

Obstructive Sleep Apnea and Kids

IT'S THE MIDDLE OF THE NIGHT, AND YOU'RE WOKEN UP BY a loud, rattling nasal sound from down the hall. Your child is snoring away. This is a regular occurrence, and you see it as a bothersome, but harmless sleep habit.

Not so, say new guidelines from the American Academy of Pediatrics. This summer, after looking at new and better data on childhood sleep disorders, the AAP updated its approach to childhood snoring, explaining that what seems like benign snores could be an indication of obstructive sleep apnea, a serious syndrome that often requires treatment. The AAP crafted specific guidelines, expanding on those from 2002, to help doctors and families spot and treat sleep apnea in kids.

"Sleep apnea is common in children and it can have a negative impact on health and scholastic achievement," says Meir Kryger, Professor of Medicine at Yale and author of the *iGuide to Sleep*. The AAP estimates that one to six percent of kids in the U.S. has sleep apnea. The most common causes are enlarged tonsils, which impede the child's airway, and being overweight, which can put pressure on the airway and cause obstructions. Almost all children with sleep apnea snore, but parents don't usually think to report this at regular well visits, and many doctors simply don't ask.

That is sure to change, since the AAP now recommends all pediatricians ask about snoring at check ups and follow up when they find cases of regular snoring. Doctors will be on the lookout for these symptoms to screen for possible sleep apnea cases:

- Habitual snoring (at least three times a week)
- Labored breathing during sleep
- Pauses, snorts, or gasps during sleep
- Daytime behavioral or learning problems
- Daytime sleepiness can occur, but isn't common in young children

Untreated sleep apnea can lead to behavioral and learning issues, poor growth, developmental delays, cardiovascular problems, and high blood pressure.



Of course, not all children who snore have sleep apnea, but when doctors uncover the characteristic symptoms, they're encouraged to investigate more. For conclusive evidence, the next step is often an overnight, in-laboratory study, or polysomnography. For this non-invasive test, kids are monitored while they sleep, and measurements like EEGs and video recordings are taken.

If sleep apnea is diagnosed and a child's tonsils are enlarged, removing them may be the first choice. Since obesity and sleep apnea are linked, doctors may also recommend weight loss, just as they do for adults. In some cases, a continuous positive airway pressure (CPAP) machine, which delivers air pressure through a nasal mask, might be considered.

The AAP is making diagnosis of childhood sleep apnea a priority, as it is more common than previously thought. With an increasing number of children who are overweight (according to the CDC, roughly 12.5 million kids are obese), it may be on the rise. But it's also a highly treatable problem, one that doctors and parents can work together to spot and treat, so that children can get the full night's rest their growing bodies need. ♦