

## Snoring in Children: The Tip of a Troubling Iceberg?

Does your child snore? If so, do they also have any of the following: bed wetting, ADD or ADHD, lack of growth, poor concentration, headaches, nightmares or terrors, obesity, grinding of teeth while sleeping?

All of the above conditions can also occur without snoring and most snoring is harmless. But when one or more occur with significant snoring there is a definite possibility of Pediatric Obstructive Sleep Apnea (OSA). OSA is blockage of the airway in the pharyngeal area (back of throat) due to the relaxed tissues of the tongue, palate, and pharyngeal wall. It does not occur when awake, but only all the tissues are relaxed in sleep.

So how can Pediatric OSA be a cause of the varied problems listed above? Put your hand over your mouth and nose to block your airway and try to take a few breaths. Your whole chest and abdomen will contract trying to draw in that breath. Your bladder is getting squeezed too, possibly resulting in bedwetting.

Now consider that you couldn't get any air in until you woke up from your deep sleep. In summary, you would get no deep sleep. What happens to you, personally, when you don't get enough sleep? Can you think clearly? Are you your normal self? Can you concentrate? Do you get headaches? Do you munch continually to try to stay alert? The effects are very similar for kids.

Now what about growth? Growth hormone is secreted only during deep sleep. If a child is deprived of this sleep, due to frequent waking to breathe, they often will be undersized in height for their age.

Nightmares can result from the body trying to wake itself enough to breathe. Tooth grinding may result from the body trying to move the jaw forward enough to allow airflow.

The good news is that Pediatric Obstructive Sleep Apnea is often very easy to treat. Talk to your child's physician. One of the most common causes is enlarged tonsils (and adenoids). These are often prone to infection, but even if not, ones large enough to block the airway should be removed anyway by an ENT physician.

A trained dentist (which I am) often can solve other problems. A common cause of Pediatric OSA is a constricted palate. If the palate is narrow, there often just isn't room for the air to get past the back of the tongue. This is often the case if the palate is V shaped or narrow U shaped, rather than the desired broad U shape. Expansion is done with a relatively simple "palatal expander" device that works comfortably over a period of a few months.

If the problem is an underdeveloped lower jaw, dental orthopedic device to help encourage lower jaw growth may be helpful.

Again, the above listed problems do not indicate OSA unless accompanied by significant snoring. If so, talk to your child's physician and dentist and see if you can solve several problems at once!

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