Your child could be suffering from Sleep Disordered Breathing (SDB).

In children, this lack of oxygen during sleep is generally caused by one of two things: enlarged tonsils or adenoids, or a malformation in the orofacial area (teeth, jaw, nasal passages, etc.).

Your child's snoring or labored breathing may be caused by the vibration of the airway against swollen tonsils or as air tries to pass through to the lungs. It could also be a result of constriction due to structural problems in the teeth, jaw or nasal passages. SDB ranges in severity from snoring to different degrees of airway obstruction. At its most severe the child chokes and wakes up; oxygen has been completely cut off and the body shocks itself awake so as to position the airway correctly again.

Solutions...

Common sense and a little guidance are the simplest tools. Talk with other parents. Talk with your child's Pediatrician. Talk with a dentist trained in sleep disorders dentistry.



Signs of a problem...

- You are spending much of your evening coaxing him/her to sleep.
- He/she wakes up numerous times throughout the night.
- You lose sleep as a result of his/her nighttime troubles.
- Poor sleep (or lack thereof) causes your relationship with him/her to suffer.



The information within this brochure is for educational purposes only, and should not be taken as definitive or binding medical advice. Because each person is medically different, individuals should see their personal physician for specific information and/or treatment.

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Sleep Apnea & Snoring

Sleep Disordered Breathing in

CHILDREN



Do you notice...

snoring, restless sleep, irritability, crankiness, choking, or waking up during sleep? If you answer "YES" to any of these questions, your child may be manifesting behaviors associated with...

Sleep Disorder Breathing (SDB)

Your dentist may be able to help

Does your child:

Sleep in an abnormal position, with his/her head off
the bed or propped up with pillows?

Snore	loudly	and	often?
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- Stop breathing during the night for periods of 10-20 seconds, followed by choking, gasping or waking up?
- Sweat heavily during sleep?
- Sleep restlessly?
- Wet the bed?
- Have difficulty waking up, even though their sleep should have been long enough?
- Complain of headaches during the day, particularly in the morning?
- Display irritability, aggressiveness or crankiness?
- Fall asleep or daydream in school or at home?
- Have school-related or other behavioral problems?
- Display signs of or has been diagnosed with Attention Deficit Disorder with Hyperactivity (ADHD)?



Your dentist may determine...

...that the problem is not in the airway at all, but in the nasal passages or adenoids and tonsils. It is at this point that your child will be referred to an Otolaryngologist (ENT). If the problem lies in the nasal passages, your dentist will provide the rhinometer scan to the ENT. If

adenoids and tonsils are to blame, and ENT will be able to expertly determine the degree of obstruction and necessity of surgery.



Determine the location and cause of the obstruction, narrowing or collapsing:

Acoustic reflection technology (ART), a painless and non-invasive technology, uses sound waves to draw a real-time picture of your child's nasal passages and oral airway. ART employs two tools to map the nasal passages and oral airway, respectively: the rhinometer and pharyngometer.



Pharyngometer, Rhinometer: Maps nasal passages and oral airway.

The enlarged tonsils shown here are a common cause of SDB. The blocking of the airway causes the snoring that you may hear.



Correction of the obstruction

If your child suffers from SDB due to malformation in the orofacial area, your dentist may be able to help. Your Dentist employs ART and an orthodontic approach to correct the growth and development problems causing sleep-disordered breathing. Your child may need a retainer-like device, braces, or a nighttime mouth guard to correct the problem. In addition to eliminating the debilitating side effects your child may be suffering now, this early treatment can prevent a lifetime of sleep-disordered breathing problems.

Quick recommendations courtesy of the American Academy of Sleep Medicine (AASM)

- Follow a consistent regimen at bedtime.
- Establish a relaxing setting at bedtime.
- Do not substitute TV watching or videos for personal interaction before bedtime.
- Do not let your child fall asleep with a bottle, while nursing, being held, or rocked.