



SNOOZE NEWS!

Published by Sleep Services of America, Inc.



Sleep Apnea & Your Child: Symptoms and Treatments

While sleep apnea has long been recognized and treated in adults, diagnosing and treating childhood sleep apnea has often been overlooked. Childhood obstructive sleep apnea syndrome (OSAS) is a condition in which the air passage in the throat becomes blocked during sleep. This potentially serious condition occurs in 1 to 3 percent of otherwise healthy preschool children. It is most prevalent in children ages 2 to 7, but can strike infants and adolescents as well.

What Are the Symptoms of Childhood Sleep Apnea?

Though many of the conditions which affect adults also afflict children, the presenting symptoms of obstructive sleep apnea syndrome (OSAS) and its treatment in children are often considerably different.

Patient history and physical examination alone cannot detect OSAS. Observation of the sleeping child, while helpful, cannot make the diagnosis. Children with OSAS almost always snore and will frequently have difficulty breathing while asleep. Their sleep may be restless and often sleep in unusual positions. These indicators alone, however, are not abso-

lutes.

About 10% of children snore. Approximately 20-30% of these snoring children have OSAS. It can be very difficult

“About 20-30% of snoring children may have obstructive sleep apnea...”

Fortunately, testing your child for sleep apnea is easy and painless.”

to distinguish between children who snore because of OSAS and those with isolated snoring (a condition called Primary Snoring). Children with OSAS will frequently have other, more concerning symptoms such as excessive daytime tiredness, behavioral problems that can mimic attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD), or poor



growth. Any child who snores and has some of these other symptoms should be evaluated for possible OSAS.

What Steps Should You Take?

Your first line of defense as a parent in protecting your child's health is your own power of observation. Children especially very young ones) frequently do not have the ability to express how they are feeling. This can be especially true with sleep disorders. As a parent, you need to interpret their actions for them. By observing your child's breathing during sleep, you can provide information to your doctor which can prove invaluable. In addition, observing your child's daytime behavior can give

Cont'd. on page 2, right column

Helping Your Child Get a Good Night's Sleep

As parents, you can help your child to get a good night's sleep by teaching good sleep habits early on. Help your child establish a consistent bedtime routine and stick to it! For example, try the following ¹:

1. Include a winding down period in the routine.
2. Stick to a bedtime, alerting your child both half an hour and 10 minutes beforehand.
3. Allow your child to choose which pajamas to wear, stuffed animal to take to bed, etc.
4. Consider playing soft, soothing music.
5. Tuck your child into bed snugly for a feeling of security.

¹ Source: "How much sleep is enough for my child?" @ www.kidshealth.org

Are Kids Getting Enough Sleep?

Getting a good night's sleep is an important factor in everyone's life, especially for children. Yet the National Sleep Foundation's 2004 Sleep in America poll found that, on average, children in every age group didn't meet sleep requirements recommended by experts. The following chart summarizes the findings for each group²:

| Age Group | Recommendation | Poll Findings |
|---|----------------|---------------|
| Infants (3-11 months) | 14-15 hours | 12.7 hours |
| Toddlers (12-35 months) | 12-14 hours | 11.7 hours |
| Preschoolers (3-5 yrs & 6 yr. olds in K-garten) | 12-13 hours | 10.4 hours |
| School-aged (grades 1-5) | 10-11 hours | 9.5 hours |

²Source : National Sleep Foundation 2004 Sleep in America Poll

According to the NSF, children's daytime behaviors are often related to their sleep habits. The NSF Sleep poll finds that 26 percent of children ages three and older drink at least one caffeinated beverage a day, and children who drink beverages with caffeine sleep less than those who do not. The NSF also sites "a television in the bedroom" as another major sleep disrupter for older children. According to the poll, school-aged children are the most likely to have a television in their bedroom (43%). The poll indicates that children with a TV in their room go to sleep almost 20 minutes later and sleep less than those without a TV in their room.



Additionally, The American Academy of Pediatrics recommends that you should limit your child's use of television, movies and video and computer games to no more than 1 or 2 hours per day.

For more information on the NSF 2004 Sleep in America Poll, please go to the NSF website at www.sleepfoundation.org. The American Academy of Pediatrics website can be found at www.aap.org

PLEASE NOTE: The information in this news update should not be construed as providing specific medical advice, but rather to offer readers information to better understand sleep apnea and related sleep topics. It is not intended to provide an alternative to professional treatment or to replace the services of a physician. For more information on sleep apnea, go to www.sleepservices.net. For questions about Snooze News, or reprint requests, contact Editor, Tammany Buckwalter @ 1-800-340-9978, ext. 251. This publication cannot be duplicated without permission.

Sleep Apnea & Your Child

(cont'd. from pg. 1)

further insight into the quality of their sleep.

If you are concerned about your child's breathing while asleep, observe them to be snoring, notice a change in their daytime behavior, or see that their school performance is worsening, your next step is to discuss this matter with their primary care physician. They can help decide if a sleep disorder might be a possible cause for these concerns. They can then make sure an appropriate evaluation (with possible sleep testing) is undertaken to diagnose and treat these problems."

Evaluation & Treatment

Evaluating and treating a child with sleep apnea, or any sleep disorder, involves highly specialized techniques and requires a different set of standards, procedures and environments than those



reserved for adults. In addition, personnel must be specially trained, certified caregivers who

understand the needs, fears and concerns of young people.

Testing your child for sleep apnea or other disorders is easy and painless. It involves a certified technician monitoring your child's sleep breathing patterns overnight and possibly videotaping their activities while they sleep. Using sophisticated, computerized equipment, your child's breathing patterns will be closely monitored and recorded for subsequent evaluation. Sleep medicine specialists will review all of the data from the sleep study to lay the groundwork for treatment, and will provide your doctor with complete details of the results.



This SNOOZE NEWS! update is provided to you by

Sleep Services of America, Inc.

For more information about your child's sleep, please call.

800-755-7510 ext 427