’s sleep and breathing. If a diagnosis of sleep apnea is confirmed and your child has enlarged tonsils/and or adenoids, the tonsils and adenoids may need to be removed. Removing the tonsils and adenoids (adeno-tonsillectomy) is the first line of treatment in children with sleep apnea. If the sleep study shows some other sleep problems, your child may need other specialties to be involved in the treatment.

DR. Tanya Al-Talib
Will the Adeno-tonsillectomy cure the sleep apnea?
Adeno-tonsillectomies have 91% efficacy in eliminating snoring, and 78.4%- 100% reductions in sleep apnea (5).
If the child still has sleep apnea after the adeno-tonsillectomy or if the child does not have large tonsils and adenoids, the child will be given a machine with a mask that delivers air (PAP) while sleeping to help with breathing and prevent the closure of the airway (6).

What are the consequences of not treating a child with obstructive sleep apnea?
Some of the obstructive sleep apnea consequences if left untreated are:
1. Child’s physical growth may be affected
2. Cardiovascular problems may develop
3. Bed wetting may occur
4. School performance and IQ may be affected
5. Sleepiness during the day
6. Difficulty focusing and hyperactivity (7, 8).

Can our dentist or orthodontist help in any way?
In some children who have narrow jaws, an orthodontist may be able to help with an appliance that widens the jaws to allow for better breathing after the physician’s consultation.

What else can I do for my child?
If your child is overweight or obese, work on weight loss as it reduces the risk for obstructive sleep apnea or reduce the severity of the obstructive sleep apnea as well as reducing the risk for other health problems.
If you have an infant at home, be sure to breast feed the infant as it is protective against developing sleep apnea in children (9, 10).

References:
3. Clarke, Pediatric ENT. 2007: p. 141-151

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