

Q&A

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EAR, NOSE AND THROAT SURGEON, BRANDON HITCHCOCK, ANSWERS YOUR QUESTIONS ON SLEEP-DISORDERED BREATHING AND TELLS US HOW TO RECOGNISE IT IN OUR CHILDREN.



Q. What is sleep-disordered breathing in children?

Sleep-disordered breathing (SDB) is a general term for breathing difficulties which range from simple snoring to obstructive sleep apnoea (OSA). OSA exists when an airway collapses completely and air movement stops, despite attempts to breathe. Large tonsils and adenoids are the most common causes of these two conditions, which can overlap.

Q. Does it affect many children?

Three to 12 percent of children snore, and OSA occurs in one to four percent of children. Overweight children and those with a blocked nose are at increased risk of airway restriction. Children with physical abnormalities affecting the shape or control of the upper airways are at a greater risk of developing SDB.

Q. How do I know if my child has SDB?

Things to look out for that may indicate your child has SDB are loud snoring, continual mouth breathing, restless sleeping, self-awakening, bed-wetting, grumpiness in the morning, sleepiness during the day and irritability.

Q. What will happen if my child has SDB?

The most noticeable side-effect of SDB is continual tiredness, which has an important effect on the ability to learn, and children can also show changes in personality. There is concern that even mild SDB (snoring) can have an effect on learning and personality. More extreme outcomes may be stunted growth, or changes in blood pressure and pulse rate. In extreme cases, heart failure can result.

Q. Does the condition resolve itself?

As children get older their airways become relatively larger. Tonsils and adenoids can also decrease in size which further improves SDB.

Q. Is special investigation required to diagnose the condition?

Parents are the best observers of their children and after gaining some understanding of the condition, reliably diagnose whether their children are affected or not. Only those who fail initial treatment or those children with more complex problems require a sleep study.

Q. What is the treatment for SDB?

In the vast majority of cases, an adenotonsillectomy (removal of adenoids and tonsils) will cure SDB. Although less common, nasal surgery can be performed to further clear the airway. In those children who do not respond to surgery, more investigation in the form of sleep studies is likely to be required. **U**

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