

Sleep apnea or Obstructive Sleep Apnea Syndrome (OSAS), is a common condition in adults that causes your breathing to stop for a few seconds to minutes. This condition can also occur in children. While snoring in adults is common and often an inconvenience, children that snore and have symptoms of sleep apnea should be more extensively evaluated. For a child with sleep apnea, breathing stops from several seconds to 10 or more seconds at a time, and these attacks can occur several times an hour during sleep. A child with Obstructive Sleep Apnea Syndrome may experience a collapse of the airway during sleep that leads to snoring, sleep disruption and problems maintaining normal oxygen and carbon dioxide levels. This condition occurs in 1-4% of otherwise healthy children. OSAS is seen most commonly in children ages 2-8 years old but also occurs in infants and teenagers.

Sleep apnea can lead to hyperactivity, moodiness, irritability and poor school performance.

Some conditions put children at a higher risk for sleep apnea such as; enlarged tonsils, Down Syndrome and neuromuscular conditions.

What are the consequences of sleep apnea?

OSAS can have serious consequences in children. Daytime symptoms for children with OSAS include hyperactivity, trouble concentrating, poor school performance and daytime sleepiness. OSAS can also lead to poor growth, heart problems and high blood pressure.

What are the next steps?

You will be referred to a sleep specialist. OR
A physician will order an overnight sleep study at a sleep center.

What is a sleep study?

A sleep study is similar to an EEG study. The electrodes are resting on the skin attached by special adhesive and tape. Many signals are recorded throughout the night including brain waves, breathing patterns, oxygen levels, eye movements, muscle movements, heart rate, and carbon dioxide levels.

These tests begin at night and last through the morning, as would a normal night of sleep.

Pediatric sleep labs are designed with children and caregivers in mind. Parents or guardians stay with the child for the duration of the study.

What are the treatment options?

Treatment may include the following:

Tonsillectomy—Removal of enlarged tonsils

Adenoidectomy—Removal of adenoids

Adenoid tonsillectomy—Removal of tonsils and adenoids

Weight Loss—If the child is obese, weight loss helps decrease the severity of sleep apnea. Even losing a little weight makes a big difference.

CPAP—Pressurized air goes through the nose via a specialized pediatric mask to keep the airway open. Oxygen and carbon dioxide levels return to normal.

Sleep is deeper and more restorative with treatment.