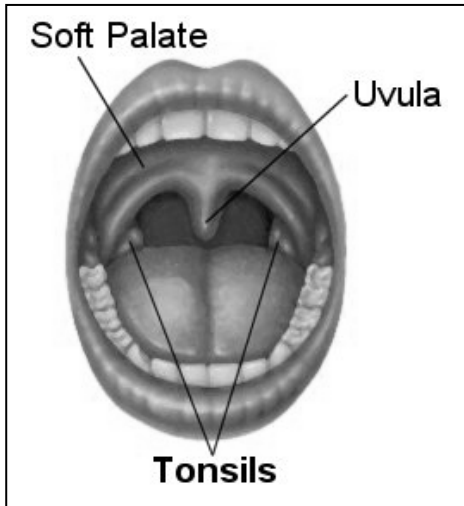


Sleep Apnea- Child



Sleep apnea is a common disorder. It is when your child's breathing stops during sleep for 2 breathing cycles and there is a reduction in blood oxygen levels below normal. The result is insufficient oxygen getting to the brain at night and poor quality of sleep (even though quantity may be sufficient). The hallmark of the disorder is snoring. In adults it is usually associated with excessive weight and results in excessive daytime sleepiness. Many children with the condition are ideal weight but have large tonsils and adenoids. In either case, sleep apnea is serious and causes significant social, health related and emotional problems.

Symptoms (problems) of sleep apnea are the result of insufficient oxygen getting to the brain at night. The effect is that your child is only getting half the "good sleep" they need. Children may have poor concentration and attention during the day which may make them "hyperactive", misbehave and do poorly at school. More severe sleep apnea in children may result in bed wetting, failure to grow normally and heart strain. The most common sign that children have sleep apnea is loud snoring (audible outside the door of their bedroom).

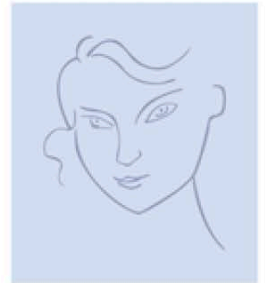
DIAGNOSIS & WHY IT IS IMPORTANT

Untreated sleep apnea in children may result in poor school results, poor concentration and hyperactivity. Studies show that even mild sleep apnea results in an average 15 point drop in IQ testing scores. In severe cases, children wet the bed, have stunted growth and even heart failure. If corrected early, children should quickly catch up with their peers and symptoms resolve. If not corrected by teenage years, children will never regain the school performance that they would otherwise have had. Thankfully, all these problems can be prevented by proper treatment of sleep apnea.

In adults, the diagnosis is made by *polysomnography* (sleep study) which monitors breathing during sleep. A sleep study is only required in very selected children (under 3 years old, with severe symptoms or other abnormalities). In children the sleep study test is less reliable and more difficult to interpret. Also, snoring alone in children may well carry some of the same risks as sleep apnea. For most children, the diagnosis of sleep apnea can be made by talking to Dr Iseli and having Dr Iseli examine your child.

TREATMENT

In children, surgery is recommended in most cases of suspected sleep apnea as removal of tonsils and adenoids is highly effective (90%) and the consequences of not treating serious. If your child has signs of nasal blockage despite removal of the adenoids, Dr Iseli may recommend treatment of the nose. In a small number of children, snoring will persist despite tonsillectomy and these children may require a sleep study and more advanced treatment including wearing a mask at night or other surgery.



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